FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - EAST CENTRAL REGION

REPORT 10-060-9006
Veterans Administration Illiana Health Care System

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of possible rights violations within the inpatient mental health program at the Veterans Administration's Illiana Health Care System in Danville. The following allegations were made:

1. The facility did not adequately assess a patient for psychiatric care.
2. The facility forced a patient to take psychotropic medications without restricted rights notification.
3. A patient was not allowed unimpeded visitation and phone calls.
4. A patient was not allowed to read his rights with his glasses nor would anyone read his rights to him when he asked staff to help him.
5. A patient was restrained inappropriately.

Substantiated findings would violate standards under the Veterans Administration Guidelines (1103.3 and 1160.01) and recipient rights protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The Illiana system provides comprehensive inpatient and community based health services to veterans throughout a wide region of central Illinois and western Indiana. The hospital in Danville has a twenty-nine-bed mental health unit.

To pursue the matter the HRA visited the facility where program representatives were interviewed. Relevant policies were reviewed as were sections of a patient's record with written authorization.

FINDINGS

Complaint #1: The facility did not adequately assess a patient for psychiatric care.

The staff explained to us that this patient was thoroughly assessed for his needed care as anyone admitted to the mental health unit would be. As a routine, patients undergo full evaluations by physicians, psychologists and nurses. Histories and Physicals are always completed along with other assessments that contribute to the overall treatment planning when hospitalization is indicated.

The patient's record showed that he arrived at the hospital's emergency department one morning with complaints of hallucinations. An array of laboratory tests and an initial psychiatric assessment were conducted within his first thirty minutes there. The assessment described him as neat in appearance, but depressed, nervous and unpredictable, saying that he would not mind dying. He scratched at his neck with his fingernails until he drew blood, and Haldol and Ativan were given although without indication of whether he had a choice in taking them. A psychiatrist ordered admission to the mental health unit for paranoia that morning when the patient was medically cleared.

A nursing and behavioral assessment completed during the admission process found the patient sad, tearful, depressed, anxious and forgetful, but having clear thought patterns; suicide and elopement risk assessments were completed at the same time. The admitting psychiatrist met with him just a couple of hours later and documented her impressions in psychiatry notes: major depression, recurrent with psychotic features, poor drug compliance, and paranoid personality disorder along with other physical conditions. She noted that he had crying spells during her interview and that he was vague when answering questions about self harm. Her recommendations included close observation on level 1 suicide status and a variety of psychotropic medications. An initial treatment plan was entered soon after which listed the psychiatrist, a psychologist, a social worker and a nurse as team members who met with the patient. They identified paranoid thoughts and reactions, extreme distrust, fear, apprehension and a potential for harm as major problems. Goals, objectives and interventions to address each of these were included.

The team psychologist entered his full review the next morning and wrote that the patient regretted suicidal gestures, showed evidence of orientation to the future but still required supervision and stabilization. A subsequent daily summary stated that the treatment team meeting in addition to social, psychological and nursing groups were provided as therapeutic interventions within the last twenty-four hours.

A comprehensive treatment plan was entered in the record on the morning of the patient's third day. It referenced the same targeted problems from earlier and stated that the patient and his wife met with the team, participated in treatment planning and agreed with what was developed except that the wife preferred either no psychotropic medications or low doses be given to her husband.

Conclusion

The program's services and assessments policies are based on VHA Handbooks 1103.3 (Mental Health Program Guidelines for New Veterans Health Administration) and 1160.01 (Uniform Mental Health Service in VA Medical Centers and Clinics) as well as the VA Clinical Program Guide, M-2. Policy on mental health services (MCM #116-04) states that the inpatient unit functions as an acute psychiatric closed ward for those who present dangers. Initial treatment plans are to be developed within twenty-four hours of admission according to a patient's presenting problems as assessed. The plan is expanded during the treatment team meeting, which takes on a patient-centered approach and encourages patient participation. The physician is ultimately responsible for admission and treatment decisions, and each team member is responsible for using their unique skills in observing and assessing a patient's needs. Psychological assessments will be completed on all inpatients within two working days of admission and will be as extensive as the psychologist deems appropriate (Memorandum, MCM

#11-29).

Under Illinois' Mental Health Code, a recipient of services shall be provided with adequate and humane care pursuant to an individual services plan, which is formulated with the participation of the recipient to the extent feasible (405 ILCS 5/2-102a). Adequate and humane care and services is defined as those reasonably calculated to result in a significant improvement in a recipient's condition (405 ILCS 5/1-101.2).

In this case the patient presented to the hospital with hallucinations and potentially harmful behavior. He was evaluated almost immediately in the emergency department, was determined to need hospitalization on a psychiatrist's order and had full psychiatric, psychological and nursing assessments conducted within the first twenty-four hours. An initial treatment plan was devised within the same timeframe and was expanded soon after to incorporate the assessments from all clinical areas. The complaint that the facility did not adequately assess a patient for psychiatric care is not substantiated.

SUGGESTION

1. We were told during our tour of the facility that all patients are oriented to the unit and provided with rights education along with other information on advanced directives, contacting the patient advocate, etc. A list of rights for patients to review was posted *outside* the locked unit where there is no access to them. In addition, an Illinois veteran has no way to consider his rights as established by the Mental Health Code since nothing about those was posted anywhere (405 ILCS 5/2-200). The HRA implores the facility to ensure that both essential pieces of information are up and situated where patients can review them at any time.

Complaint #2: The facility forced a patient to take psychotropic medications without restricted rights notification.

According to the unit manager and the patient's psychiatrist, several psychotropic medications were ordered to treat his depression, delusions and paranoia. Education is provided on all medications including those used for emergencies as was done for this patient. The physician assesses a patient for ability to consent but there is no written or documented signal in the record for that or whether informed consent was obtained. The facility does not provide rights restriction notices whenever medications are forced. Emergency medications are only used to intervene on extreme aggressions, and all patients are given an opportunity to take their medications first.

As referenced earlier, Haldol and Ativan were administered in the emergency department when the patient was observed harming his neck. There is no indication of whether he was educated about those medications or if he took them willingly. In any case there is also no dispute they were needed per the documentation. The record showed that Aripiprazole, Bupropion, Clonazepam and Trazodone were ordered following the psychiatrist's evaluations just after admission and that additional Abilify was ordered a few days later. Her orders concluded by stating that all medications had been reviewed with the patient and that he verbalized understanding and intent to comply.

The record also suggested that the patient may not have complied or was given no choice in taking medications, however necessary on a few occasions. Progress notes from 9/5 stated

that he wanted to talk with federal marshals and when V.A. police arrived he was "loud and somewhat disruptive". The nurse requested an IM, or intramuscular injection, and staff intervened when the patient resisted; he finally took the injection. Later that day he was restrained for agitation and injected with Zyprexa, which made it unlikely that he had a choice for the medication. Reflecting on the episode the next day, the patient expressed remorse for the incident and said he could not remember if he got two or three shots. A corresponding daily summary note stated that "stat" medications were given in the last twenty-four hours; two injections: Olanzapine and Clozapine. On 9/7 he pushed his way into the nurses' station and it took three staff to escort him out. As the documentation went, he was taken to his room where he continued to argue; the police arrived; he saw them, and then allowed the staff to give him a shot. There were additional episodes on 9/9, 9/11 and 9/13 when it is unclear if the patient had a choice in taking injections while being restrained.

There is no indication from the record that this patient was asked if he had a preference for emergency interventions or if he wanted anyone notified should his rights be restricted. The HRA reviewed a patient rights form that is provided at all admissions. The form includes eleven items and states in number three that a patient's legal rights will not be denied while hospitalized "except where state law provides otherwise". The list does not include the right to refuse treatment unless necessary to prevent harm as it does under the rights chapter of the Mental Health Code.

CONCLUSION

The hospital's use of psychotropic medications policy (Memorandum, policy #12) states that emergency uses of these medications can be for symptomatic treatment, the reasons for which must be documented. It also states that patients have a right to make informed decisions about their treatment options, and the provider will share information about effects, benefits and alternatives. Under this policy, patients, whether committed or voluntary, have the right to refuse medications except in an emergency when behavior is dangerous. In non-emergencies, committed and voluntary patients are assessed by the treatment team for competency. There is no mention of completing rights restriction notices when medications are forced. The policy notes the Mental Health Code as a reference.

The Mental Health Code establishes the same but adds a few extra steps in the process of prescribing and forcing medications. It states that all recipients must be provided with written and oral education about psychotropic medications and that physicians must determine and document whether a recipient has the capacity to make a reasoned decision about the proposed treatment. If capacity is lacking, the medications may only be given in an emergency or pursuant to a court order (405 ILCS 5/2-102 a-5). All adult recipients and any guardian have the right to refuse treatment and must be informed so. Refused medications may not be given unless necessary to prevent serious and imminent physical harm and no less restrictive alternative is available (405 ILCS 5/2-107). Recipients have the right to select a preferred emergency intervention, restraint, seclusion or medication, and have their selections considered for use when needed; they also have the right to have any person or agency notified whenever a right is restricted (405 ILCS 5/2-200). Whenever a guaranteed right under Chapter II is restricted, the facility must promptly notify anyone designated (405 ILCS 5/2-201).

The record here provides evidence that the facility seeks informed consent when scheduled psychotropic medications are ordered. There were also instances when it seemed by

documentation that it was necessary to intervene and prevent harm without allowing the patient to refuse some injections. But, missed in the process of restricting his right to refuse was completing a restriction notice and forwarding it to anyone he wanted. Add the fact that the stated practice does not include restriction notices and the complaint is a substantiated rights violation.

RECOMMENDATIONS

1. Inform all adult patients of the right to refuse treatment absent an emergency (405 ILCS 5/2-107).
2. Complete a notice whenever a guaranteed right under Chapter II is restricted and provide it to anyone so designated by the patient (405 ILCS 5/2-201).
3. Ask all patients during admission or as soon as their conditions permit if they want anyone notified when their rights are restricted (405 ILCS 5/2-200) and note any selected preference in respective treatment plans (405 ILCS 5/2-102a).
4. Develop Illinois Mental Health Code attachments to complement existing policies (405 ILCS 5/2-202).

SUGGESTIONS

1. While there is no requirement to secure written consents from a patient, the Mental Health Code calls for prescribing physicians to determine and state in writing whether the patient has the capacity to make a reasoned decision about proposed psychotropics (405 ILCS 5/2-102 a-5), and the facility should ensure this is accomplished before non-emergency medications are administered. Saying the patient "understands" the information does not meet the requirement since understanding is only one element in reaching capacity.
2. Illinois patients enjoy the right to choose preferred emergency interventions and to have those preferences considered when it becomes necessary. The facility should note any stated designations on each treatment plan as provided for in the Mental Health Code (405 ILCS 5/2-200 d and 2-102 a).
3. The right to refuse medications may only be restricted to prevent serious and imminent physical harm when no less restrictive alternative is available (405 ILCS 5/2-107). VA policies say that the right to refuse can be restricted to prevent danger as well and that the reasons are to be documented (Memorandum, #12). The staff should be reminded of these rules and that being "loud and somewhat disruptive" without further description of potential harm does not qualify.
4. Apply Mental Health Code protections to persons with mental illness who are treated in the facility's emergency room.

Complaint #s 3 and 4: A patient was not allowed unimpeded visitation and phone calls. A patient was not allowed to read his rights with his glasses nor would anyone read his rights to him when he asked staff to help him.

The staff we interviewed said that there was quite a lot of contention from the patient's wife and that he frequently regressed after her visits or phone calls. She would call ten or fifteen

times per day asking for the patient or various staff members. At some point the treatment team decided to limit the number of calls from her, but he could still make as many outgoing calls to her as he pleased. Regarding his glasses, the staff said that the patient had carved himself up badly in a previous hospitalization and they thought that his glasses were potentially harmful to him. During this time he had no problems walking around without his glasses and he got them back when he was more stable. Again, there is no notification process for when communications or property rights are restricted.

According to the psychiatrist's orders on 9/9, no incoming calls were allowed from the wife per the treatment team; the patient could call her whenever he wanted. Orders on 9/14 directed that the patient may call his wife one time per day during the day shift. There were numerous notations that described difficult visits or meetings between the patient and his wife, some of those meetings with the patient and staff, and the depressive or aggressive reactions the patient had as a result. One note on 9/8 stated that the patient refused to take a call from her, asking the staff that she stop harassing him. Subsequent entries describe the psychiatrist's or team members' ongoing concerns for the patient's well being and the orders to limit phone calls. There were no visiting limits in the documentation.

There was no mention in the record of the patient's glasses being confiscated although there are references that reading materials about rights, advanced directives, prohibited items and general orientation issues were covered with him during or shortly after admission. There is also no mention of the patient having complained about not having his glasses or being unable to read anything he wanted. A suicide risk assessment indicated that the patient admitted to cutting his wrists and groin area within the last year. We reviewed a list of contraband items that is shared with patients during admission. It lists any glass items with the exception of eyewear with glass lenses. It also lists any item that could be used to harm oneself or others.

CONCLUSION

Policies on patient communications and property were not included in the materials provided to us. Patient rights forms used at the facility however, state that patients have the right to communicate freely and privately with people outside the facility and to have or refuse visitors. There is reasonable access to telephones for making and receiving calls. The form also states that patients have the right to keep personal possessions. The form's heading acknowledges these rights as being assured unless medically contraindicated.

The same rights are provided for in the Mental Health Code. It states that all recipients shall be permitted unimpeded, private and uncensored communication with persons of choice by mail, telephone and visits. Communications can be reasonably restricted to prevent harm, harassment or intimidation (405 ILCS 5/2-103). The Code states at the same time that recipients may possess and use personal properties and that possession and use can be restricted to prevent harm (405 ILCS 5/2-104). As cited before, restriction notices are to be completed and delivered to anyone a recipient designates whenever his rights are restricted (405 ILCS 5/2-201).

There is compelling documentation in this patient's chart to support limited telephone calls to and from a specific person and to keep his glasses from him temporarily. Regardless, call limitations and property confiscations, however necessary, are restrictions and once again, Illinois' required process for doing that was missed when notices were not completed and promptly forwarded to anyone the patient may have chosen. A rights violation of complaints 3 and 4 is substantiated.

RECOMMENDATIONS

1. Train staff to complete rights restriction notices and to promptly forward them to anyone designated whenever rights under Chapter II of the Code are restricted (405 ILCS 5/2-201).

Complaint #5: A patient was restrained inappropriately.

On the issue of restraints, the staff said that their facility follows Joint Commission standards for behavioral use. There were instances when this patient assaulted staff and a peer and tried to harm himself, so restraints were needed. A physician's order is required to apply restraints, and during any restraint episode someone is always within arm's reach to the patient; his vitals, physical condition, fluids, etc. are regularly checked, observations are documented every fifteen minutes, and reassessments occur every four hours. Restriction of rights forms are not completed for restraint use.

Progress notes from the record stated that on 9/5 the patient attempted to harm himself by hitting doors and windows. He tried to throw a chair and when a staff member intervened he pushed her causing her to fall. All attempts at redirections were unsuccessful, and he was placed into four-point restraints and given a Zyprexa injection on a physician's order. Corresponding notes and fifteen-minute observations sheets for the four-hour duration showed that he remained in arm's reach of staff, was constantly monitored for safety and was seen by the physician. The restraints were released at two hours to check circulation, and hydration, elimination needs and skin integrity were checked more regularly as well. The physician continued the order four hours later during which time the patient was regularly assessed as before and two of his limbs were released. The restraints were discontinued altogether within two hours. Subsequent notations reflected that the patient would notify his wife of the restraints that morning.

Restraints were applied again on 9/9 after the patient took off running and threw himself into a glass door. They were continued twice on a physician's orders for prevention of further harm, and the same care and observation described above was documented in the record until the restraints were discontinued. The treatment team met on the 9th to review behavioral needs and restraint use and to revise the plan accordingly, and the patient's wife appeared to be consulted. Restraints were needed again on 9/11 and on 9/13. On the 11th he tried to choke another patient and on the 13th he hit walls and doors and threatened aggressions toward the staff. It was noted on both occasions that redirections had failed, that physicians' orders initiated and continued the restraints, that he was observed constantly and checked for safety throughout, that his treatment plan was reviewed or revised and that the patient's wife was notified whenever he requested.

CONCLUSION

The facility's policy (MCM 11-08) is based on the Accreditation Manual for Hospitals and states that restraints may only be used when there is clinical justification to prevent injurious behavior when less restrictive measures have failed. They may never be used as punishment or staff convenience. Restraints may not be ordered PRN, or, as needed, and family or significant others are to be notified upon the patient's consent. An order, whether initiating or

continuing, may not exceed four hours, and nursing staff are assigned for constant observation. Fifteen-minute observations are documented at which time hydration, nutrition, vital signs and ranges of motion among others are checked. The staff who are authorized to apply restraints shall be trained in the effective and safe use of them.

The Mental Health Code provides for the same but adds that all recipients being restrained, or secluded, have the right not only for their families or significant others to be notified but for the Guardianship and Advocacy Commission and any other person, advocate or agency to be notified as well upon request (405 ILCS 5/2-108, 2-109 and 2-201).

This patient's file well described instances where he was intentionally self-injurious or attempted to harm other people, patients and staff. By documentation, the four restraint events followed all required steps in applying the restraints and continuing them, for measuring safety and for providing follow up when they were discontinued. Once more, the missed step in providing the patient or anyone he so chooses with a rights restriction notice, not the appropriateness of restraints, presents a rights violation under the Code. The complaint is substantiated.

RECOMMENDATIONS

1. Train staff to complete restriction notices whenever a patient is restrained or secluded and promptly notify anyone designated (405 ILCS 5/2-108, 2-109 and 2-201).
2. Advise all patients of the right to have the Guardianship and Advocacy Commission or anyone else of their choosing notified when restraints and/or seclusion is used (405 ILCS 5/2-108 and 2-109).

SUGGESTION

1. In this case the nurses who monitored the patient regularly documented within the first fifteen minutes of each application that the patient's physical and psychological status and needs were met. Since the Mental Health Code states that restraints may not exceed two hours unless within that time a supervising nurse or physician confirms in writing that the restraints pose no undue risk to the recipient's health in light of his physical or medical condition (405 ILCS 5/2-108), we encourage the facility to use that language more precisely. Perhaps adding it as a check-off to the order or the observation sheet would be helpful.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.

DEPARTMENT OF VETERANS AFFAIRS
Illiana Health Care System
1900 East Main Street
Danville IL 61832-5198

JUN 20 2011 In Reply Refer To: 550/116

Mr. Thomas Larison Phillips
Human Rights Authority, Chairperson
2125 South First St.
Champaign, IL 61820

Dear Mr. Phillips:

The following information is provided regarding Human Rights Authority (HRA) Case No: 10-060-9066:

Allegation I: The facility did not adequately assess a patient for psychiatric care: The facility agrees that this allegation was not substantiated. There were no issues regarding the clinical care of the patient. The facility will implement the suggestion to post the "State of Illinois – Department of Human Services Rights of Individuals Receiving Mental Health and Developmental Disabilities Services" on the ward where all patients can access and review. Currently the VA patient rights are posted on the ward where all patients can access and review.

Allegation 2: The facility forced a patient to take psychotropic medications without restricted rights notification, Allegation 3: A patient was not allowed unimpeded visitation and phone calls, Allegation 4: A patient was not allowed to read his rights with his glasses nor would anyone read his rights to him when he asked staff to help him, and Allegation 5: A patient was restrained inappropriately: The facility understands that Allegations 2, 3, 4, and 5 were substantiated due to a lack of providing two required Illinois forms (please see attached forms), and not due to clinical care issues. The facility will implement all recommendations in regards to the above allegations. Mental health nursing staff will review and provide a copy of the "State of Illinois – Department of Human Services Rights of Individuals Receiving Mental Health and Developmental Disabilities Services" to each mental health patient and also place a signed copy in the patient's record. In addition, nursing staff will complete "Notice Regarding Restricted Rights of Individuals" whenever a guaranteed right under Chapter II is restricted. The notice will be provided to anyone designated by the patient, including the Guardianship and Advocacy Commission. The patient will be asked during admission or as soon as conditions permit as to whom they would like this notice provided, and the individual(s) will be documented in the patient's record.

Please contact [redacted], Chief, Mental Health Service at ([redacted]) [redacted] if there are any further questions.

Sincerely,

Michael E. Hamilton
Director

Enclosure

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 10-060-9006

SERVICE PROVIDER: VA Illiana Healthcare

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

X We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

_____ We do not wish to include our response in the public record.

_____ No response is included.

MICHAEL E. HAMILTON
NAME

Director, VA Illiana Health Care System
TITLE

6/16/11
DATE

State of Illinois - Department of Human Services

RIGHTS OF INDIVIDUALS RECEIVING MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICES

Individual's Name: _____ Identification Number: _____ Date: _____

Following are some of your rights. You have other rights that concern procedures of admission and discharge. These rights do not appear on these pages. However, you DO have a copy of these procedural rights. If you have admitted yourself voluntarily, look on the back of your Voluntary (MH-2) or Administrative (DD-1) application. If you are here involuntarily, look on the back of the Petition for Involuntary/Judicial Admission (MHDD-5), and also look at both sides of any court orders you have received or may receive. You have been provided a Notice of Privacy as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which describes your rights related to privacy of your protected health information.

RETENTION OF RIGHTS

As a general rule, you lose none of your rights, benefits, or privileges simply because you are an individual receiving mental health or developmental disabilities' services. For example, you do not lose your right right to vote or attend religious services. However, you should know that individuals admitted to mental health facilities will be disqualified from receiving firearm owners' identification cards, or may lose any such cards possessed prior to admission.

HUMANE CARE SERVICES

You are entitled to adequate and humane care and services in the least restrictive environment and to an individual services plan.

COMMUNICATION MAIL/TELEPHONE CALLS/ VISITS

You have a right to communicate with other people in private, without obstruction, or censorship by the staff at the facility. This right includes mail, telephone calls, and visits.
There are limits to these rights. Communication by these means may be reasonably restricted by the director of the facility, but only to protect you or others from harm, harassment, or intimidation.
ALL letters addressed to or from the Governor, members of the General Assembly, Attorney General, judges, State's attorneys, Guardianship and Advocacy or the Agency designated to protect and advocate rights of the developmentally disabled, officers of the Department, or licensed attorneys must be forwarded without examination.
No facility shall prevent any attorney representing you or who has been requested to represent you by any relative or family member from visiting you during normal business hours. You may refuse to meet with the attorney.

PROPERTY

You are entitled to receive, possess, and use personal property unless it is determined that certain items are harmful to you or others.
When you are discharged, all lawful property must be returned to you.

MONEY

You may use your money as you choose, unless you are under age 18 or prohibited from doing so under a court guardianship order.

BANKING

You may deposit your money at a bank or place it for safekeeping with the facility. If the facility deposits your money, any interest earned will be yours.
Neither this facility nor any of its employees may act as payee to receive any payment or assistance directed to you, including Social Security and pension, annuity, or trust fund payments without your informed consent.

LABOR

You must be paid for work you are asked to perform which benefits the facility.
NOTE: You may be required to do personal housekeeping chores without being paid.

REFUSING SERVICES

If you are over 18 and do not have a guardian, you have the right to refuse services, including medication or electroconvulsive therapy (ECT). If you are over 18 and have a guardian, your guardian can refuse services on your behalf. If you do not want to take medication or ECT and your guardian disagrees, you may have a hearing before a judge, who will decide if you have to take the medication or ETC. If you or your guardian refuse services, you will not be given such services except when necessary to prevent you from causing serious harm to yourself or others or if a judge orders it. If you are under 18, you do not have a right to refuse services.

State of Illinois - Department of Human Services

RIGHTS OF INDIVIDUALS RECEIVING MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES SERVICES

RESTRAINTS

Restraints may be used only to protect you from physically harming yourself or others, or as a part of a medical or surgical procedure.

SECLUSION

Seclusion will only be used to prevent you from physically harming yourself or others Seclusion shall not be used if you reside on a developmental disabilities unit.

EMERGENCY MEDICATION
ELECTRO CONVULSIVE THERAPY
RESTRAINT SECLUSION

The facility must advise you, your guardian or substitute decision-maker, if any, of the following circumstances under which the law permits the use of emergency medication/ ECT, restraint and seclusion. At the same time, you or your guardian or substitute decision-maker may tell the facility which form of intervention you would prefer if any, if the circumstances should arise. Your preference will be noted in the record and the facility must give consideration to your preference.

UNUSUAL SERVICES

Any unusual, hazardous, or experimental services require your written and informed consent.

MEDICAL/DENTAL SERVICES

Except in emergencies, no medical or dental services will be provided to you without informed consent.

RESTRICTIONS OF RIGHTS
PERSONS NOTIFIED

If your rights are restricted, the facility must notify:

- your parent or guardian, if you are under age 18;
- you and the person of your choice;
- the Guardianship and Advocacy Commission if you say you want the Commission to be contacted.

If communications were restricted with a specific person, you may have that person notified is you so desire.

A Guardianship and Advocacy Commission has been created which consists of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at:

Egyptian Regional Office
#7 Cottage Drive
Anna, Illinois 62906
618/833-4897

Peoria Regional Office
5407 North University, Suite 7
Peoria, Illinois 61614
309/693-5001

West Suburban Regional Office
P.O. Box 7009
Hines, Illinois 60141-7009
708/338-7500

North Suburban Regional Office
9511 Harrison Avenue, FA 101
Des Plaines, Illinois 60016
847/294-4265

East Central Regional Office
423 South Murray Road
Rantoul, Illinois 61866-2125
217/892-4611

Rockford Regional Office
4302 North Main Street
Rockford, Illinois 61103
815/987-7657

Metro East Regional Office
Pine Cottage
4500 College Avenue
Alton, Illinois 62005
618/462-4561

I have explained these rights to the individual (or the guardian of the individual, if applicable) and have provided him or her a copy of it. A copy of this form has been filed in the individual's clinical record.

Staff signature

Signature of Individual Receiving Services

Title

☐ Check here if individual refuses to sign

Date and Time

Witness' signature (required only if individual refuses to sign)

Notice Regarding Restricted Rights of Individuals

Reference: 405ILCS 5/2-102, 2-103, 2-104, 2-107, 2-108, 2-109, 2-200, and 22-201

Name:_____ I.D.:_____ Unit:_____ Facility:_____

PART I (Physical Hold/Restraint/Seclusion/Emergency Medication Restrictions)

On _____ @_____

Date Time

Individual was: ☐ placed in physical hold ☐ placed in restraint ☐ placed in seclusion ☐ administered emergency medication

Reason(s) for the identified restrictions(s):

In accordance with the Mental Health and Developmental Disabilities code, the individual designated his or her preference for emergency intervention if circumstances arise as indicated below (check one):

☐ The individual indicated "No Preference" for emergency intervention(s)

☐ The individual preference was utilized (see Treatment Plan)

☐ The individual preference was **NOT** utilized for the following reason(s):

PART II (Other Restrictions)

From: _____ to: _____

Date and Time Date and Time

Had a restriction placed on certain rights (checked and explained below):

☐ To refuse medical services - x-ray ☐ To refuse medical services - laboratory specimens ☐ To retain personal property

☐ To refuse other medical services ☐ To refuse search of person or living area ☐ Other: _____

☐ To manage personal hygiene ☐ To refuse dental services

☐ To be allowed communication via: ☐ Telephone ☐ Mail ☐ Visitation ☐ Other: _____

Reason(s) for the identified restrictions(s) include:

PART III (Applies to Parts I and II)

A copy of this notice was given to the individual in: ☐ English ☐ Spanish ☐ Other: _____

☐ Individual wished no one be notified of this Notice **(Exception: Guardian must always be notified)**

☐ Individual wished Guardian and/or Designee notified as idicated below:

Guardian: _____ Address: _____

Designee: _____ Address: _____

I certify that I have completed this form. Copies of this notice are given to the individual, mailed to all indicated individuals, and placed in his or her medical record.

Date/Time: _____ Signature: _____

Title: _____

NOTICE REGARDING RESTRICTED RIGHTS OF INDIVIDUAL

Notice Regarding Restricted Rights of Individuals

Reference: 405ILCS 5/2-102, 2-103, 2-104, 2-107, 2-108, 2-109, 2-200, and 22-201

NOTICE REGARDING RESTRICTED RIGHTS OF INDIVIDUAL

Additional Notice to Individual

If your right to mail a letter or package, have visitors, or use the telephone is restricted, you have the right to have the facility notify the affected parties.

When the restriction is over, you also have the right to have facility notify the affected parties.

You may tell the staff member giving you this NOTICE REGARDING RESTRICTED RIGHTS OF INDIVIDUAL or your caseworker if you would like the facility to notify the affected parties.

If you need assistance regarding this Notice, ask your caseworker or another staff member for help.

Information about the health care services you receive at a mental health or developmental disabilities facility is protected by privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) at 45 CFR 160 and 164. Your peronally identifiable health information will only be used and/or released in accordance with HIPPA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110).