

**SECTION - SUPPORTIVE SERVICES
ADMINISTRATIVE DIRECTIVE NO. 610
(Replaces A.D. No. 610 dated 6/15/06)**

Effective Date: June 14, 2007

SUBJECT: PROCEDURE FOR DOCUMENTATION OF DENIAL OF RIGHTS

I. PURPOSE

The purpose of this directive is to outline and ensure staff compliance with state and federal laws and regulations when "good cause" exists to deny Individuals' legal right(s) (as defined by the California Code of Regulations) and to ensure that the required documentation, review, monitoring, auditing, and reporting are implemented for all denials of rights.

II. AUTHORITY

California Code of Regulations, Title 9, Chapter 4.5, Article 2; California Code of Regulations, Title 22, Chapter 2, § 71507 (b) and Chapter 4, § 73523 (b); Special Orders 234 and 254.01.

III. POLICY

This directive describes the procedures necessary for the adequate and timely, documentation and reporting of a denial of patients' rights.

IV. METHOD

Each individual denial of patient's rights shall be recorded in the Interdisciplinary Notes of the Individual's clinical record and on the Denial of Rights Report. A separate Denial of Rights Report shall be initiated for each right denied. Documentation shall be initiated immediately after a right has been denied and should include the following:

A. Interdisciplinary Notes:

1. The specific legal right denied.
2. A description of the behavior necessitating the Denial of Rights and the "good cause" relationship between the right denied and the behavior necessitating the denial.
3. All less restrictive methods and techniques attempted to correct the behavior prior to initiating the Denial of Rights.

4. Description of, or absence of, the specific behavior(s) required for the restoration of each right.
5. The Individual shall be told of the right(s) denied in a manner and in a language which he understands, the reason for the denial, what behavior is expected before the right is restored, and requested to sign the Denial of Rights form. The documentation that these steps were taken and the Individual's response to the denial will be made in the chart.
6. The date the Denial of Rights will be reviewed.
7. A treatment plan addressing the behavior necessitating the denial shall be developed within 24 hours of the initiation of the denial. A Denial of Rights shall not be instituted for treatment purposes; however, when a denial of rights is in effect, a treatment plan shall be instituted to assist the Individual in restoring his right(s). The treatment plan will include a problem, objective, and a plan to correct the behavior necessitating the denial of the right(s).

B. Denial of Rights Report:

1. The Denial of Rights Report shall be completed immediately after each right has been denied, upon formal continuation review, and upon the restoration of the right. Restrictions of Individuals' communication (visits, telephone calls, correspondence) shall be evaluated daily by unit staff and should be reviewed formally by the Wellness and Recovery Team at least every seven (7) days. All other rights shall be formally reviewed every 30 days. Formal review of a denial is completed with the submission of the Denial of Rights Report form. The Denial of Rights Report shall include the following:
 - a. The Individual's name, his program, his unit, denial date and time, denial report date and time, specific right denied, explanation of "good cause" relationship, staff members involved in denial decision (including the psychiatrist responsible for the Individual's treatment program). The psychiatrist's involvement shall be evidenced by his or her signature in the section of the Denial of Rights form requiring the signature of "staff members involved in the denial decision", less restrictive techniques attempted, name of staff informing an Individual of his right to appeal, plan for reinstatement, and proposed review date of denied right.
 - b. The signature of the Program Director or designee authorizing denial. This means that the person authorizing denial has reviewed the denial and agrees with the "good cause" reason for the denial documented on Denial of Rights Report and in the Interdisciplinary Notes, and agrees that there is no less restrictive way of protecting the interest of the Individual, others, and/or the facility. The person authorizing the denial is responsible to the Executive Director for his or her decision to deny a right.

- c. The signature of the Individual indicating that he has been informed of the denial and criteria for restoration and received a copy of the Denial of Rights Report. If the Individual is unwilling or unable to sign, a staff person will indicate his refusal on the Denial of Rights Report.
 2. A copy of all completed Denial of Rights forms shall be submitted to the Standards Compliance Department (SCD).
- C. Completion of Restraint and Seclusion/Denial of Rights Log:
 1. The Restraint and Seclusion/Denial of Rights Daily Shift Log Summary will be completed by the Unit Supervisor or designee and forwarded to the Program Office by 8:30 a.m. on the day following the initiation of the Denial, upon the continuation review for each Denial, and upon restoration of the right.
 2. The Nursing Coordinator or designee from each Program will compile the information from all Restraint and Seclusion/Denial of Rights Daily Shift Log Summaries from the units on his/her program, and complete the Restraint and Seclusion 24 hour Log Form. This form will be delivered to the Medical Staff Secretary by 10:00 a.m. the next working day for data entry purposes.
 3. A weekly report will be generated by the Medical Staff Office and forwarded to the Program Directors, Medical Director, Clinical Administrator, Patients' Rights Advocate, Chair of the Patient Care Policy Committee, Central Nursing Service, Chief of Psychology Service, SCD and the Reviewing Psychologist.

V. ROUTING OF THE DENIAL OF RIGHTS REPORT

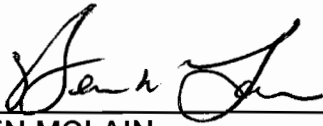
Upon completion of the Denial of Rights Report, the original will be filed in the Legal Section of the Unit Clinical Record; one copy forwarded to the Patients' Rights Advocate, and one copy given to the Individual. The report shall be forwarded to the Patients' Rights Office within twenty-four (24) hours of the authorization of the denial, continuation review, or restoration.

VI. REPORTING OF DENIAL OF RIGHTS

The Patients' Rights Advocate's Office will aggregate denial of rights and restraint and seclusion statistical data submitted by programs and forward a report to the Department of Mental Health through the Office of Patients' Rights in Sacramento.

VII. REVIEW OF DENIAL OF RIGHTS REPORT BY PATIENTS' RIGHTS ADVOCATE

The Patients' Rights Advocate may, after reviewing the Denial of Rights Report of a specific right denied, advise the Program Director that the denial of right does not meet "good cause" as defined by law or make recommendations to the Executive Director that the "good cause" relationship does not exist and the right should be immediately restored to the Individual. This does not preclude the Program Director's responsibility to review the denial for compliance with this policy or the law. The program director should consult with the Patients' Rights Advocate when there is reason to believe that the "good cause" relationship for the denial may not be appropriate or may not exist.



BEN MCLAIN
Executive Director (Acting)

Cross Reference(s):
A.D. No. 604 Patients' Rights Advocacy Program