

## STATE OF CONNECTICUT Department of Mental Health & Addiction Services



## Commissioner's Policy Statement

SUBJECT:	DMHAS Client Rights Policy
P & P NUMBER:	Chapter 6-Clinical and Facilities
APPROVED:	Miriam E. Delphin-Rittmon, Ph.D., Commissioner Date
EFFECTIVE	11/21/1984 (original effective date of Commissioner's Policy Statement
DATE:	#45)
REVISED:	Revised October 2018. Replaces Commissioner's Policy Statement #13, Patient's Property Rights; #45, Patients' Rights Manual, #46 Compliance with the Civil Rights Act of 1964
REFERENCES:	Title VI and VII Civil Rights Act of 1964 as amended
	Section 504 Rehabilitation Act 1973
	Affordable Care Act, Section 1557
	Americans with Disabilities Act of 1990 subchapter II (Title II): as amended by the ADA Amendments Act of 2008 (Pub.L. 110-325)
	28 C.F.R. Part 35 Nondiscrimination On the Basis of Disability in State and Local Government Services
	42 U.S. Code, §12131- 12134 Title 42Public Health and Welfare, Equal Opportunity. Chapter 126 Equal Opportunity for Individuals with Disabilities, Subchapter II Public Services, Part A, Prohibition Against Discrimination and Other Generally Applicable Provisions.
	45 C.F.R Part 84 Section 504 of the Rehabilitation Act of 1973, Nondiscrimination on the basis of handicap in programs or activities receiving federal financial assistance.
	Connecticut General Statutes including but not limited to: §17a-101 §17a-412; §17b-451; §§17a-495 et seq; §17a-502; §17a-506; §§17a-540 through 17a-550; §17a-682 to §17a685; §17a-688; §46a-11b; §46a-58(a); §46a-64(a)(1)(2); §52-146f; §54-56d
	Connecticut Regulations regarding Fair Hearings Regs. Conn State Agencies §§17a-451(t)1-17a-451(t)19
	Connecticut General Assembly, Public Act: <u>18-86</u>
	DMHAS Commissioner's Policies and Procedures:
	Chapter 6- Client Abuse
	Chapter 6- ADA Title II: Equal Access to DMHAS Services Programs and Activities

Chapter 6- The DMHAS Client Grievance Procedure
DMHAS Poster: Your Rights as Client or Patient
DMHAS Website: www.ct.gov/dmhas/crg

**STATEMENT OF PURPOSE:** People receiving services and treatment from the Connecticut Department of Mental Health and Addiction Services (DMHAS) enjoy the same rights as other Connecticut residents.

**POLICY:** DMHAS upholds rights and protections guaranteed by: Federal law; Connecticut General Statute; Regulations of the State of Connecticut and court rulings. DMHAS facilities, programs and members of the DMHAS workforce are prohibited from depriving a person of his/her rights and from discriminating against a person on account of race, color, national origin, age, disability or sex as well as gender identity or expression, alienage, history of mental illness, and other classes identified by Connecticut General Statute and Federal Law. DMHAS prohibits the abuse, neglect and exploitation of DMHAS clients or patients by any member of the DMHAS workforce and all members of the DMHAS workforce are mandated reporters of abuse, neglect and exploitation.

This policy covers individuals eighteen years of age or older with a psychiatric and/or substance use disorder(s) who are receiving services; has received services or is seeking services from DMHAS regardless of whether the individual is a voluntary or involuntary patient of a DMHAS facility.

## A. RIGHTS COVERED BY THIS POLICY INCLUDE BUT ARE NOT LIMITED TO:

- 1. Human Rights: All persons receiving services from DMHAS facilities and programs have the right to be free from physical and/or mental abuse, neglect, or exploitation and to be treated in a humane and dignified manner with full respect to personal dignity.
- 2. Civil Rights: Except when declared incapable of exercising specific rights by a court order or judge's ruling all persons receiving services from DMHAS facilities and programs share the same civil rights as other adult residents of Connecticut including but not limited to:
  - Voting
  - Holding and conveying real property
  - Engaging in personal contracts
  - Protection from discrimination
- **3.** Equal Access to programs and services for persons with disabilities: DMHAS provides equal access to programs and services to clients, patients, visitors and guests with disabilities as other individuals. DMHAS will not place a surcharge on providing reasonable modifications to services and programs.
- 4. Access to effective communication: DMHAS provides effective communication to clients and patients: who are deaf or hard of hearing; who are blind; who have visual impairments and who have Limited English Proficiency (LEP). DMHAS will not place a surcharge on effective communication aids which include but are not limited to:
  - Qualified sign language interpreters for persons who are deaf and hard of hearing

- Access to relay services
- Qualified interpreters for clients or patients with LEP.
- Information in a format and language the client or patient understands including but not limited to: person's primary language if the person has LEP, large print, audio and accessible electronic formats.
- 5. Treatment Rights: Clients and patients of DMHAS facilities and programs have the right to give informed consent regarding treatment and the right to refuse treatment except in an emergency or when declared incapable of exercising those rights by a Judge's order under federal law and state statute. DMHAS programs and staff assist clients in exercising their treatment rights by:
  - Providing clients adequate information to make an informed choice in a manner the client understands
  - Work with an individual client (and his/her authorized representative if the client has
    one) to develop an specialized treatment/recovery plan and discharge plan based on
    the client's needs, goals and ability to participate
  - Promote the use of Advance Directives by clients to assist in decision making when the client is unable to make decisions him or herself
- 6. Other Rights: In addition to Federal Law and court rulings clients and patients of DMHAS operated facilities and programs are protected by the same Connecticut General Statutes (CGS) that protect all adults receiving treatment from psychiatric facilities including CGS Sections 17a-540 through 17a-550 (also known as the Connecticut Patient Bill of Rights) including but not limited to:
  - Humane and Dignified Treatment (CGS §17a-542)
  - Personal Dignity (CGS §17a-542)
  - Privacy and Confidentiality (CGS §17a-500; §17a-688; §52-146f and 42 CFR part 2).
  - Protection regarding involuntary hospitalization protections through a Physicians Emergency Certificate (PEC) and Commitment (CGS §17a-495 et seq; §17a-506; §\$17a-682 to 17a-685; §54-56d)
  - Communication and visitors (CGS §17a-546 and §17a-547)
  - Access one's own medical records (CGS §17a-548)
  - Protections concerning restraint and seclusion (CGS §17a-544)
  - Informed consent regarding medication, treatment and Surgical Procedures (CGS §§<u>17a-540</u> to <u>17a-550</u>; <u>17a-545</u>)
  - Wear one's own clothing, maintain possessions given reasonable space restrictions and have access to one's own money' (CGS §17a-548a)
  - To be informed of client and patient rights by DMHAS facilities and programs (CGS <u>§17a-548c</u>)
  - Protections from discrimination in employment and housing (CGS §17a-549)

- Petition Superior Court to seek legal relief (CGS §17a-550)
- File grievances under Fair Hearing Regulations (CGS § 17a-451u)
- 7. **Representation Rights**: Except as noted in Connecticut Fair Hearing Regulations (Regs. Conn State Agencies §17a-451(t)5e a client of a DMHAS facility or program may authorize anyone as his or her representative
  - A client of DMHAS may authorize a representative even when s/he has a conservator of person
  - The client's authorization must be in writing and specify the nature of the representation, additional authorizations from the client may be required under confidentiality laws.
- **B. EXCEPTIONS:** The Chief Executive Officer (CEO) or designee of a DMHAS inpatient facility may approve exceptions to a patient's rights once the proposed exception is:
  - 1. Reviewed by the client's treatment team with participation of the client and authorized representative (if the patient has one)
  - 2. Documented and signed by the CEO or designee noting:
    - The reason for the decision
    - Duration of the decision
    - What needs to happen for the decision to be reversed
  - 3. Exceptions to a patient's rights are explained to the patient and authorized representative (if the patient has one) with written copies of those exceptions provided to the patient and authorized representative and placed in the patient's charts
  - 4. A patient and/or authorized representative who disagrees with the decision by a DMHAS inpatient facility to limit those patient's rights which are not under the exclusive jurisdiction of the Psychiatric Security Review Board (PSRB) may submit a grievance to the facility's Client Rights Officer as provided by the DMHAS Client Grievance Procedure
  - 5. Patients of DMHAS inpatient facilities retain the right to seek petition superior court in the community they reside in to seek a remedy regarding decisions affecting their rights

## C. NOTIFICATION:

- 1. DMHAS facilities and programs will prominently post copies of notices identifying rights clients and patients have as well as a copy of the DMHAS Grievance Procedure and Fair Hearing Summary and contact numbers for state-wide advocacy programs in every unit, service location and client lounge.
- 2. DMHAS Office the Commissioner will make available information online concerning client rights including contact information for state-wide advocacy programs.