

PEOPLE'S RIGHTS IN CONNECTICUT WHEN RECEIVING SERVICES FROM A DMHAS FACILITY OR A DMHAS CONTRACTED PROVIDER

The rights of people living in Connecticut are protected by Federal Law, Case Law and Connecticut General Statutes. These rights ensure a person receiving services from a Connecticut inpatient or outpatient psychiatric facility has the same rights as all other Connecticut residents including the right to be free from physical or mental abuse or harm and treated in a humane and dignified manner with dignity and respect.

The CONNECTICUT PATIENT BILL OF RIGHTS are Connecticut General Statutes (CGS Sections 17a-540 through 17a-550) which apply to any Connecticut hospital, clinic or facility which diagnosis, observes and/or treats persons with psychiatric disabilities including all Department of Mental Health and Addiction Services (DMHAS) operated facilities and DMHAS contracted providers (CGS § 17a-540).

Under the Connecticut Patient Bill of Rights people have the right to:

- Be treated in a humane and dignified manner at all times with full respect dignity and privacy (<u>CGS §</u>
 17a-542)
- To retain personal, property and civil rights when hospitalized in any public or private facility for the
 treatment of psychiatric disabilities including the right to vote, hold or convey property, enter into
 contracts except in accordance of due process of law and/or after having been declared incapable of
 exercising those rights according to CGS Sections 45a-644 to \$45a-662 with any finding stating which
 civil or personal rights the person is incapable of exercising (CGS §17a-541)
- Participate in the development of a written specialized treatment plan that includes a discharge plan
 which identifies both the plan of discharge and appropriate aftercare and to make sure the facility
 provides the person reasonable notice of an impending discharge. (<u>CGS § 17a-542</u>)
- Be informed of options for treatments and services, and give consent to changes, request a change and/or refuse medication or treatment except when limited by a legally authorized procedure or when a delay in providing treatment is determined to be medically harmful (<u>CGS § 17a-543 a-f</u>)
- Seek help from an advocate, especially when a psychiatric facility seeks to administer involuntary medication or other involuntary services, or if a facility is determining an individual is not competent to make decisions for themselves (<u>CGS §17a-543d</u>)
- Request treatment by prayer alone in accordance to principles and practices of the individual's church or religious denomination (CGS § 17a-543 i)

- Have freedom of movement to the greatest degree possible while being treated in an inpatient psychiatric facility (<u>CGS §17a-541</u>; <u>CGS §17a-542</u>)
- Be free from involuntary restraint and seclusion while treated in an inpatient psychiatric facility unless there is imminent physical danger to self or others and the restraint or seclusion is ordered by a physician with such orders written according to standards of practice and included in the individual's clinical record within 24 hours. (CGS §17a-544)
- Send and receive mail inpatient without being intercepted or censored. To have access to writing
 materials and postage, and access to a telephone for confidential phone calls except when limited due
 to clinical and/or safety concerns as documented in the person's clinical record (CGS §546)
- Receive visitors during scheduled visiting hours (CGS §17a-547)
- Meet privately with an attorney, paralegal or clergy at a reasonable time (<u>CGS §17a-547</u>)
- Wear one's own clothes, as well as keep and use personal possessions; to have personal storage within space limitations of the facility or living arrangement (CGS § 17a-548a)
- Access one's own money for personal purchases (<u>CGS § 17a-548a</u>)
- Access to one's own medical records in accordance with the regulations related to confidentiality and the release of these records (CGS §17a-548 b)
- Be free from discrimination in employment, housing or obtaining due to present or past history of mental illness or disability (<u>CGS §17a-549</u>).
- To petition superior court to seek legal remedies to rights violations (<u>CGS §17a-550</u>).
- Be informed of patient rights where psychiatric services are provided (<u>CGS § 17a-548c</u>)
 [DMHAS operated facilities, programs and contracted providers post a copy of "<u>Your Rights as Client or Patient</u>" in treatment units, wards, lobbies and other service locations along with a copy of the "<u>DMHAS Client Grievance Procedure and Fair Hearing Summary</u>"]
- Have grievances addressed when receiving services from a DMHAS facility or DMHAS contracted provider under the <u>DMHAS Grievance Client Procedure</u> as part of a <u>Fair Hearing</u> process (<u>CGS §17a-451u</u>)
 For information on the DMHAS Client Grievance Procedure go to: <u>www.ct.gov/dmhas/crg</u>
- Along with the "Patient Bill of Rights" Connecticut General Statutes prohibit a hospital for psychiatric disabilities to confine a person for more than three business days after the person gives written notice of a desire to leave unless there is application for commitment filed with Probate Court (CGS §17a-506)

[NOTE: Psychiatric facilities not operated by DMHAS or contracted by DMHAS should have a designated individual or department for addressing patient complaints. For more information contact the hospital, clinic or facility providing treatment. Complaints about healthcare facilities and practioners can be submitted to the Connecticut Department of Public Health (www.ct.qov/dph). Complaints about Skilled Nursing Facilities should be made to the Connecticut Long Term Care Ombudsman (1-866-388-1888)

Along with the "CONNECTICUT PATIENT BILL OF RIGHTS" and Connecticut General Statutes, people's rights are protected by federal law and case law including but not limited to:

Confidentiality and Privacy Rights:

- o CGS§ 17a-500; CGS§ 17a-688; CGS§ 52-146(f).
- Privacy and confidentiality rights concerning treatment for a substance use disorder: United
 States Code of Federal Regulations <u>42 CFR part 2.</u>
- Health Insurance Portability and Accountability Act of 1996

Disability Rights:

Employment: <u>ADA Title I</u>

Local and State government (including DMHAS): <u>ADA Title II</u>

o Places of public accommodation: ADA Title III

Effective Communication:

- Persons with disabilities: the Americans with Disabilities Act (ADA)
 US DOJ ADA Requirements: Effective Communication.
- Persons whose primary language is not English: Section 1557 of the Affordable Care Act US HHS Civil Rights ACA 1557.

Protection from discrimination:

o Connecticut General Statutes: CGS§46a-54-200 through §46a-54-207 inclusive

Connecticut General Assembly: <u>Public Act 16-16</u>

Affordable Care Act : US HHS Civil Rights ACA 1557

o Section 504 of the Rehabilitation Act of 1973 45 CFR Part 84.

Treatment Rights:

- The right to participate the development of a specialized treatment plan: United States Code: 42
 U.S. Code § 9501.
- o The right to a discharge plan: CGS § 17a-484c and 42 U.S. Code § 9501.
- Rights regarding hospitalization due to Emergency Certificates: CGS §17a-502.
- Right of a voluntary patient to request a probable cause hearing within three days of being admitted to a psychiatric facility: <u>CGS §17a-506</u>.
- The right to have an Advance Directive which specifies the individual's choice of treatment and authorizes a health care representative to carry the person's choices in the event of a crisis:
 CGS§ 17a-484b-c.

The right to an advocate:

 Code of Federal Regulations regarding Protection and Advocacy for Individuals with Mental Illness CFR 42 part 51

- Regulations of State Agencies for the Department of Mental Health and Addiction Services on Fair Hearings §§17a-451(t)1-(t)20
- o Connecticut court rulings including: Doe v. Hogan H88-239 and Phoebe v. Solnit 252 Conn. 68

This guide is meant to share information on the rights people have and is not intended to be advice, legal or otherwise.

TO FIND OUT ABOUT YOUR RIGHTS SPEAK TO AN ATTORNEY OR CONTACT A STATE-WIDE ADVOCACY PROGRAM:

- Advocacy Unlimited (AU): 114 West Main Street, New Britain CT 06051 1-800-573-6929 / 860-505-7581 (www.advocacyunlimited.org)
- <u>Connecticut Legal Rights Project</u> (CLRP): PO Box 351 Silver Street Middletown, CT 06457 1-877-402-2299 / 860-262-5030 (http://www.clrp.org/)
- <u>Disability Rights Connecticut</u> (DRCT): 846 Wethersfield Ave. Hartford, CT 06114 1-800-842-7303 /860-297-4300 (https://www.disrightsct.org/)

The CT Department of Mental Health and Addiction Services (DMHAS) complies with all applicable state statutes and federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Further DMHAS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. DMHAS provides equal access to services and programs and effective communication to persons with disabilities and whose primary language is not English.

Alternative format and language translations of this guide are available upon request by contacting:

William Pierce, DMHAS Client Rights and Grievance Specialist, ADA Title II Coordinator: 860-418-7000 (william.pierce@ct.gov) TTY: 1-888-621-3551 (Relay 711)

Confidential Fax: 860-418-6691

DMHAS Office of the Commissioner, 410 Capitol Ave. 4th Floor PO Box 341431 Hartford, CT 06134

