Notice of Your Rights as a Person in the Custody or Temporary Custody of the Commissioner of Mental Health

1. You have the right to be treated with dignity, respect and consideration at all times.

You have the right to humane care and treatment in a safe setting and to be free from all forms of abuse or harassment.

- 2. You have the right to receive services without regard to race, religion, color, gender (including, for women, pregnancy) or gender identity, sexual orientation, national origin, disability or age.
- 3. If you are an involuntary patient, you have the right to have a courtreview your hospitalization.

You have the right to be represented at involuntary treatment hearings by a lawyer that the court will give you, free of charge. Your lawyer or legal representative can have reasonable access to you and the areas where you receive treatment. They may also arrange an independent psychiatric evaluation at no cost to you. You also have the right to ask for a preliminary hearing to see if your involuntary hospitalization is legal, unless you are hospitalized for a competency or sanity evaluation under criminal law. If you want a preliminary hearing, you must make the request within 5 days of your admission, by calling the Mental Health Law Project at 1-800-265-0660.

4. The Mental Health Law Project of Vermont Legal Aid has lawyers to help you while you are being involuntarily treated at the hospital.

The **Mental Health Law Project's** number is **1-800-265-0660**. They can be reached during normal business hours Monday to Friday. You may also call **Disability Rights Vermont** at **1-800-834-7890**. These agencies are not connected to the hospital or the state. They will help you at no cost to you.

5. You have the right to be free from seclusion or restraint except in emergencies.

Seclusion and restraint are used only to protect your safety or the safety of others if your behavior shows that you are at immediate risk of causing serious bodily injury. Restraint can either be a physical restraint or a medication. Seclusion is putting a person alone in a room or area against their will where they cannot leave.

6. You have the right to refuse medications and specific treatments, except in an emergency or when a court has ordered it after a hearing.

If you refuse medication or treatment, you will be told how your refusal will medically affect you.

- 7. You have the right to choose a family member or support person to be told that you have been admitted to this hospital.
- 8. You have the right to have visitors, make telephone calls, use sealed mail, use the internet, and send e-mails, within reason.

You have the right to privacy. You have the right to talk privately with others. Your doctor may limit your visitors or the hours you have visitors, if that is in your treatment plan. Your doctor must say in writing if you are going to have any limits on visiting, your phone use, or your internet use.

9. You have the right to take part in planning your treatment.

Your treatment team must respect your ideas and the knowledge you have about what has previously helped you. You can choose to have a support person or others join you in treatment planning meetings with your treatment team. You also have the right to ask for the opinion of another expert at your own expense.

10. You have the right to see your medical record within a reasonable timeframe, unless your doctor decides it would put you or others at risk.

You have the right to request changes to your medical record if you believe that what it says is inaccurate. If your physician disagrees and thinks the record is accurate, you may either provide a written statement to be added to the record or your team will note in your record that you do not agree.

11. You have the right to make a complaint (which is called filing a grievance) about the hospital if you are unhappy about any part of your treatmentor if you feel your rights have been violated.

The hospital has a grievance procedure, which they must explain to you. If you need help filing a grievance, ask a hospital staff member to help you. You have a right to file a grievance without fear of punishment.

12. You have the right to fill out an "Advance Directive for Health Care" unless a doctor believes that you do not have the mental capacity to make your own health care decisions or you have a legal guardian.

An Advance Directive allows you to say what kind of treatment you want or do not want if you become too ill to speak for yourself. The hospital must tell you about Advance Directives and has to help you fill out the papers if you need help. You can also call **Disability Rights Vermont** at **1-800-834-7890** for help.

- 13. You have the right to vote while in the hospital and to get help to vote.
- 14. When your medical condition allows it, you may be moved to another place.

The place where you are going must first agree to take you. Before you go to another place, someone must tell you why you are going to another place and what other options are available.

15. You have the right to proper transport in the least restrictive manner necessary for your safety under Vermont law.

Who Can Help You?

You may request help with filing a grievance and/or get legal help from the Mental Health Care Ombudsman by contacting:

Disability Rights Vermont 1-800-834-7890

141 Main Street, Suite 7, Montpelier, Vermont 05602

You may also contact a mental health patient representative to assist you with filing a grievance at:

Vermont Psychiatric Survivors 1-802-775-6834

128 Merchants Row, Suite 606, Rutland, VT 05701

You can also file a complaint of abuse, neglect, or exploitation by contacting:

VT Department of Disabilities, Aging, & Independent Living: Adult Protective Services 1-800-564-1612 or 802-241-0342

280 State Drive, HC 2 South, Waterbury, VT 05671-2060

You may also complain about your mental health treatment to:

VT Department of Health, Board of Medical Practice

1-802-657-4220 or 1-800-745-7371

P.O. Box 70, Burlington, Vermont 05402

Or: VT Department of Mental Health 1-802-241-0090

280 State Drive, NOB 2 North, Waterbury, Vermont 05671-2010

To file a complaint about the quality of health care you have received as a Medicare recipient, contact:

KEPRO, BFCC-QIO, on the web: https://www.keproqio.com/

Toll-free: 1-888-319-8452/ TTY: 1-855-843-4776

5700 Lombardo Center Dr., Suite 100, Seven Hills, OH 44131

Patient Signature		Date
	Patient refused to sign	Date/Time
Provid	er Signature	Date