

## State Hospital South

# A PATIENT'S GUIDE



### **Mission**

State Hospital South Provides all persons who have serious mental illness, including co-occurring disorders, a safe environment for growth, recovery and inclusion in their community.

### **Vision**

State Hospital South is an integral component of Idaho's mental health continuum of services, providing a comprehensive array of cost-effective, evidence-based, and recovery-oriented treatment, support and services in partnership with all stakeholders.

### **Values**

State Hospital South strives to instill hope, preserve dignity, and provide respect to all. We practice the following Department of Health and Welfare (DHW) ideals and standards of performance, including:

#### *DHW Values*

*Customer Service Guidelines*

*Principles of Partnership*

*Learning Organization Skills*

# WELCOME

Welcome to State Hospital South. Our goal is to help you recover from the symptoms of your illness so that you can return to your community. Our intent is to provide you with competent professional help in a safe environment, which supports the healing process.

This booklet is designed to give you information about State Hospital South Services. It also describes the rights and responsibilities you have and the way you can express your concerns if you feel that a right has been violated.

We will do everything we can to respect your rights and provide quality care and treatment. You can help by actively participating in your treatment and by discussing your problems and progress with the staff here and with your community worker. By working together, we can best meet your needs, shorten your stay, and assist your return to community living.

My Doctor is \_\_\_\_\_

My Clinician is \_\_\_\_\_

My Unit's Public Telephone Number is \_\_\_\_\_

Other Information \_\_\_\_\_

State Hospital South  
P O Box 400  
Blackfoot, ID 83221-0400  
(208) 785-1200

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# GENERAL INFORMATION

## THE JOINT COMMISSION

State Hospital South takes great pride in being recognized as a Joint Commission (JC) accredited facility.

Joint Commission Accreditation is a recognized nationwide symbol of quality that reflects an organization's commitment to meeting performance standards. JC standards address key areas, such as patient rights, patient treatment, infection control, and patient safety. State Hospital South meets these standards as a healthcare provider of quality treatment and services.

## ON-SITE EMERGENCY MEDICAL CARE

State Hospital South does not have a physician on site 24 hours per day seven days a week. If you experience a medical emergency during your hospitalization and a physician is not present in the hospital, you will be immediately assessed by non-physician hospital personnel who are licensed and trained in attending to basic medical emergencies. If your condition necessitates, you will be transported via ambulance to the nearest available emergency room. Otherwise, hospital personnel do have the availability of off-grounds, on-call physician medical staff that can provide telephone assistance and/or return to the hospital to attend to your condition within 60 minutes of notification.

## SMOKE-FREE/TOBACCO-FREE FACILITY

As a Joint Commission accredited health care facility, State Hospital South is dedicated to the wellness and recovery of our patients. Because of the negative health related consequences of tobacco use, State Hospital South complies with the guidelines of being a smoke-free and tobacco-free facility.

## VISITING PRIVILEGES

Visiting hours are between 10 a.m. and 9 p.m. Visits should not interfere with scheduled treatment. Visitors must report to the Reception Center for a visitor's pass before being escorted to the unit to meet with you. Visiting rooms are available on each treatment unit to allow privacy. Permission to leave the unit may be granted when you have shown that you are able to assume this responsibility. You and your visitor must make arrangements with the treatment team **prior to a scheduled visit** if they wish to have you leave the unit. A pass must be approved by the treatment team for you to leave the grounds.

## FAMILY INVOLVEMENT PROGRAM

State Hospital South provides opportunities for your family to learn more about mental illness and how they can assist you in managing your care. With your permission, families are provided with information about the Idaho Chapter of NAMI (National Alliance for the Mentally Ill) which is national and statewide organization providing information and support to families of the mentally ill. Your therapist can also assist you in helping them understand the problems which you are experiencing. Brochures, tapes, and videos can be made

available to you and your family to assist in understanding your illness.

### PERSONAL FUNDS AND VALUABLES

All money will be accounted for at the time of admission, recorded on the Valuables Sheet, and signed by you and a staff member. Patients may keep a small amount of money according to the unit's protocol. Staff must deposit the remainder of your money in the Business Office, or if the Business Office is closed, with Security until the next day.

All suitcases and valuables, such as credit cards, billfolds, rings, watches, and jewelry, will be listed and described on the Valuables Sheet and checked into the Security Office. You may request articles checked into the Security Office by completing a Valuables Responsibility Sheet. Closet space, which may be locked, is available for you within the living area. If you wish to keep some personal items, you assume responsibility for them.

### TRUST FUND ACCOUNT

State Hospital South provides an individual interest-bearing Trust Fund Account to you at no cost. The Trust Fund Account is established to provide safekeeping and accountability for any personal funds you deposit. Receipts for deposits and withdrawals maintain internal control for all Trust Account funds. Your individual trust account reflects all deposits and withdrawals. You are provided with a monthly statement of your account and may request a statement at any time.

## STUDENT INVOLVEMENT

State Hospital South is a training site for students in related fields. They may participate in your care and treatment while you are a patient, unless you object. You have the right to refuse student involvement in your treatment and student access to your medical record.

Occasionally students will request permission to audiotape/videotape voluntary patients for their professional program. Authorization to do so must be obtained from the voluntary patient/guardian.

## WHO PAYS MY HOSPITAL BILL?

Idaho Code §66-354 indicates that voluntary as well as court-committed patients over 18 years of age are responsible for their own bill. You will be asked to provide financial information to help determine whether you or your family is able to pay all or part of your Hospital costs. If you have medical insurance, the Hospital takes direct payment from the insurance company toward your bill.

You may visit the Patient Accounts Services office to discuss your bill, your personal financial situation, or if you have any questions. Office hours are Monday through Friday, 7 am to 4 pm.

## HOSPITAL SERVICES

### CANTEEN

The Country Store and Canteen are located at the east end of the Administration Building. Snacks, sundries, and other



items are available for sale. The facilities are open during posted hours. If you are unable to leave the unit, you can make reasonable arrangements for purchases through staff.

### HAIR CUTS

The nursing staff on your unit will help you schedule an appointment for these services.

### RECREATION SERVICES

An on unit activity room and Recreation Hall are available for your use. A Patient Library, Patient Activity Center, Campus Theater, and Arts and Crafts Center are also available. They are all located in the Administration Building near the Canteen. A recreation therapist is assigned to each treatment unit and can make arrangements for you to use these facilities.

### MAIL SERVICES

The mailing address at State Hospital South for your mail is:

(Your Name)  
PO Box 400  
Blackfoot, Idaho 83221-0400

Postage is available at the Business Office. Outgoing mail may be deposited in the mail slot at the Hospital Security Office in the Administration Building.

- If you do not have money for postage and letter writing material, you may arrange for reasonable amounts of these materials through your unit staff.
- Staff on each unit also will assist you if you are unable to leave the unit to purchase stamps or mail your letters.

## TELEPHONES

Telephones are available on your treatment unit for both incoming and outgoing calls. Reasonable privacy is afforded with this privilege. Your phone use may be restricted if it is abused. Making repeated calls to people who do not wish to receive calls or making threatening calls would result in a reduction or restriction in your telephone privileges.

## LAUNDRY FACILITIES

Automatic washers and dryers are available for your use on each treatment unit without charge. Nursing staff will make the room and laundry supplies available.

## CHEMICAL DEPENDENCY

The Hospital offers Alcohol and Drug Classes and can make referrals for inpatient or outpatient substance abuse treatment upon discharge. Speak with your Clinician about these treatment options.

## DEVELOPMENT OF YOUR TREATMENT PLAN

You and your assigned clinician will begin to develop your treatment plan immediately after your admission. Together, you will identify problem areas that need to be addressed to enable you to leave the Hospital and resume outpatient care.

Formal reviews will be held at 30-day intervals throughout your hospital stay. However, your treatment plan may be updated at any time based on your current condition and needs. You will be encouraged to participate in developing your treatment plan. You will also have the opportunity to

comment in writing on your plan.

## REFUSAL OF TREATMENT

Staff will attempt to accommodate any reasonable request for specific types of treatment. Also, you may refuse specific types of treatment. These may include, but are not limited to: non-emergency medication, group therapy, individual therapy, and recreation therapy. However, your refusal of treatment with medication may be overridden.

If a decision to override your refusal of treatment is made, you will be given a written notice of your hearing date and your right to representation. The court which committed you and your identified concerned family member will be notified of the override.

We may deny you certain rights from time to time and you will be given an explanation and a report will be filed with your identified concerned family member and court.

## STATE HOSPITAL SOUTH'S PHILOSOPHY ON THE USE OF SECLUSION AND RESTRAINT

Seclusion or restraint is used only when there is an imminent danger, as determined by staff or an actual event of physical violence toward yourself or other people. Our staff strive to use non-physical interventions and to identify potential situations that might require the use of seclusion or restraint. We also strive to involve you, and whenever possible your family, to develop choices other than the use of seclusion or restraint.

If seclusion or restraint is used, our staff follow National Guidelines to provide for your safety, the safety of others, and to protect your rights, dignity, and well-being.

### YOUR DISCHARGE FROM THE HOSPITAL

You and your treatment team will be working together to identify treatment goals in your treatment plan. This will assist both you and them in determining when you are ready for discharge. Your active participation in treatment and achievement of these goals are your keys to discharge from the Hospital.

It is in our policy to coordinate your discharge with the DHW Regional Mental Health Center regarding your follow-up appointments and other necessary aspects of care after your hospitalization.

### YOUR RIGHTS AND PRIVILEGES

State Hospital South strives to offer quality care in a safe environment. You have the right to an environment that preserves dignity and contributes to a positive self image. You are entitled to your civil (human) rights as identified by Idaho law including your right to: dispose of property, sign documents, make purchases, enter into contracts, and vote, unless limited by prior court order.

You have the right to be free from mental, physical, sexual and verbal abuse, neglect, and exploitation. You or your family may contact the Patient Advocate, file a grievance, or contact protective services if you believe any of your above

rights have been violated or have concerns about patient care or safety. If, after filing a grievance, your concerns or complaints are not resolved to you, or your family's satisfaction, you have the right to contact protective services, such as the Bureau of Facility Standards or The Joint Commission (see page 23). Other rights are described below.

### YOUR TREATMENT

You will be examined to determine your mental condition. We believe that if you understand and participate in your evaluation, care, and treatment, you may achieve better results.

The staff has a responsibility to give you the best care and treatment possible and available, and to respect your rights, as well as your privacy and personal space. You also have the right to make decisions regarding your medical care, and have the right to appropriate assessment and management of pain. You, and when appropriate, your family, will be informed of the results of your care and treatment, and of unanticipated results of your care and treatment.

### ADVANCE DIRECTIVES

You may have the right to formulate early choices and decisions about treatment for physical illness should you become incapacitated and unable to make your own decisions about healthcare.

### DECLARATIONS FOR MENTAL HEALTH TREATMENT

You may also declare preferences and instructions regarding your wishes for mental health treatment. This will be

discussed with you later in the course of your hospitalization, including limitations imposed by this hospital.

### REFUSAL OF MEDICATIONS

As part of our responsibility to ensure your safety, you will be asked to state your full name prior to receiving medications. You have the right to refuse to take medications, unless a court has found you lack the capacity to make decisions about your medications and you are an imminent danger to yourself or others.

### NO DISCRIMINATION

You have the right to the same consideration and treatment as anyone else, regardless of race, color, national origin, religion, age, sex, political affiliation, financial status, or disability. You also have the right to have interpreter services, as well as other communication assistance (see page 39).

### SAFE ENVIRONMENT

You have the right to be free of restraints or seclusion unless it has been determined that you have become dangerous to yourself or to others. You and those around you have the right to live in a safe environment.

### YOUR LAWYER

You have the right to retain and consult with an attorney. If you are here involuntarily, the court may have appointed an attorney for you. You may contact DisAbility Rights Idaho and Legal Aid Services to assist you or you may seek an attorney at your own expense.

## YOUR MEDICAL RECORD

You have the right to meet with clinical staff to discuss the contents of your medical record.

## TELEPHONES

You have the right to access a telephone, both to make and receive calls, in privacy within the guidelines of the unit or your personal treatment plan.

## MAIL

You have the right to communicate by sealed mail, or otherwise, with persons, including official agencies, inside and outside the hospital. For your safety and the safety of others, you must open your incoming mail in the presence of staff for inspection.

## WRITING MATERIALS

You have the right to have access to letter writing material, including postage. A reasonable amount of postage will be provided if needed. Staff will assist you to write, prepare, or mail your correspondence if you are unable to do so.

## VISITORS

You have the right to receive visitors within the guidelines of the facility. These guidelines are referred to in the VISITING PRIVILEGES section of this handbook. A visitation will be denied only under certain circumstances, such as:

- Your refusal for visitation
- Special circumstances relating to your current physical or mental condition as determined by your Treatment Team

- Misconduct of a visitor
- Visits determined clinically not in your best interest

**REMEMBER to always make prior arrangements with your therapist whenever you plan to have a visitor.**

### CLOTHING AND POSSESSIONS

You have the right to wear your own clothes, if appropriate, to keep and use your own possessions, and to keep and be allowed to spend a reasonable amount of your own money.

### LEAST RESTRICTIVE TREATMENT

You have the right to receive medical and psychiatric care and treatment in the least restrictive treatment setting possible, suited to meet your individual needs.

### SPIRITUALITY, VALUES AND PASTORAL CARE

You have a right to have your cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected. Upon your request, our staff will assist you in contacting your preferred spiritual representative. Also, Sunday Services are held on the Hospital grounds for those allowed off unit who wish to attend.

### CONFIDENTIALITY

You have the right to confidentiality. We comply with the Department of Health and Welfare's Notice of Privacy Practices which are included in this booklet (see page 31). Use of cameras, picture taking cell phones, recorders and videotapes are not allowed at SHS.

(Exception: See Student Involvement, page7).



Some examples of exceptions to confidentiality are:

- Court order
- Mandated by Idaho Code (abuse, etc.)
- Medical emergencies
- Dangerousness -- to protect from harm
- Certain evaluations at the request of others (courts)
- Sharing of certain information within the Department of Health and Welfare
- Information required for billing purposes

### YOUR FAMILY AND PHYSICIAN NOTIFICATION

You have the right to have family members/representative of your choice and your physician notified of your admission to State Hospital South.

### ABUSE OR HARASSMENT

You have the right to be free from all forms of abuse and harassment.

### GRIEVANCE/SUGGESTIONS PROCEDURES

### GRIEVANCE PROCEDURE

**Please consider all options available to you to resolve your concern. Speak with staff on duty, your clinician, or you may contact the Patient Advocate.**

The Patients' Rights Committee recognizes that each circumstance is different and your concern could be effectively processed with the assistance of staff on duty or your clinician.

However, if you are unable to resolve your concern or feel uncomfortable about attempting to do so, please complete the questions on the Suggestion/Grievance form and place it into the nearest Patients' Rights box. Remember to keep the yellow copy for your record.

You are encouraged to exercise your civil rights as a patient and to be actively involved in planning your treatment. If at any time you believe your rights have been violated, you may voice your grievance without fear of restraint, interference, coercion, discrimination, or reprisal. You may also contact protective services, such as the Bureau of Facility Standards or The Joint Commission (see page 23).

If you or a family member have a grievance:

1. Complete the State Hospital South Suggestion/Grievance form, date and sign it.
2. Place the Suggestion/Grievance form into any of the locked Patients' Rights boxes located on each unit, near the Country Store, by the Reception Center, or by the Administrative offices in the Administration Building.
3. The Patient Advocate picks up the forms Monday through Thursday, except Holidays, and forwards the forms to the Patients' Rights Committee.
4. You will receive an acknowledgment of receipt of your grievance.
5. The Patients' Rights Committee will process your

grievance with the appropriate supervisory personnel to obtain resolution.

6. In approximately seven (7) days, the Patients' Rights Committee will review your grievance. You will be provided a written response to your grievance/concern, along with a submitter's acknowledgement form that we ask you to complete and return. We want you to feel your grievance has been addressed or resolved to your satisfaction.

- If you find the committee's response to be inadequate, you may resubmit your grievance for reconsideration or contact a private attorney (at your own expense) or DisAbility Rights (see page 22).
- You also have the right to file a complaint with the Bureau of Facility Standards or other protective agencies (see page 23).

### SUGGESTIONS PROCEDURE

1. Please share any suggestions you or your family may have regarding your care, treatment and safety with staff on duty.
2. You may also complete a Suggestion/Grievance form or express your suggestion(s) to the Patient Advocate, who will complete the form for you.
  - These forms may be submitted anonymously.
  - Place the white copy of the form in any one of the locked Patients' Rights Boxes, keeping the yellow copy for yourself.
  - The Patients' Rights Advocate collects these forms

each weekday, except holidays. If you choose to sign the form, you will receive a letter of response from the committee indicating that it has been reviewed.

- You will be provided a written response, along with a submitter's acknowledgement form to complete and return to the committee.

## YOU AND YOUR FAMILY'S RESPONSIBILITIES

### PROVIDING INFORMATION

You can help hospital staff by providing feedback about service needs and expectations. We encourage you and your family to provide, to the best of your knowledge, accurate and complete information. This would include current complaints, past illnesses, hospitalizations, medications, and the existence of any instructions for physical or mental health care and other matters relating to your health.

### YOUR COMPLIANCE WITH MEDICAL CARE

You must comply with your medical and nursing treatment plan, including follow-up care recommended by healthcare providers. This includes keeping appointments and notifying nursing staff when appointments cannot be kept. You and your family are responsible for accepting the consequences when your prescribed treatments and care are not followed.

### FOLLOWING YOUR TREATMENT PLAN

You and your family must follow the care and treatment plan developed and should express any concerns you may have about your ability to follow the proposed care plan and treatment. You have the responsibility to let staff know if you

don't understand your current treatment plan.

### POTENTIAL RISKS FOR YOUR CARE

You, and your family, as appropriate, must ask questions when you do not understand your care. If you have knowledge of any perceived risks in your care and treatment or notice any unexpected changes in your condition, please check with staff. Examples: reporting allergies, suicidal ideations, dangerousness to others, etc.

### FOLLOWING RULES AND REGULATIONS

Patients and their families must follow the hospital's rules and regulations for everyone's safety.

### SHOWING RESPECT AND CONSIDERATION

You and our family must be considerate of the hospital's staff and property, as well as other patients and their property. It is expected that you will assist in the control of noise, smoking, and the number of your visitors. In the event you destroy or damage another person's or this facility's property, you may be expected to pay for the replacement cost of that property. In addition, in the event you threaten or cause physical harm to another person, a complaint may be filed with local law enforcement.

### PERSONAL BOUNDARIES

Respecting the personal boundaries of your peers is extremely important. Ask before you touch or hug someone. Never touch someone in a sexual way. Because you are at the Hospital to focus on treatment and recovery, avoid engaging in romantic relationships while you are hospitalized. If

anyone approaches you in a sexual manner, or makes you uncomfortable with their touch, immediately report the behavior to staff. If you have questions about appropriate behavior, please talk to on-duty staff or your Clinician.

**TELEPHONE NUMBERS OF ADVOCATES, SUPPORT  
GROUPS, LEGAL SERVICES AND REGULATORY  
AGENCIES**

STATE HOSPITAL SOUTH PATIENT ADVOCATE  
785-8420

**FAMILY/CONSUMER SUPPORT GROUP**

**NATIONAL ALLIANCE FOR THE MENTALLY ILL  
(NAMI)**

4097 Bottle Bay Road  
Sagle, ID 83860-9009  
Primary Phone (208) 242-7430  
Phone (800) 572-9940  
[www.nami.org](http://www.nami.org)

**PROTECTION AND ADVOCACY FOR INDIVIDUALS  
WITH MENTAL ILLNESS (PAIMI)**

4477 Emerald, Suite B-100  
Boise, ID 83706  
Phone (208) 336-5353 (TDD) / Phone (866) 262-3462

## **LEGAL SERVICES**

### **DisABILITY RIGHTS IDAHO**

4477 West Emerald, Suite B100

Boise, ID 8370

Phone: (208) 336-5353

Phone (800) 632-5125

[www. Disabilityrightsidaho.org](http://www.Disabilityrightsidaho.org)

### **IDAHO LEGAL AID**

150 S. Arthur, Suite 203

P O Box 1785

Pocatello, ID 83204

Phone (208) 233-0079

### **BINGHAM COUNTY PUBLIC DEFENDER**

490 North Maple Street

Blackfoot, ID 83221

Phone (208) 785-1650

### **IDAHO LEGAL AID (Adolescent Only)**

482 Constitution Way

Idaho Falls, ID 83401

Phone (208) 524-3660

### **IDAHO FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH**

704 N. 7th Street

Boise, ID 83702

Phone (208) 433-8845

Phone (800) 905-3436

[www.idahofederation.org](http://www.idahofederation.org)

**IDAHO PARENTS UNLIMITED, INC. (IPUL)**

500 South 8th Street  
Boise, ID 83702  
Phone (208) 342-5884  
Phone (800) 242-IPUL  
[www.ipulidaho.org](http://www.ipulidaho.org)

**REGULATORY AGENCIES**

**THE JOINT COMMISSION (JC)**

One Renaissance Boulevard  
Oakbrook Terrance, IL 60181  
8:30 a.m. to 5:00 p.m.  
(Monday through Friday)  
Toll Free (800) 994-6610

**STATE OF IDAHO LICENSURE OFFICE**

Bureau of Facility Standards  
P O Box 83720  
Boise, ID 83720-0036  
Phone (208) 334-6626

**MEDICAID FRAUD HOTLINE**

Medicaid Fraud  
P O Box 83702  
Boise, ID 83720-0036  
8:00 a.m. to 5:00 p.m.  
(Monday through Friday)  
Toll Free (866) 635-7515



# **MEDICARE PATIENTS' RIGHTS - QIO**

Qualis Health

10700 Meridian Ave. North, #100

P O Box 33400

Seattle, WA 98133-0400

Toll Free (800) 949-7536

## **INDEX OF IDAHO CODE**

### **Rights of Patients: IDAHO CODE: §66-344**

1. Every patient shall be entitled to humane care and treatment.
2. Mechanical restraints shall not be applied to a patient nor shall a patient be isolated unless it is determined that such is necessary for his safety or the safety of others. Every use of a mechanical restraint and the reasons therefore shall be made a part of the clinical record.

### **IDAHO CODE: 66-345**

3. Exercise of civil rights: **IDAHO CODE: 66-346**
  - a. Every patient shall have the following rights:
    - (1) To communicate by sealed mail, or otherwise, with persons inside or outside the facility, and to have access to reasonable amounts of letter writing materials and postage;
    - (2) To receive visitors at all reasonable times;
    - (3) To wear his own clothes; to keep and use his own personal possessions, including toilet articles; to keep and be allowed to spend a reasonable amount of one's own money for

canteen expenses and small purchases; to have access to individual storage space for his private use;

- (4) To refuse specific modes of treatment;
- (5) To be visited by his attorney or any employee of his attorney's firm, or a representative of the state protection and advocacy system at any time;
- (6) To exercise all civil rights, including the right to dispose of property except property described in subsection 3 above, execute instruments, make purchases, enter into contractual relationships, and vote unless limited by prior court order;
- (7) To have reasonable access to all records concerning himself.

b. Notwithstanding any limitations authorized under this section on the right of communication, every patient shall be entitled to communicate by sealed mail with the court, if any, which ordered his commitment.

c. The director of a facility may deny a patient's rights under this section, except that the rights enumerated in subsections (a) (5) and (a) (6) of Section 66-346, Idaho Code, shall not be denied by the director of the facility under any circumstances. Only in cases of emergency or when a court has determined that a patient lacks capacity to make informed decisions about treatment, may the director of a facility deny a patient's rights under subsection (a)(4) of this section. A statement

explaining the reasons for any denial of a patient's rights shall be immediately entered in his treatment record and if the patient has been committed pursuant to court order, copies of such statement shall be submitted to the committing court and sent to the patient's spouse, guardian, adult next of kin or friend and attorney, if any.

- d. A list of the foregoing rights shall be prominently posted in all facilities and brought to the attention of the patient by such means as the Board of Health and Welfare shall designate.

### SPECIAL SERVICES FOR ADOLESCENTS

Adolescents at our Hospital are placed on a separate unit from adult patients in order to provide for their safety. Adolescent patients have special Canteen times and unique activities designed for their age. A school curriculum with certified instructors is provided. An adolescent patient's parent(s) and/or guardian(s) are involved in the minor's vocational, social and living skills progress and clinical condition. Under the provisions and settlement of the "Jeff D." court case, adolescents are separated from adults and any violations are reported to Idaho Legal Aid.

### ADOLESCENT RIGHTS

Idaho Code: Title 16: Chapter 24, Section: 16-2425

#### **A. Rights of Children in Treatment Facilities:**

1. Competence. No right of any child shall be denied or reduced solely by the reason of his having been evaluated, or treated under this chapter. A finding of lack of

capacity to make an informed decision under this Chapter shall not by itself establish lack of competence for any other purpose.

2. Right to treatment. Children subject to an involuntary treatment order under this chapter shall have the right to treatment to the extent provided in section 16-2424, Idaho Code.
3. Right to Healthful and Humane Environment. Every child shall have the right to a healthful and humane environment. Every facility shall provide a clean, safe and comfortable environment in a structure that complies with applicable licensing requirements governing physical facilities, nutrition, health and safety, and medical services, and for aspects of care for which there are no mandatory requirements, consistent with the generally accepted professional standards in Idaho. In addition, every child shall have the right to a human psychological environment that protects him from harm or abuse, provides reasonable privacy, promotes personal dignity, and provides opportunity for improved functioning.
4. Leaves of absence. Leaves of absence may be granted in appropriate cases at the discretion of the treatment facility. Police officers are authorized to and shall, at the request of a treatment facility, take into protective custody and return to the treatment facility any child who is subject to an order for involuntary treatment and placed by the department and any child placed by the authority of his parents who leaves without proper authorization or does not return at the end of an authorized leave of absence. The child's parent or guardian shall be notified

before any leave of absence occurs and in the event that a child is away without authorization, they shall be notified immediately.

5. Restraints and seclusion. Every child shall have the right to be free from unnecessary or inappropriate restraints or seclusion consistent with the least restrictive alternative principle. Restraints and seclusion shall be administered only in conformity with rules adopted by the department.
6. Corporal punishment. Every child shall have the right to be free from corporal punishment.
7. Nutrition. Every child shall have the right to a nutritionally sound and medically appropriate diet.
8. Exercise and recreation. Every child shall have reasonable opportunities for physical and outdoor exercise and access to recreational equipment. Reasonable limitations may be set by general rules or, for clinical reasons, in particular cases.
9. Visitors. Every child shall have the right to receive visitors with reasonable privacy as is consistent with the treatment plan.
  - a. Hours during which visitors may be received shall be limited only in the interest of effective treatment and efficiency of the facility and shall be sufficiently flexible to accommodate the individual needs of the child and his visitors.
  - b. Notwithstanding the above, each resident has the right to receive visits from his physician, psychologist, clergyman or social worker in private, irrespective of visiting hours, provided that the visitor shows reasonable cause for visiting at times other

than normal visiting hours.

- c. A facility may impose conditions on visits and privacy of visits if there is reason to believe that a visitor poses a substantial risk of harm to the child, or others.

10. Communications:

- a. Every child shall have the right to send and receive mail. Reasonable rules governing inspection (but not reading) of incoming mail may be established, provided that they are necessary for substantial health care purposes and that they preserve the child's rights of privacy to the extent compatible with his clinical status.
- b. Every child shall have the right to reasonably private access to telephones, including the right to make long-distance calls to the extent he can arrange for payment for such calls.
- c. A treatment facility shall provide reasonable assistance to children in exercising their communication rights. Reasonable limitations on the use of the mail and telephones may be set by general rules. In cases of personal emergencies when other means of communication are not satisfactory, the child shall be afforded reasonable use of long-distance calls. A child who is indigent shall be furnished writing, postage and telephone facilities without charge.

11. Practice of religion. Every child shall have the right to practice or refrain from practice of a religion. No child shall be subjected to pressure, rewards or punishments

based on his decision to practice or refrain from practice of religion or of any particular religion. The treatment facility is not required to provide special assistance to persons so that they may practice a religion.

12. Personal possessions. Every child shall have the right to keep, use and store personal possessions and to maintain and use bank accounts and other sources of personal funds, unless precluded from doing so by order of the court. Reasonable limitations may be set by general rules or, for clinical reasons, in particular cases.
13. Non retaliation. No child shall be subjected to retaliation or to any adverse change of conditions or treatment because of having asserted his rights.
14. Access to counsel. A child may at any time have a telephone conversation with or be visited by his lawyer or any employee of this attorney's firm, or a representative of the state protection and advocacy system.
15. Medication. Each child has the right to be free from unnecessary or excessive medication.
16. Right to education. A child who is in a treatment facility shall be provided education and training as necessary to encourage and stimulate developmental progress and achievement and as required by state and federal law. In no event shall a child be allowed to remain in a treatment facility for more than ten (10) days without receiving educational services.

**Idaho Department of Health and Welfare  
Notice of Privacy Practices  
HW-0320  
Effective April 14, 2003  
Revised 01/07**

**THIS NOTICE DESCRIBES HOW INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Notice, please contact the Idaho Department of Health and Welfare's Privacy Office at 208-334-6519 or by email at [PrivacyOffice@dhw.idaho.gov](mailto:PrivacyOffice@dhw.idaho.gov).

You may request a copy of this notice at any time. Copies of this notice are available at the Department of Health and Welfare offices. This notice is also available on the Department of Health and Welfare's website at <http://www.heathandwelfare.idaho.gov>

**PURPOSE OF THIS NOTICE**

This notice of Privacy Practices describes how the Idaho Department of Health and Welfare (Department) handles confidential information, following state and federal requirements. All programs in the Department may share your confidential information with each other as needed to provide you benefits or services, and for normal business purposes.

We are dedicated to protecting your confidential information. We create records of the benefits or services you receive from



the Department. We need these records to give you quality care and services. We also need these records to follow various local, state and federal laws.

We are required to:

- Use and disclose confidential information as required by law
- Maintain the privacy of your information
- Give you this notice of our legal duties and privacy practices for your information;
- Follow the terms of the notice that is currently in effect

**This Notice of Privacy Practices does not affect your eligibility for benefits or services.**

## **YOUR RIGHTS ABOUT YOUR CONFIDENTIAL INFORMATION**

### **1. Right to a Report of Health Information Disclosures**

You have the right to ask for a report of the disclosures of your health information. This report of disclosures will not include when we have shared your health information for treatment, payment for your treatment or normal business purposes, or the times you authorized us to share your information.

If you would like to ask for a report of your health information disclosures, a “Request to Receive a Report of Health Information Disclosures” form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within 10 days.

The first report you ask for and receive within a calendar year will be free of charge. For additional reports within the same calendar year, we may charge you for the costs of providing the report. We will tell you the cost and you may choose to remove or change your request at that time before any costs are charged to you.

**2. Right to Review and Copy**

You have the right to ask to review and copy your information allowed by law.

If you would like to ask to review and copy your information, a “Records Request” form is available at the Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within 3 working days of receipt of your request. The Department may extend the response time to 7 additional working days if the information you have requested cannot be located or retrieved within the original 3 days. You will be sent a notification of an extension and the reason for the extension.

If you ask to receive a copy of the information, we may charge a fee. If you request 100 pages or more from our files, the fee will be \$0.10 per page.

You will be told if there is information we are legally prevented from disclosing to you.

**3. Right to Amend**

You have the right to ask us to make changes to your information if you feel that the information we have about

you is wrong or not complete.

If you would like to ask the Department to change your information, a “Request to Amend Records” form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within 10 days.

We may deny your request if you ask us to change information that:

- Was not created by the Department
- Is not part of the information kept by or for the Department
- Is not part of the information which you would be allowed to review and copy or
- We determine is correct and complete.

#### **4. Right to Restrict Health Information Disclosures**

You have the right to ask that we deliver your information to you at different mailing address. For example, you can ask that we send your information from one program to a different mailing address from other programs that you receive services or benefits from.

If you would like to ask for an alternate means of delivery for your information, a “Request for Alternate Means of Delivery” form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within 10 days.

We will not ask you the reason for your request.  
Reasonable requests will be approved.

## **HOW THE DEPARTMENT MAY USE AND SHARE YOUR INFORMATION**

### **Times when your permission is not needed**

- **For Treatment.** We may use your information to give you benefits, treatment or services. We may share your information with a nurse, medical professional or other personnel who are giving you treatment or services. The programs in the Department may also share your information in order to bring together the services that you may need. We also may share your information with people outside of the Department who are involved in your care, such as family members, informal or legal representatives, or others that give you services as part of your care.
- **For Payment.** We may use and share your information so that the treatment and services you receive through the Department can be paid. For example, we may need to give your medical insurance company information about the treatment or services that you received so that your medical insurance can pay for the treatment or services.
- **For Business Operations.** We may use and share your information for business operational purposes. This necessary for the daily operation of the Department and to make sure that all of our clients receive quality care. For example, we may use your information to review our provisions of treatment and services and to evaluate the performance of our staff in providing services for you.

## **Times when your permission is needed**

- **For reasons other than Treatment, Payment or Business Operations.** There may be times when the Department may need to use and share your information for reasons other than for treatment, payment and business operations as explained above. For example, if the Department is asked for information from your employer or school that is not part of treatment, payment or business operations, the Department will ask you for a written authorization permitting us to share that information. If you give us permission to use or share your information, you may stop that permission at any time, if it is in writing. If you stop your permission, we will no longer use or share that information. You must understand that we are unable to take back any information already shared with your permission.
- **Individuals that are part of your care or payment for your care.** We may give your information to a family member, legal representative, or someone you designate who is part of your care. We may also give your information to someone who helps pay for your care. If you are unable to say yes or no to such a release, we may share such information as needed if we determine that is in your best interest based on our professional opinion. Also, we may share your information in a disaster so that your family or legal representative can be told about your condition, status and location.

## **Other uses and sharing of your information that may be made without your permission**

- For appointment reminders
- For treatment alternatives
- For National Security and Intelligence Activities
- To coroners, medical examiners, funeral directors
- To law enforcement
- For lawsuits and disputes
- For public health risks
- For organ and tissue donation
- For emergency treatment
- To prevent a serious threat to health or safety
- To military and veterans organizations
- For health oversight activities
- As required by law

## **SPECIAL REQUIREMENTS**

Information that has been received from a federally funded substance abuse treatment program or through the infant and toddler program will not be released without specific authorization from the individual or legal representative.

## **CHANGES TO THIS NOTICE**

The Department has the right to change this notice. A copy of this notice is posted at our Department offices. The effective date of this notice is shown in the top right.

## **COMPLAINTS**

If you believe your health information privacy rights have

been violated, you may file a written complaint with the Idaho Department of Health and Welfare. All complaints turned into the Department must be in writing on the “Privacy Complaint” form that is available at Department offices. To file a complaint with the Department, send your completed Privacy Complaint form to:

Idaho Department of Health and Welfare  
Privacy Office  
P.O. Box 83720  
Boise, ID 83720-0036

If you believe your health information privacy rights have been violated, you may also file a complaint with U.S. Department of Health and Human Services. Your complaint must be in writing and you must name the organization that is the subject of your complaint and describe what you believe was violated. Send your written complaint to:

Region 10  
Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Avenue-Suite 900  
Seattle, Washington 98121-1831

For all complaints filed by e-mail send to  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

A complaint filed with either the Idaho Department of Health and Welfare or the Secretary of Health and Human Services must be filed within 180 days of when you believe the privacy violation occurred. This time limit for filing complaints may be waived for good cause.

**You will not be punished or retaliated against for filing a complaint.**

## **SPECIAL COMMUNICATION SERVICES**

### Telecommunication Device for the Deaf (TDD) Terminal Services

State Hospital South.....	785-8423
To confirm the connection.....	785-1200
Location of TDD Terminal.....	Admissions Unit
AT&T's Operator service for TDD (24 Hours)...	1-800-855-1155
<b>TDD / Teletypewriter (TTY) IDAHO RELAY SERVICES</b>	
TDD/TTY .....	1-800-377-3529
(Telecommunication for the hearing impaired)	
Voice .....	1-800-377-1363
(Communicating to a hearing impaired person on a TDD terminal, Qwest will type your communication to their TDD terminal)	

### **Change in Condition**

If you begin to feel that your condition is changing or worsening, it is important for you to notify staff as soon as possible.

These changes can be related to your mental and/or physical health.



## Hand Hygiene

All State Hospital South persons, including patients and visitors, should use proper hand-hygiene methods to prevent the spread of germs to themselves or others. Hand-hygiene includes the use of soap and water for at least twenty (20) seconds or the use of alcohol-based hand sanitizer (Purell<sup>®</sup>) and rubbing hands until dry.

You have the right, and we encourage you, to ask your health care provider to perform hand-hygiene before treating you.

Alcohol-based hand sanitizing dispensers are available near the Medication Rooms and inside the Cafeteria entrance doors.

