

# Bryce Hospital

## Information Handbook

1651 Ruby Tyler Parkway  
Tuscaloosa, Alabama 35404  
205-507-8000  
[www.mh.alabama.gov](http://www.mh.alabama.gov)



Alabama Department  
of Mental Health  
connecting mind and wellness

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## **Safety First**

Bryce Hospital is committed to the safety of all patients, staff and visitors. Input from patients and those outside the hospital is essential in helping us provide proper care and treatment for all patients. If you know of or recognize any unsafe conditions at the hospital, please report it immediately by calling Bryce Hospital Police Department at (205) 507-8000. More information is included in a brochure entitled "Safety First Program" in the handout section of this handbook.

## **Let's Keep Bryce Hospital Safe**

The administration of Bryce Hospital asks that all visitors abide by our Safety Policy. Upon admission, potentially dangerous items will be stored. All patient valuables should be kept at home. Bryce Hospital is not responsible for stolen or misplaced valuables.

### **Prohibited:**

- ◆ Matches, lighters, and all tobacco products.
- ◆ Knives, needles, glass containers, mirrors, ceramic cups or other sharp objects
- ◆ Food and drink products in metal, aluminum, or glass containers. Patient food items and drinks may not be stored on the program.
- ◆ Clothing items such as strings, cords, scarves, wave caps, suspenders or other items of this description to be determined by staff to be a possible safety hazard for the individual
- ◆ Boots with pointed/steel toes or high heel shoes
- ◆ Electrical devices such as cell phones, palm or hand-held devices, cameras, tape recorders, televisions, or electric cords.
- ◆ Hair accessories such as metal hair clips and hair pins
- ◆ Plastic bags of any kind
- ◆ Medication (prescription and over-the counter)

**Requires Treatment Team Approval and/or Staff Supervision:**

- ◆ Belts, shoelaces, ties
- ◆ Curling/flat irons, hair dryers, or electric shavers
- ◆ Mouthwash, aftershave, perfume, cologne, face cleaners, hair products, etc. Grooming items must be in plastic containers
- ◆ Pens, markers, crayons, or writing items
- ◆ Radios (headphone style only)
- ◆ Scissors, nail clippers, razor blades

NOTE: Food purchased during visitation must be eaten during the visit. Outside food and drinks are prohibited.

**Keeping Our Patients Safe During Disasters**

Bryce Hospital's main goal is Patient Safety. This hospital conducts regular weather/disaster drills to ensure our patients and staff remain safe during an actual weather or other type of emergency.

In the event of weather related or any other type of disaster, we ask that you not try to contact Bryce Hospital by phone or in person. Once we have attended to all of our patients and we have assessed the situation, someone will contact you. During disasters, our telephone lines may not be working and you may not be able to contact Bryce Hospital. Please be mindful that all the lines of communication need to be available in order to obtain the necessary help during a disaster.

# Patient and Family Handbook

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Name

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Program

## Treatment/Service Team Members:

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Psychiatrist

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Nurse

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Psychologist/Psychological Associate

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Physician

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Social Worker

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Recreation Therapist

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Mental Health Worker

-----  
Mental Health Worker

## Other Helpers:

-----  
Program Director

-----  
Program Secretary

-----  
Patient Advocate

-----  
Primary Therapist/Facilitator

## **Introduction**

Bryce Hospital, located in Tuscaloosa, is owned and operated by the Alabama Department of Mental Health (ADMH) for the people of the State of Alabama. Bryce Hospital provides treatment for adults who are experiencing recent symptoms of mental illness (acute symptoms) and those who need hospital care for symptoms they have had for a long time (chronic symptoms). To ensure continuity of care, the hospital works closely with community mental health centers and other community agencies.

## **Hospital Mission and Vision**

The mission of Bryce Hospital is to provide effective and efficient psychiatric treatment services to the State's seriously mentally ill citizens, in a safe, secure environment while promoting the individual's quality of life, human worth, and dignity.

The Bryce Hospital vision is to excel in the delivery of individualized psychiatric treatment services by qualified, competent professional staff with the focus on the patients' needs and expectations.

## **Types of Admissions**

There are two ways a person can be admitted to Bryce Hospital: Voluntarily and Involuntarily. Generally speaking, a person can be admitted on a voluntary basis by signing himself/herself into the hospital after an evaluation by a community mental health center and a Bryce psychiatrist. Voluntary admissions are unusual and people are usually admitted on an involuntary basis. The most common type of involuntary commitment occurs after a Probate Court determines that the following criteria for commitment have been met:

1. The person is mentally ill.
2. As a result of the mental illness, the person poses a real and present threat of substantial harm to self and/or others.
3. The person has committed some recent overt act demonstrating this threat.
4. Treatment is available for the person or confinement is necessary to prevent the person from causing substantial harm to self or others.
5. The person will, if not treated, continue to suffer mental distress and will continue to experience deterioration of the ability to function independently.
6. The person is unable to make a rational and informed decision as to whether or not treatment for mental illness would be desirable.
7. Inpatient treatment is the least restrictive alternative necessary and available for the treatment of the person's mental illness.

## **Admission Process / Treatment / Service Planning**

Immediately after admission to the hospital, you will be involved in an evaluation process. It is during this time that you will be asked to complete several assessments which will help your treatment/service team identify your needs and decide with you on your treatment/service plan.

If you are a person with English as a second language or are hard of hearing, an interpreter will assist during these evaluations.

Shortly after you have been seen in our Admitting Office, a psychiatrist, a nurse, a medical physician, and other clinicians will see you. You will be assigned to a bedroom in a living area on a treatment program. A list of the personal belongings that you brought to the hospital will be made and a copy of this list will be given to you. Please keep this copy with your belongings. Valuables will be stored in a secured place. You will be asked to shampoo and shower.

There are nurses, mental health technicians, patient advocates, and a physician available twenty-four hours a day, every day of the week.

**A Medical Physician (MD) or Certified Registered Nurse Practitioner (CRNP)** will take your medical history and complete a physical examination. Please discuss any questions you have about your physical health, including pain management and diet, with them. They will order laboratory tests, a skin test for tuberculosis, and other tests as necessary.

**A Registered Nurse (RN)** will talk with you and complete a nursing assessment to determine any special needs you may have including management of pain. Based on the examination and the information you provide, the RN develops your Nursing Plan of Care and updates this plan as you progress.

**A Psychiatrist or Psychiatric CRNP** will see you for a psychiatric evaluation. This is your opportunity to discuss your mental health concerns. The psychiatrist develops your initial treatment/service plan that is used until further evaluations are completed.

Within the first few days of your stay, other treatment/service team members and clinical staff will complete evaluations.

**A Social Worker** will see you for a psycho-social assessment and will keep in contact with the family member and/or other interested person you selected when you were admitted. With your permission, the social worker will maintain contact with this person throughout hospitalization.

**A Psychologist or Psychological Associate** will talk with you about the problems you have been having. Sometimes the psychologist or psychological associate will ask you to take a psychological test to aid the treatment/service team in deciding how to best help you. There are many types of psychological tests but most involve answering questions about yourself or completing a short task.

**A Therapeutic Recreation staff member** will talk to you about what types of leisure activities you enjoy. The staff member will inform you of recreational and special activities based on your interests.

**A Dietitian** will complete a nutritional screening, and if indicated, a nutritional assessment to determine your nutritional needs.

Some patients will participate in an educational assessment and attend academic classes as recommended by their treatment team.

All of the service team members whom you have seen will meet in a treatment/service planning conference (TPC) to discuss the evaluations and, with you, develop your Master Treatment/Service Plan. You will have the opportunity to meet with the treatment team before and during the TPC to help in developing your plan of treatment for the problems that brought you to the hospital. If you do not have any objections, a family member or another person of your choice is encouraged to attend this meeting. At the time of this treatment team meeting, the groups and activities in which you are involved will be reviewed and additional ones may be recommended. Your treatment team will continue to meet regularly to monitor your progress, and with your input, review and revise your treatment plan as needed. You and your family will have the opportunity to participate in all treatment planning meetings. Conferences are scheduled on or before the 10th day of admission with the next TPC following 30 days after the first. TPCs are then scheduled every 60 days thereafter for the first year of hospitalization and every 90 days after that. Treatment planning meetings can also be scheduled at your or your family's request.

## Family Involvement

The concern and involvement of your family is a very important part of the overall treatment and care provided by the hospital. If you agree, we urge your family and other interested persons to stay in frequent contact with your social worker or other staff member to make sure your treatment team is aware of any questions and concerns, and to provide information needed for proper care and treatment. Your family, if you agree, will be asked to attend treatment/service planning conferences and to participate in the development of your treatment/service plan. Your family's participation in treatment/service planning for discharge, appropriate community placement, and plans for meeting your continuing mental and physical health needs in the community is especially important.

## Treatment and Treatment Programs

Bryce Hospital offers a variety of treatment and recovery services. These include but are not limited to:

Academic Programs	Medication and Medication Counseling
Activities of Daily Living Training (MICA)	Mental Illness/Alcohol/Drug Abuse Groups
Community Placement Services	Music Therapy
Dietary/Nutritional Counseling	Pastoral Counseling
Group Therapy Programs	Patient Education & Recovery
Individual Therapy/Counseling	Peer Support
Recreational Therapy & Opportunities for Recreation/Leisure	Physical and Occupational Therapy
Language Interpretation Services including American Sign Language	Speech and Hearing Services
	Therapeutic Work Opportunities

In addition to scheduled treatment groups, activities, and services, there are ongoing activities and facilities, which are designed to help you during your hospitalization. These include:

Beauty and Barber Shop	Patient Bank
Chapel and Religious Services	Dental and Medical Clinics
Canteen	Patient Recreation Areas
Patient Library	

As part of the treatment planning process, a schedule will be formulated for you. This schedule will indicate which groups and activities you are to attend.

## **Special Safety Procedures**

With some mental illnesses, a small number of patients may become unreasonably angry and may strike out at others or hurt themselves. The treatment staff might use seclusion or restraint at those times to provide a measure of protection. **Seclusion** is the process of separating a hostile patient from other people by moving him/her to a safe area - a locked room on the living area. **Restraint** is the process of physically limiting a patient's movement by applying restraining devices to his/her arms and/or legs. For example, restraints might be used to prevent a patient from scratching out his eye because he wrongly believes it is diseased.

Seclusion and restraint are only used in emergencies, and we carefully follow written guidelines to make sure that we act safely and therapeutically. In the unforeseen event that you are in need of seclusion or restraint, you can request that your family be notified and involved in the debriefing that occurs after the seclusion or restraint.

## **Medications**

The hospital will provide all medications that you will take while you are in the hospital. Your physicians at the hospital will make the decision about whether or not to continue medicines prescribed by your personal physicians. You must turn in all medications that you bring to the hospital to a staff member. Your physicians and nurses will discuss your medications with you throughout your hospitalization. Any questions or concerns about your medications should be discussed with them. You are expected to participate in the medication education process with your nurses. A pharmacist may also counsel you about your medications.

Any medication prescribed for you will be an important part of your treatment. It is your responsibility to take your medication at the proper time and to report its effects to your physicians and nurses. Medications are normally given by tablet, liquid, or injection.

## **Person-Centered Discharge Planning**

Person-centered discharge planning begins the moment you enter the hospital. Your social worker or other treatment/service team members will talk with you and your family about your plans for returning to the community and obtaining treatment and other services there. Representatives from your mental health center may meet with you in the hospital to help create a smooth transition to the community. They may also explain services available in the mental health centers.

Prior to your discharge, the social worker, another treatment team member, or a community liaison will have contacted the mental health center to discuss your final release plans and to schedule a mental health center appointment for you.

Information about your treatment here will be sent to the mental health center and any other medical facility that will be providing treatment for you to aid in your follow-up treatment. At the time of release your nurse will meet with you and your family (where indicated) to further educate you and answer your questions about your medication, pain management (if appropriate), and other treatment recommendations. You will be provided written release instructions and, if needed, a supply of medication and prescriptions.

## **Community Placement**

If, in the opinion of your treatment/service team, you could benefit from a treatment program in a community residential setting, you may be referred for consideration for an appropriate residential setting. There are various types of facilities in the community and your treatment/ service team will discuss these with you. The treatment team expects you to accept the placement identified, if the team considers this placement to be appropriate to the level of care that you need in the community.

## **Recommitment**

If you have been committed to the hospital by the probate court, your need for hospitalization will be periodically reviewed by the court. Your psychiatrist or your psychologist will testify at these hearings. You will be informed of any scheduled court hearing and an attorney will be appointed to represent you there. You should attend unless you and your attorney agree that it is not in your best interest.

## **Payment for Hospitalization**

Alabama law (*Code of Alabama*, Section 22-50-22 (10)), authorizes the Alabama Department of Mental Health and Bryce Hospital to collect reasonable fees for the services which it provides the public. Please contact the Business Office to make arrangements for payment. Please send any inquiries to:

Bryce Hospital Business Office  
1651 Ruby Tyler Parkway  
Tuscaloosa, Alabama, 35404

You may reach the Business Office by calling (205) 507-8284. Some private insurance policies pay for care at Bryce Hospital. The Business Office will also assist in getting any third party benefits to which you are entitled. Please bring any health insurance cards with you. Your immediate attention to these matters is necessary and appreciated.

## **Patient Rights**

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### **Patient Rights Protection and Advocacy Program**

In order to fully safeguard the rights of all patients at Bryce Hospital, the hospital participates in a Rights Protection and Advocacy Program. If at any time you are not satisfied with the way things are going for you in the hospital, your first step would be to tell a member of your treatment team. If the staff member is unable to resolve the problem, step two would be to contact a patient advocate who is available to help you with your concerns.

If you or your family has a rights concern, you may file a written complaint through the nursing shift supervisor or tell the patient advocate of your concerns. Should you have questions or need to know more about the Rights Protection and Advocacy Program, feel free to contact our patient advocates by letter or by telephoning (205) 507-8336. You may also contact the Office of Rights Protection and Advocacy in Montgomery at 1-800-367-0955.

### **Notice of Information Practices / Privacy Rights**

Your personal information will be managed in a confidential and secure manner. Please contact your advocate in the Advocacy Office at (205) 507-8336 if you have questions, concerns, or complaints regarding your privacy rights. You may also contact the Privacy Office in the Bryce Health Information Department at (205) 507-8194.

## **Statement of Patients' Rights and Responsibilities**

Bryce Hospital is responsible for ensuring that your rights are protected from the time of admission to discharge. To be informed of these rights, a brochure is included in this handbook entitled *"Do You Know Your Rights?"* The hospital staff will make every effort to ensure that you understand these rights, as well as your responsibilities, at the time of admission. A copy of the patients' rights statement is also posted and available on your living area and other places in the Hospital. If you have questions, ask your Advocate for assistance. Likewise, realizing that the freedom to exercise rights carries with it the need to accept some responsibilities, a list of responsibilities is expected of each person in the care of the ADMH within the limits of his/her abilities. These responsibilities are also included in the *"Do You Know Your Rights?"* brochure.

### **In the interest of safety and treatment, you are required to follow these rules:**

1. Do not use tobacco products while you are patient in this hospital. Bryce Hospital is a tobacco-free environment.
2. Do not bring firearms, ammunition, knives, or other weapons into the hospital or onto the grounds.
3. Do not drink alcoholic beverages while you are a patient in this hospital.
4. Do not use drugs or medications not prescribed by your Bryce physician.
5. Do not gamble.
6. Do not use profane, loud, or abusive language or take part in other kinds of disorderly conduct.
7. Do not lend or borrow money or possessions (with employees or other patients).
8. Do not give money or gifts to employees.
9. Do not damage, exchange, sell, abuse, or destroy hospital property.
10. Do not enter visitors' or employees' cars.
11. Do not take pictures at the hospital (to maintain everyone's confidentiality).

## **Advance Directives**

Bryce Hospital staff will provide written information concerning advance directives to all patients at the time of admission and at the time of the patient's first service planning conference. An advance directive is a written instruction from a competent adult dealing with the patient's wishes regarding treatment should he or she become terminally ill or in a permanently unconscious state. This document must be written. At the time of admission, the admitting officer will ask patients if they have an advance directive. If so, a copy will be requested from the patient or family. This copy will be filed in the patient's medical record. If the patient does not have an advance directive, the fact will be documented and that notation filed in the record.

All patients will be provided with written information regarding their right to develop an advance directive along with hospital policy. Any questions will be addressed by the service team.

**Hospital employees may provide general information but cannot assist you to prepare the document or serve as the witness.** If assistance is needed, patients should seek legal advice from the Alabama Disabilities Advocacy Program at 1 (800) 826-1675 or from a private attorney. More information related to advanced directives can be found in the *"Deciding about Your Healthcare"* brochure included in the handout section of this handbook.

## **Privileges and Restrictions**

Privileges available at the hospital such as using the vending machines, attending recreational events, going to the Canteen, etc. must be exercised in a mature and constructive fashion. Staff may temporarily stop or restrict any of the above privileges if they are interfering with your clinical progress or the rights of other people. Any restrictions should be time-limited and explained to you by your treatment team.

## **General Information for Patient and Family**

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### **Barber and Beauty Shop Service**

Barber and beauty shop services are available at Bryce for haircuts and hairstyling. You may arrange for an appointment through the living area staff.

### **Clothing**

You will wear your own clothes while hospitalized. Your clothes will be marked with your name when you are admitted. You should have four to seven changes of clothes that are washable and right for the season. You will also need underwear, sleepwear, two pairs of shoes, and a jacket. The hospital provides toiletry items and, if necessary, clothing. All living areas have washers and dryers for your use.

### **Concerns / Complaints**

If you or your family have any concerns or complaints, please contact your treatment team, your patient advocate, or the hospital director. You may also send written concerns to the hospital director. A patient advocate is available 24 hours each day at 1-800-367-0955. In the event that you or your family is dissatisfied with the decision or action taken to address the concern/complaint, you may contact the Alabama Department of Public Health Healthcare Facility Complaint Line at 1 (800) 356-9596 or:

Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

1-800-994-6610

(FAX) 1-630-792-5236

[patientsafetyevent@jointcommission.org](mailto:patientsafetyevent@jointcommission.org)

The patient's health care services will not be affected by any complaint made to these officials.

## **How to File a Complaint**

If you feel your rights, as outlined in this booklet, have been violated and you have not been able to resolve the problem, you should follow these guidelines:

1. Contact the advocate in your facility or the Office of Rights Protection and Advocacy at Central Office.
2. Explain to the advocate which right you feel was violated and give the full details of the incident.
3. With the advocate's assistance, complete the Complaint Form.
4. Review the Complaint Form to make sure it accurately states all the facts of your complaint.
5. After the advocate has completed his or her investigation, meet with the advocate to discuss his/her findings so that you can decide if you want to go any further with your complaint.
6. If violations of your rights continue, notify your advocate.

**NOTE: If you wish to use an attorney of your choice or take other legal actions about your complaint, you may do so without the fear of harm, discharge, etc.**

## **Dental Services**

The need for improved oral hygiene is a recognized fact for the large majority of the patients at Bryce Hospital. Oral hygiene education is provided by hospital staff both on the living area and in the Dental Clinic.

The importance of good oral hygiene is presented to all new employees during orientation and to other staff through the staff development schedule. Living area staff encourage patients to brush their teeth and provide containers for removable appliances, brushes, and paste.

Preventive dentistry in the Dental Clinic includes periodic (usually twice per year) prophylaxis (teeth cleaning), mouth exam, and oral hygiene instructions by the attending dentist.

## Food Service

Food service for Bryce Hospital is provided by a contract food service vendor. A Bryce Hospital dietitian will obtain information about any food allergies, intolerances, or preferences when you are admitted. A representative from Nutritional Services will be available upon request to discuss your diet and any other food service related concerns with you and/or your family.

## Infection Control

Bryce Hospital's Infection Control Department is committed to providing a safe environment by minimizing the risk of acquiring and transmitting infections. **Keeping hands clean is one of the most important steps you can take to prevent getting sick and spreading germs to others.**

### Hand Washing Saves Lives

When Should You Wash Your Hands?

- Visitors should wash hands before and after visits.
- Wash after coughing, sneezing, or blowing your nose.
- Wash immediately after any contact with potentially infectious material (blood, saliva, etc.)
- Before and after eating.
- After going to the bathroom.

### How Should You Wash your Hands?

1. Wet hands with warm water
2. Apply soap and rub hand together to make lather
3. Scrub hand for at least 20 seconds. Imagine singing the *"Happy Birthday" song twice to a friend, which takes about 20 seconds*
4. Rinse hands well with warm running water
5. Dry your hands using a paper towel
6. Use your paper towel to turn off the faucet

## Interacting with Students

During the year, students in nursing, medicine, psychology, social work, and other health care professions come to the hospital for part of their training. They may want to work with you during this training. It is up to you whether you give your consent for them to work with you. Students will always be supervised by professional staff and are expected to abide by the standards of care of their profession including following all privacy and confidentiality rules and regulations.

## **Mail and Packages**

Mail is delivered to each living area Monday through Friday except holidays. You may give outgoing mail to the living area staff. Writing materials and postage will be provided to you if you cannot afford them. You will receive incoming mail unopened. If money is mailed to you, the hospital cannot be responsible for it.

### **Your mail should be addressed as follows:**

**Your Name**

**Your Program**

**Bryce Hospital**

**1651 Ruby Tyler Parkway**

**Tuscaloosa, Alabama 35404**

## **Observation**

No observation or audio-visual techniques, such as one-way mirrors, tape recorders, television, movies, or photographs will be used in your treatment unless you give specific signed permission for their use. Video cameras are used throughout the hospital to assist in providing a safe and secure environment. The video cameras are located on residential units in hallways, day areas, recreation rooms, dining rooms, seclusion rooms, and restraint rooms. They are monitored routinely by trained police officers.

## **Patient Funds**

You may have spending money while in the hospital but should not keep large amounts of cash on your person. Funds may be deposited into an account in your name at the Cashier Office's or Business Office. The treatment team determines the amount and frequency of funds withdrawn. Cash or money order deposits are available at the discretion of the treatment team. Checks are held until they have been cleared by the bank. A voucher is prepared for the release of funds by the Social Worker. Savings or burial trust accounts may be set up with the patient funds at the treatment team's discretion. **To deposit money into your account, a check or money order made out to Bryce Hospital with the sender's name and patient file number should be sent to:**

Patient Funds

Bryce Hospital

1651 Ruby Tyler Parkway

Tuscaloosa, AL 35404

## **Personal Possessions**

Bryce Hospital cannot be responsible for valuable items such as rings, watches, radios, etc. Generally, such things should not be brought to the hospital. For privacy and safety reasons, you may not have your own television, tape recorder, or cell phone on the living area. Potentially dangerous items will be stored when you are admitted, and upon completion of the initial evaluation, appropriate items shall be returned to you. More information can be found in the "Prohibited Items/Contraband" list included in the handout section of this handbook.

## **Religious Worship**

Non-denominational Protestant services are held in the Chapel. The chaplain works with the different treatment programs to minister to the patients. The chaplain does grief counseling as well as other religious counseling. Special arrangements for other religious services may be made as requested.

## **Service Animals**

The Americans with Disabilities Act (ADA) defines a service animal as any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability.

Service Animals will be permitted to accompany the individual with a disability to all areas of the facility where visitors are allowed. The care or supervision of a Service Animal is solely the responsibility of his or her owner.

## **Telephone Calls**

There is a telephone on the living area for your use. There is no charge for either local or long distance calls. Please let a staff member know if you need assistance in placing a call.

If you had a cell phone, pager, or other mobile communication device when you were admitted, it will be kept in storage during your hospitalization.

The number for the hospital's switchboard is (205) 507-8000. The operator will connect the caller to the appropriate area of the hospital where a staff member will take the caller's name and number and you will be given an opportunity to return the call.

## **Tobacco-Free Environment/Tobacco Products and Lighters**

The Alabama Department of Mental Health is very concerned about recent research which shows that persons with serious mental illness have a 25 year shorter life span than the general population. Research has shown that tobacco use is a major contributor to chronic illnesses and death from these illnesses. Effective January 1, 2010, all of the inpatient psychiatric facilities and campuses operated by the Alabama Department of Mental Health became tobacco-free environments. The hospital offers a smoking cessation program

Due to this policy, you are not allowed to keep any tobacco products (cigarettes, cigars, pipes, smokeless tobacco), matches, or lighters in your possession. Families and friends should not give these items to you. Because of the problems that a fire could cause, especially in areas where the doors are kept locked, we ask that everyone help keep the hospital safe.

## **Tour Groups**

Bryce Hospital gives tours to professionals, students, and volunteers. These visitors are informed of the requirement of maintaining each patient's confidentiality. You will be told when such visitors are to tour your living area and you may leave the area if you wish.

## **Vehicles**

You may not drive your private car or a motorcycle while in the hospital. If you come in your own vehicle, arrangements should be made for it to be returned to your home. Otherwise, a Bryce Police Officer will secure it in a safe area of the hospital. You may reclaim your vehicle when you are discharged.

## **Vending Machines/Canteen**

Snack and drink machines are located throughout the hospital. You will be able to purchase a variety of snack foods, fruit drinks, and carbonated sodas; however, if you are on a special diet, please ask which snack foods are permitted.

A canteen where you can buy snack foods, drinks, and personal items is located in the Bryce Mall area. It is open Monday through Friday from 8:00 a.m. to 4:00 p.m. and 8:00 a.m. to noon on Saturdays. The canteen is closed on Sundays, Thanksgiving, and Christmas.

## Visiting

Your family and friends are encouraged to visit you often as long as it does not interfere with your treatment. Each visitor must obtain a pass from the Bryce Hospital Police Department which is located in the main entrance to the hospital. **Visitors under the age of 19 must have the approval of the treatment/service team prior to the visit.**

Visiting hours are designed to avoid interference with treatment activities.

Monday – Thursday: visits are by appointment only and must be scheduled with the Program Director. To schedule a visit, please call

Recovery Program.....205/ 507-8550

Phase II Program .....205/ 507-8750

Transitional Program.....205/ 507-8950

Friday: 3:30 – 8pm

Weekends and Holidays: 9 – 11am and 3:30 – 8pm

- Visitors are asked to be considerate of others and not visit when they have an illness that could be spread to others.
- Food purchased during visitation must be eaten during the visit.
- No items may be given to you during a visit.
- Requests for day passes for special circumstances should be arranged through your treatment team.

## FREQUENTLY ASKED QUESTIONS

**What is a treatment team?** A treatment team is a group of people who will be working with you to help you progress in your mental health recovery. On the team are a psychiatrist, medical physician, social worker, psychologist/psychological associate, facilitator, nurse, recreation worker, and mental health technicians. Other members of the healthcare team may attend depending on your individual needs.

### **What do the following people do?**

**Psychiatrist:** A medical doctor who treats mental or emotional problems and who prescribes medications for mental illnesses.

**Physician:** A medical doctor who treats physical problems that may develop while you are here and any ongoing medical problems like diabetes or high blood pressure.

**Certified Registered Nurse Practitioner:** A registered nurse with additional medical education, who works with a physician, and is licensed to provide medical assessment and treatment, including ordering medication.

**Psychologist/Psychological Associate:** A person with a doctoral (psychologist) or master's (psychological associate) degree who assesses and treats mental or emotional problems by means of group therapy, individual therapy, and/or behavior therapy.

**Social Worker:** A licensed person who evaluates your treatment progress and assists you and your family with your treatment and in aftercare planning. Additionally, the social worker may provide individual, group, and family counseling.

**Registered Nurse/Licensed Practical Nurse:** A licensed person who evaluates your progress with treatment, gives medication and treatments, and works with other members of the treatment team. The registered nurse is the leader of the nursing team.

**Recreation Worker:** A person who directs activities such as leisure awareness skills training, bingo, parties, basketball, cards, movies, classes in arts and crafts, exercise, etc.

**Mental Health Technicians (MHTs):** People who help you attend to your daily needs at any hour of the day. They will act as escorts, if you need such assistance. They will tell other treatment team members about any concerns or complaints you may have.

**What is mental illness?** Just like a person can have heart disease or cancer, a person can develop illnesses of the mind that interfere with normal living.

**What is anxiety?** A mental illness in which a person feels extremely nervous, afraid, or as if something terrible is about to happen.

**What is a bipolar disorder?** A mental illness that causes severe mood swings, such as feeling sad, hopeless, suicidal, or feeling overly active and restless. These symptoms are often so severe that they disrupt a person's life.

**What are delusions?** Unusual beliefs that are not true and that others do not share.

**What is depression?** A mental illness in which a person feels very sad and hopeless, often having problems with sleeping, appetite, and may have thoughts of death or suicide.

**What are hallucinations?** Seeing, hearing, smelling, tasting, or sensing things that are not really there. For example, hearing voices or seeing visions that others do not hear or see.

**What is a personality disorder?** A life-long pattern of problem behavior that results in legal, social, or work problems.

**What is schizophrenia?** A mental illness that has many symptoms which may include hallucinations, false beliefs, bizarre/unusual behavior, and speech that does not make sense. People who have schizophrenia often withdraw from others or fear that others want to harm them.

**What is substance abuse?** The overindulgence in and dependence on a drug or other chemical leading to effects that are detrimental to the individual's physical and mental health and/or the welfare of others. The disorder is characterized by a pattern of continued pathological use of a medication, non-medically indicated drug or toxin, which results in repeated adverse social consequences related to drug use, such a failure to meet work, family, or school obligations, interpersonal conflicts or legal problems.

**Why do I need medicine?** Many people need medicine to control symptoms of mental illness. When the medication is stopped, the symptoms can come back.

**Who do I go to if I feel I need my medicine changed?** For problems concerning your mental illness you should go to your psychiatrist. When you have physical problems you should see your medical doctor. You may also tell the nursing staff about any concerns you have about your physical or mental illness or your medications.

**What do I have to do to be discharged?** Your treatment/service team will help you learn what changes you should make to get better and leave the Hospital.

**Where can people go when they are discharged?** If you do not go home, the treatment/service team can help you find other places to live, such as transitional homes, foster homes, group homes, apartments, and other treatment programs such as alcohol/drug treatment programs.

**What happens when I go back to court?** A judge will decide whether or not you need to stay in the hospital for treatment. You will have a lawyer represent you. Your family is notified of any hearing.

**If I am recommitted to the hospital, do I have to stay here for the total number of months the judge says?** No. Your treatment/service team may release you before that time if you progress more quickly. If you are not discharged, you will go back to court to be re-evaluated.

**For other questions, please see a member of your treatment team.**

## **Bryce Hospital Organizational Ethics Statement**

Bryce Hospital, a public state supported institution, is committed to the ethical care and treatment of all patients and to integrity in the achievement of our mission. All employees are informed of ethical concepts and principles applicable to our patient population and are informed of the mechanisms to have their ethical concerns addressed. Our behavior is guided by the following principles:

- We treat all patients, visitors, and staff with dignity, respect, and courtesy, while being sensitive to cultural differences and religious beliefs.
- We represent ourselves, our services, and our expertise fairly and accurately.
- We provide services to meet the individual needs of our patients, including pain management.
- We involve our patients (and/or their designees) in decisions regarding the care that we deliver to the extent that such is possible.
- We seek to resolve conflicts in patient care decisions using existing mechanisms in a manner most beneficial to the patient.
- We inform all patients of their rights, access to protective services, treatment expectations, and treatment services available including optional work therapy.
- We recognize the extreme need to maintain patient and other information in a confidential manner and do not share it without authorization.
- We provide needed care without regard for our patients' ability to pay and only invoice patients or third parties for services actually provided and assist patients seeking to understand the cost of their care.
- We provide continuity of care throughout a patient's hospital stay and upon discharge we refer them to appropriate agencies for needed follow-up and educated them regarding the utilization of these services.
- We refer anyone whose admission to our hospital is deemed inappropriate, or whose needs exceed our capabilities, to the appropriate health care provider.
- We review all contractual relationships (including those with other health care providers, educational institutions and payers) for potential conflicts of interest and ensure that no staff member shall gain from unnecessary treatment of a patient.
- We adhere to the strictest standards regarding research that involves patients.

Bryce Hospital has several avenues available to address the ethical concerns of patients, their families, and staff including Administration, Advocacy Program, Clinical Disciplines, Treatment Teams, and the Hospital Ethics Committee.

*Updated 1/2026*

*Information for Patients and Families*

# Safety First Program



## Safety

 Bryce Hospital is committed to the safety of all patients, staff, and visitors. Input from those outside the hospital is essential in helping us provide proper care and treatment for patients. If you know or recognize any unsafe conditions, please report it immediately by calling Bryce Security at (205) 507-8000.

Always remember,

**SAFETY FIRST.**



Alabama Department  
of Mental Health  
connecting mind and wellness

It is the mission of Bryce Hospital to provide effective and efficient psychiatric treatment services to the state's seriously mentally ill citizens, in a safe, secure environment while promoting the individual's quality of life, human worth, and dignity.

Telephone  
(205) 507-8000

## Help Us Help Your Loved One

The safety and well-being of our patients is a top priority at Bryce Hospital. Sometimes a patient might tell a friend or relative about unsafe thought, feelings, or situations that they do not share with the staff. We are asking your help in keeping all patients, staff, and visitors at Bryce Hospital safe. If you are told about or have knowledge of any dangerous situation or see any unsafe conditions at the hospital, please call Bryce Security immediately at (205) 507-8000



## Examples of Dangerous Situations

- Patients making threats to cause injury or harm to themselves
- Patients making threats to harm another patient or staff
- Patients not complying with medications as ordered
- Possession of anything against the rules, such as weapons, illegal drugs, matches or lighters, unlabeled food items
- Inappropriate sexual behaviors
- A patient tells you he or she is hearing or seeing that another patient is in danger
- Environmental hazards such as slippery floors or broken furniture



## Anonymous Reporting

If you have knowledge of a dangerous situation and wish to remain anonymous in reporting it, please place the information in one of the Safety/ Suggestion boxes located throughout the hospital. Please DO NOT place information if a patient, staff member, or visitor is in immediate danger. If there is an immediate threat of danger, notify Bryce Security immediately at (205) 507-8000.



## Help and Hope for Patients

### REMEMBER:

Suicidal thoughts are temporary but suicide is permanent.

Your feelings of hopelessness are not the truth. When you feel this way, it's your illness talking- your mind is lying to you. Remind yourself that suicidal thoughts, such as "No one cares," "They would be better off without *me*" are not reality.

These feelings and thoughts are not your fault, they are expressions of the illness. Don't let fear, shame, or embarrassment stand in the way of communication with your treatment team. Tell someone right away!



Please pick up a copy of the "Safety First Program" brochure which contains additional information on keeping your loved one safe while in the hospital.

USA National Suicide Hotline

Toll- Free / 24 hours / 7 days a week

Suicide Hotline 988

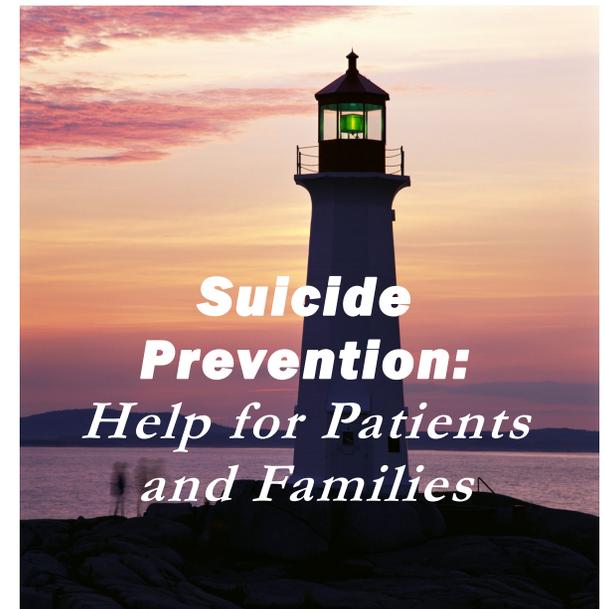
1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (4889)

ALABAMA DEPARTMENT OF  
MENTAL HEALTH/SUBSTANCE  
ABUSE SERVICES

Revised 11/2014

*Bryce Hospital*  
*1651 Ruby Tyler Pkwy*  
*Tuscaloosa, Alabama*  
*35404*



**Bryce Hospital:**  
**Heritage, History, and Healing**

## *Potential Warning Signs*

*As a person with a mental illness, your loved one is in a higher risk category for suicide.*

*If the patient verbalizes any of the following, he/she may be in imminent danger. Please tell the nurse on the Program immediately.\**

The patient says that he/she:

- wants to die
- is thinking of killing him/herself
- is thinking of hurting him/herself
- has something he/she can use to kill him/herself
- is feeling hopeless, has no reason to live
- feels helpless
- feels worthless, ashamed, hates self, thinks no one cares
- feels afraid of losing control
- he/she is not taking the medication or is “saving” it up

**Some of the behaviors listed may be “normal” for your loved one but if you notice a change, let the nurse on the Program know:**

- Sad, withdrawn, tired, apathetic, anxious, irritable, prone to angry outbursts
- Shows declining interest in social relationships
- Neglects personal appearance and care
- Reports trouble sleeping or loss of appetite or seems to sleep and eat too much
- Any behavior that is not usual to the patient

### **What should you do?**

- Tell the nurse or the doctor immediately
- \* If during a phone conversation, the patient tells you that he/she is suicidal, call the Bryce Police Dept. (205-507-8000) They will ensure that the treatment team is notified.
- Be willing to listen to the patient
- Stay calm
- Assure the patient that you care
- Don't be afraid to ask if he/she is having suicidal thoughts/feelings or plans
- Do not argue with him/her
- Assure him/her that they are not alone
- Assure that depression can be treated and that there is hope
- Avoid saying “if you kill yourself it will hurt the family”



### ***AT HOME:***

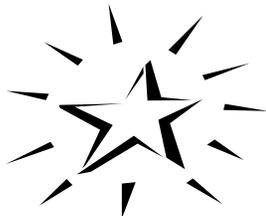
*If you become concerned after the patient leaves the hospital:*

- Do not leave him/her alone.
- *Do not* take hurtful words or behaviors personally.
- Say “I am here. I care. I want to help. How can I help?”
- *Don't* say “Snap out of it.” “Get over it.” “Stop acting crazy.”
- *Don't* dare, challenge, or try to “call their bluff.”
- *Don't* try to handle the crisis alone. Call for help.
- Keep telephone numbers handy, such as the national hotline: 1-800-273-TALK, and your local Mental Health Center Hotline number.
- Don't threaten to call 911 unless you really intend to do it. Do call 911 if you believe danger is imminent.

## **For Your Safety**

Out of concern for your safety and well being, the staff of Bryce Hospital has developed the Fall Reduction Program. This Program, with your cooperation will assist in reducing the potential for falls and possible injury. The Bryce Hospital staff wants to help you, while @ Bryce and after you leave, by teaching you and your family members about falls and how to avoid them at home.

**SPEAK-UP**  
IF THERE IS ANYTHING  
WE CAN DO TO HELP  
PREVENT FALLS



**B R Y C E H O S P I T A L**

1651 Ruby Tyler Parkway  
Tuscaloosa, AL 35404

It is the mission of Bryce Hospital to provide effective and efficient psychiatric treatment services to the state's seriously mentally ill citizens, in a safe, secure environment while promoting the individual's quality of life , human worth, and dignity.

April 2015

**B R Y C E H O S P I T A L**

1651 Ruby Tyler Parkway  
Tuscaloosa, AL 35404

***Safety Information for  
Patients and Families***

# **FALL REDUCTION PROGRAM FOR YOUR SAFETY**



## ARE YOU AT RISK FOR A FALL?

When you arrived at the hospital the nurse did a Fall Assessment. The Assessment helps the staff determine if you are at risk for a fall. Many areas are evaluated to determine your Risk Level. There are three Risk Levels. Level 1 is Low Risk, Level 2 is Moderate Risk, and Level 3 is High Risk. The higher the Level the greater the Risk for a fall.

## WHAT DOES THE HOSPITAL DO?

After we determine what your Risk Level is, interventions are put in place. For example, there are universal interventions that apply to all patients in the hospital and at home. Some of these are “good lighting”, “proper fitting shoes”, “eliminate spills, clutter, cords, or unnecessary equipment”, and “teaching



you how to prevent falls”.



## INTERVENTIONS THAT MAY AFFECT YOU

- Assistance with walking
- Evaluation of Your Medicine
- Assistance with getting out of bed, chair, walking and other activities
- Body Alarm, Merri Walker, Gait Belt, Helment, Hipsters, Low Bed
- Physical or Occupational Therapy
- Special Observation such as 10 Minute Checks or One to One
- Medical Immobilization if ordered by your Doctor

### Other Interventions:

- Special Fall Review Meeting
- Checking your Blood Pressure

**You probably will not have all of these Interventions, but if you are a Moderate to High Fall Risk you will have many of them.**

**These interventions are for your safety and to will help in reducing falls and prevent injuries.**



## WHAT YOU CAN DO!!

You can help reduce your risk for falls by helping us help you:

- ◇ Cooperate with your Treatment Team and Nursing Staff and other care givers
- ◇ Let the staff know if you get dizzy when you stand up or get out of bed
- ◇ Learn what things will cause a fall and what will prevent a fall
- ◇ Tell the staff if your shoes do not fit right or your pant legs are too long
- ◇ Always ask for help if you need it
- ◇ Don't run
- ◇ If you are in a wheelchair, always lock the brakes before getting up
- ◇ If you have an un-witnessed fall tell a staff member immediately



# Do you know your rights?

Regardless of whether you receive services for a mental illness, intellectual disability, or substance use disorder, you have the same rights as all other citizens of the state of Alabama. The programs which provide your services are expected to safeguard your rights but you should take the time to know and understand each right so that you can recognize if yours are being violated. Your rights fall into two categories: **Civil/Legal/ Personal Rights and Treatment Rights.**

## CIVIL / LEGAL / PERSONAL RIGHTS

### you have the right to:

**Be Informed About Your Rights.** Staff should inform you of your rights but if they do not or if you have any questions, please call your advocate.

**Due Process.** Your rights cannot be taken away without justification.

**File a Writ of Habeas Corpus.** If you believe that you are being held at the facility illegally, you have the right to file a petition for a Writ of Habeas Corpus with the attorney of your choice.

**Education.** If you are school age, you have a right to receive a free and appropriate public education.

**Complain.** If you feel your rights have been violated you should notify staff or your advocate.

**Legal Competency.** You have the right to be treated as a legally competent individual unless a court had determined that you are not.

**Safe and Humane Environment.** You have the right to receive services in an environment which is safe, clean, and where staff treat you respectfully.

**Protection From Harm.** You should not be physically or mentally abused or neglected by staff.

**Privacy/Confidentiality.** Your treatment should be conducted in a respectful manner and your privacy should be maintained.

**Freedom of Movement.** You should not be unnecessarily restrained or restricted in your movement unless it is for your safety or the safety of others.

**Personal Possessions.** You have the right to wear your own clothing. You do have the right to keep your personal possessions however, there may be some restrictions placed on what can be brought to the place where you receive services.

**Communications and Social Contacts.** You have the right to have visitors, use the telephone, and send and receive mail. The program may have some established guidelines and appointed times for you to observe while exercising this right.

**Religion.** Should you wish to practice a religion, you have the right to do so. You also have the right to choose not to practice any religion.

**Confidentially of Records.** Records of your treatment and care should be kept confidential.

**Not to Perform Labor.** You should not be forced to perform any type of labor as a condition of your participation in services or without adequate compensation.

**Disclosure of Services Available.** When you have been admitted, you should be informed of the cost of the care and services you will receive.

## TREATMENT RIGHTS

### you have the right to:

**Quality Treatment.** You have the right to receive quality treatment and care from trained professionals, regardless of your age, sex, national origin or handicap.

**Individualized Treatment.** Your plan of services should be designed just for you. It should be based on your individual abilities, needs and wishes.

**Participation in Treatment.** You should be allowed to actively participate in your treatment.

**Least Restrictive Conditions.** You should receive the least restrictive treatment and be placed in the least restrictive settings necessary and available for your treatment and care.

**Refuse Research and Experimentation.** You have the right to refuse to participate in research and experimental projects.

**Informed Consent.** Your voluntary, written, informed consent should be obtained for the treatment, care, and services you receive.

YOUR RESPONSIBILITIES

**Realizing that the freedom to exercise rights carries with it the need to accept some responsibilities, the following list of responsibilities is expected of each person who is in the care of a program operated or certified by the Alabama Department of Mental Health within the limits of his/her abilities:**

- Provide, to the best of your knowledge, accurate and complete information regarding your medical history including: present and past illnesses, medications, hospitalizations, etc.
- Be responsible for your actions should you refuse treatment or do not follow instructions.
- Be familiar with and follow rules and regulations governing your care and conduct.
- Attend scheduled activities and keep appointments.
- Be considerate of the rights of others.
- Be respectful of the property of others and of the facility.
- Take an active part in planning for your treatment/habilitation program and discharge.
- Ask questions when you do not understand instruction, treatment, etc.
- Help take care of and clean up your living area.
- Help keep yourself clean and dressed.
- Obey the laws which apply to all citizens.

The Alabama Department of Mental Health has a legal and ethical responsibility to safeguard the rights of individuals receiving services within its facilities and programs. Based on the department's philosophy to provide quality care, treatment and habilitation, the Rights Protection and Advocacy Program evidences our continued commitment to the delivery of quality services and rights protection for our citizens.

**For More Information Contact:**

**The Alabama Department of Mental Health  
Office of Rights Protection & Advocacy**

RSA Union Building  
100 North Union Street  
Post Office Box 301410  
Montgomery, Alabama 36130-1410

**Phone:** 334-242-3454/1-800-367-0955

**Fax:** 334-242-0747

**E-mail:** Alabama.DMH@mh.alabama.gov

**Web site:** www.alabama.gov

Model used for illustrative purposes only.



ALABAMA DEPARTMENT OF  
**MENTAL HEALTH**

**Do you know  
your rights?**

RIGHTS PROTECTION & ADVOCACY PROGRAM  
"Rights Are Our Business"



## HAVE CONCERNS ABOUT YOUR CARE HERE AT BRYCE HOSPITAL?

### You have several options:

#### *You may contact The Joint Commission*

**By mail:** Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

**By email:** [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

**By Fax:** (630) 792-5636

**By Phone:** 1(800) 994-6610

#### *You may contact the Alabama Department of Public Health Healthcare Facility Complaint Line*

**By Phone:** 1(800) 356-9596

#### *You may contact The Alabama Department of Mental Health (ADMH)*

**By mail:** Office of Rights Protection & Advocacy  
RSA Union Building  
100 North Union Street  
Post Office Box 301410  
Montgomery, Alabama 36130-1410

**By email:** [AlabamaDMH@mh.alabama.gov](mailto:AlabamaDMH@mh.alabama.gov)

**BY FAX:** (334) 242-0747

**By Phone:** (334) 242-3454/1(800) 367-0955

#### *You may contact Bryce Advocate*

**Dr. Kim Sturdivant** (205) 507-8334

#### *ADAP (Alabama Disabilities Advocacy Program)*

**University of Alabama**  
**Angie Allen** 1(800) 826-1675



**Joint Commission and ADMH policy forbids the hospital from  
taking retaliatory actions against patients for reporting concerns**

# NOTICE OF INFORMATION PRACTICES

State of Alabama, Department of Mental Health & Mental Retardation

Effective Date: April 14, 2003

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## For Your Protection

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

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## Your Health Information is private

Similar to a visit you make to a general hospital, physician, dentist, or other health care provider, the Alabama Department of Mental Health and Mental Retardation (also known as ADMH/MR and “the Department”) likewise obtains information about you. In addition to the typical information obtained such as your health history, current symptoms, examination and test results, diagnoses, medications, and treatment, the Department may also obtain psychiatric, social, and other information. This information, often referred to as your medical record, serves as a basis for planning your care and treatment, communicating with health professionals who contribute to your care, and as a means by which you or a third-party payer can verify that you actually received the services that were billed on your behalf.

We will not use or disclose your health information without your or your authorized designee’s authorization, except as described in this notice or as otherwise required by law.

The Department understands that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. The Department is committed to protecting your health information and following all laws regarding the use of your information. You have the right to discuss your concerns about how your health information is shared. Federal Law says:

1. The Department must keep your health care information from others who do not need to know it.
  2. You have the right to request that the Department not share certain health care information. In some instances, the Department may not be able to agree to your request. See “Your Legal Rights” section for additional detail.
- 

## Who sees and shares your Health Information

Based on regulatory consent, or in some cases with your written consent, we will use your health information for treatment. For example, physicians, physicians’ assistants, nurses, therapists, social workers, counselors, or other members of your health care team will record information in your medical records to diagnose your condition and determine a plan of treatment and care for you.

The primary caregiver will give orders and document treatments he or she expects other members of the health care team to provide. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We may also provide other health professionals who treat you, provide second opinions, or others who may treat you with copies of your records to assist them with your treatment/care.

**Could your Health Information be released, or seen by others, without Authorization or Permission?**

Based on regulatory consent, we will use your health information for payment purposes. For example, we may send a bill to you or to a third-party payer, such as Medicare, Medicaid, an insurance company, and/or the State of Alabama that will include information that identifies you and may show tests provided, opinions of such tests, your diagnosis, recommended treatment, treatment received, supplies used, and the like.

Based on regulatory consent, we will use your health information for health care operations. For example, members of the staff and other authorized agents of the Department will use information in your health record and other documents related to your safety and treatment to assess the care and outcomes in your case and the competence of the caregivers. We will use this information in an effort to continue to improve the quality and effectiveness of the health care and services that we provide to you, and the environment in which they are provided.

We may obtain assistance from, and through, others to provide health care and other services for your benefit. Examples include other physicians, hospitals, diagnostic tests, second opinions, a copy service to make copies of medical records, a transcription service to transcribe medical information dictated by health care professionals into your medical record, and the like. The Department operates video surveillance cameras and tapes activity in common areas on an ongoing basis to help ensure a safe environment. The Department also contracts with others to provide food, housekeeping, pest control, maintenance, repairs, cost reports, legal defense, and the like who may happen see you and or information about you while performing the required services. When we obtain or request assistance from others, we require the m to protect your information.

Other examples of disclosures include, but are not limited to:

1. Emergencies, such as when you or your designee cannot assist with your treatment.
2. To your family and/or friends who are involved in your health care. We will share your health information as needed to enable them to help you unless you tell us in writing that we cannot.
3. Disclosure to health oversight agencies. We are legally required to disclose specific health information to certain Federal and State agencies, accreditation and certification entities and/or organizations.
4. Disclosures to child protection agencies.
5. Other disclosures that include, but are not limited to:
  - a. Pursuant to a court order;
  - b. To public health authorities;
  - c. To law enforcement officials in some circumstances;
  - d. To correctional institutions regarding inmates;
  - e. To federal officials for lawful activities;
  - f. To coroners, medical examiners, and funeral directors;
  - g. To researchers involved in approved research projects

Confidentiality of Alcohol and Drug Abuse Client Information. If you are receiving alcohol or drug abuse services from the Department or its facilities, information that would identify you as a person getting help for a substance abuse problem is protected under a separate set of federal regulations known as “Confidentiality of Alcohol and Drug Abuse Patient Records”, 42 C.F.R. Part 2. Under certain circumstances, these regulations provide your health information additional privacy protections beyond those that have already been described.

While there are exceptions, in general, information identifying you as a substance abuser cannot be shared without your written authorization (see second paragraph below). For example, before your substance abuse health related information can be released to family, friends, law enforcement, judicial and corrections personnel, public health authorities, and/or other providers of medical services, we are required to ask for your written authorization.

The regulation, 42 C.F.R. Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, does, however, allow a health care provider to report suspected child abuse or neglect. Child abuse and neglect authorities may also pursue a court order to obtain the information without your or your designee’s written permission.

As stated above, there are exceptions to the use of your health information. One exception is court orders that require release of your health information. Additionally, your health information may be released to entities and individuals so you can receive appropriate services, so that you can be transferred to a more appropriate environment (e.g., out placed), and so that the Department may receive payment. This includes, but is not limited to, volunteers and staff within the Department (e.g., data management, accounting, quality assurance, performance improvement, and contractors), as well as to those outside the Department such as hospitals, doctors, community mental health, community mental retardation, and community substance abuse programs; qualified and approved persons conducting reviews, audits, analyses, and/or evaluations of your program to ensure that you receive necessary and appropriate services (e.g., JACHO, contractors, approved researchers, and the like).

In those instances where you or your designee authorizes us to release your substance abuse related health information, the release will be accompanied with a notice prohibiting the individual or organization receiving your health information from re-releasing it unless permitted under the regulations 42 C.F.R., Confidentiality of Alcohol and Drug Abuse Patient Records.

Thus, in general, before specific information pertaining to the care you are receiving for your substance abuse problem may be released, you/your designee must authorize the release in writing.

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**What if my Health Information needs to be sent somewhere else?**

For certain other releases, you/your designee may request or be asked to sign a separate form, called an Authorization form, allowing your health care information to go somewhere else. The Authorization form tells us what, where and to whom your information may be sent. You/your designee can later cancel or limit the amount of information sent at any time by letting us know in writing. A fee will be charged for the copies made to comply with your request.

**May I see my Health Information?**

You have the right to see your record. We will allow you to review your record unless a clinical professional determines that it could create a risk of harm to you or someone else, or negatively affect your treatment. If access is denied, you may submit a written request to have the denial reviewed by another clinician with comparable qualifications. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We may also delete any protected health information in your record about other people. You will be provided with copies as specified in your written request. You will be charged a fee for the copies.

---

**Your Legal Rights**

Right to request alternate communications. You/your designee may request, **in writing**, that communication to you outside the facility, such as reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate reasonable requests, in writing, as long as you provide a means for us to process any required payment transactions.

Right to request restrictions on use and disclosure of your information. You/your designee have the right to request restrictions, **in writing**, on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. Although we are not obligated to agree to a requested restriction, we will consider your request.

Right to revoke an Authorization. You/your designee may revoke a written Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information. **Your revocation must be in writing.**

Right to "amend" your Health Information record. If you/your designee believe your record contains an error, you may ask **in writing** that correct or new information be added. If there is a mistake, a note will be entered into your record to correct the error. If not, you will be told and allowed the opportunity to add a short **written statement** to your record explaining the reason you believe the record is not accurate. This information will be included as part of your record and shared with others if it might affect decisions they make about your treatment. You may ask, **in writing**, that the corrected or new information be sent to others who have received your health information from us. The right to "amend" is not absolute. In certain situations, such as when the information came from someone else, we cannot change their information or work.

Right to an accounting. You/your designee have the right to an accounting (e.g., a listing) of the non-routine disclosures of your protected health information made to third parties. This does not include disclosures authorized by you, or disclosures that occur because of treatment, payment, health care operations, or as required by law. Federal Law requires us to provide an accounting (listing) of non-routine disclosures that occur after April 14, 2003. Information only about the non-routine disclosures occurring after April 14, 2003 must be maintained for six years. Thus, non-routine disclosures will not be maintained after six years. Note: disclosures requested by law enforcement authorities that are conducting a criminal investigation will not be reported or accounted for. Your request for an accounting must be **in writing**.

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**May I have a copy of this Notice?**

You may have and keep a copy of this notice.

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**Questions: How do I request or obtain access to my information or how do I request an accounting?**

If you/your designee have questions, want to make or revoke an Authorization, request an amendment, request copies, request access to your information, or request an accounting of non-routine disclosures of your information, you or your designee should contact your facility's Advocate for information and referral or contact your facility's Privacy Officer. Information to contact these individuals is readily available in the Admissions area and from the staff in your area.

To make or revoke an Authorization, request an amendment, request copies, request access to your information, or to request an accounting, your or your designee's request(s) must submit the request **in writing**.

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**What if I want to make a complaint?**

If you feel that your privacy rights have been violated or you want to make a complaint, you or your designee should contact your facility's Advocate for information and referral, or your facility's Privacy Officer. Information to contact these individuals are readily available in the Admissions Area and from the staff in your area.

You may also complain to the federal government by writing to:  
Secretary of Health and Human Services at  
200 Independence Ave., SW  
Washington, DC 20201

or by calling the United States Office of Civil Rights at 866-627-7748.

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**What If this Notice of Information Practice changes?**

The Department reserves the right to make changes to this Notice of Information Practices. If there are important changes made and you are still in one of the Department's facilities, you or your designee will get a new notice within sixty (60) calendar days of the change.

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**Your health care services will not be affected by any complaint made to your facility's Privacy Officer or Advocate; to the Department's Privacy Officer; to the Secretary of Health and Human Services; or to the U.S. Office of Civil Rights.**

## Talk to your doctor and family now

The law says doctors, hospitals and nursing homes must do what you want or send you to another place that will. Before you set up an advance directive, talk to your doctor ahead of time. Find out if your doctor is willing to go along with your wishes. If your doctor does not feel he or she can carry out your wishes, you can ask to go to another doctor, hospital or nursing home.



Once you decide on the care you want or do not want, talk to your family. Explain why you want the care you have decided on.

Find out if they are willing to let your wishes be carried out.

Family members do not always want to go along with an advance directive. This often happens when family members do not know about a patient's wishes ahead of time or if they are not sure about what has been decided. Talking with your family ahead of time can prevent this problem.

## You can change your mind any time

As long as you can speak for yourself, you can change your mind any time about what you have written down. If you make changes, tear up your old papers and give copies of any new forms or changes to everyone who needs to know.

### **For help or more information:**

Alabama Commission on Aging.....1-800-243-5463

Choice in Dying.....1-800-989-9455

# Deciding about your health care



If you are 19 or older, the law says you have the right to decide about your medical care.

If you are very sick or badly hurt, you may not be able to say what medical care you want.

If you have an **advance directive**, your doctor and family will know what medical care you want if you are too sick or hurt to talk or make decisions.

## What is an advance directive ?

An advance directive is used to tell your doctor and family what kind of medical care you want if you are too sick or hurt to talk or make decisions. If you do not have one, certain members of your family will have to decide on your care.

You must be at least 19 years old to set up an advance directive. You must be able to think clearly and make decisions for yourself when you set it up. You do not need a lawyer to set one up, but you may want to talk with a lawyer before you take this important step. Whether or not you have an advance directive, you have the same right to get the care you need.



## Types of advance directives

In Alabama you can set up an Advance Directive for Health Care. The choices you have include:

A **living will** is used to write down ahead of time what kind of care you do or do not want if you are too sick to speak for yourself.



A **proxy** can be part of a living will. You can pick a proxy to speak for you and make the choices you would make if you could. If you pick a proxy, you should talk to that person ahead of time. Be sure that your proxy knows how you feel about different kinds of medical treatments.

Another way to pick a proxy is to sign a **durable power of attorney for health care**. The person you pick does not need to be a lawyer.

You can choose to have any or all of these three advance directives: living will, proxy and/or durable power of attorney for health care.



Hospitals, home health agencies, hospices and nursing homes usually have forms you can fill out if you want to set up a living will, pick a proxy or set up a durable power of attorney for health care. If you have questions, you should ask your own lawyer or call your local Council on Aging for help.

## When you set up an advance directive

Be sure to sign your name and write the date on any form or paper you fill out. Talk to your family and doctor now so they will know and understand your choices. Give them a copy of what you have signed. If you go to the hospital, give a copy of your advance directive to the person who admits you to the hospital.

## What do I need to decide?

You will need to decide if you want treatments or machines that will make you live longer even if you will never get better. An example of this is a machine that breathes for you.



Some people do not want machines or treatments if they cannot get better. They may want food and water through a tube or pain medicine. With an advance directive, you decide what medical care you want.

# **Your Right to Make Your Own Decisions about Medical Care**

## **A Summary of the Law in Alabama and Alabama State Statutory Forms**

### **1. Under Current Alabama Law, Do I Have The Right To Make My Own Decisions About Medical Care?**

**Yes.** If you are nineteen (19) years old and are reasonably alert and mentally capable of understanding the consequences of your own decisions, Alabama and Federal laws give you the right to decide whether medical procedures or treatment will be provided to you. This right applies whether these are lifesaving emergency treatments, life-sustaining treatments, or the provision of food and liquids by artificial means. Examples of lifesaving treatments include CPR, cardiac defibrillation (a procedure where electric current is applied to your chest), mechanical ventilators to assist in breathing, dialysis machines to assist kidneys, administration of medications, foods, and liquids which can be administered through intravenous (IV) needles, or a tube inserted in you nose and down your throat, or through a tube which has been surgically placed directly into your stomach.

If you are unable to make your wishes known and you have previously made your wishes known in a written document you signed when you were nineteen (19) years of age or older and were reasonably alert and mentally capable of understanding the consequences of your own decisions, then the Supreme Court of Alabama has recognized your right to have your wishes followed. These written documents are called Advance Directives and include: Living Wills, Durable Powers of Attorney, Health Proxies and other written expressions of your wishes regarding health care. If you are at all uncertain what your wishes are or that your wishes will not be followed, you should discuss your wishes with your physician and with as many of your family members as possible so that there will not be any question what your wishes are. If you are in an accident or suffer from a serious illness you may become permanently unconscious because you are in a Vegetative State. If you have not made your wishes known your family may be called upon to make health care decisions on your behalf.

### **2. Am I Permitted To Decide What Treatment I Want or Do Not Want to Have?**

**Yes.** Every Alabama citizen has the right to refuse medical treatments. If you are nineteen (19) years of age or older, reasonably alert, and able to understand the consequences of your own decisions, you have the right to refuse any medical treatment, including life-saving and life-sustaining treatments.

### 3. **How Can I Make it Known That I Do Not Want Certain Medical Treatment?**

You should simply tell your physician and other health care providers, such as the hospital or nursing home to which you have been admitted, exactly what treatments you do or do not want. It is clear that your wishes will be honored so long as you remain conscious and reasonably alert. If you are not sure what treatments may be offered to you, you should be sure to ask your physician.

### 4. **Can I Do Anything Now So That My Wishes Will Be Honored If I Later Become Unconscious or Unable to Communicate?**

There are three things you should do to make sure your wishes are honored even if you later become unable to speak for yourself:

**First**, you may wish to consider creating a Living Will. This document will permit you to express your wishes in advance about certain medical treatments that are commonly offered to patients whose lives are in danger. It will only take effect if you later become unable to express your wishes about medical treatments at the time they are offered. If the document is properly filled out, it should be honored by physicians, nurses, hospitals, nursing homes, and home health agencies. Some health care providers object to withholding artificially provided food and liquids. But even those health care providers may not give you treatments that you specify you do not want in your living will. Such a facility may, however, choose to transfer you to another facility where your wishes will be honored without objection.

**Second**, you may designate another person to make decisions on your behalf. Such a person may be known as a health care proxy or an attorney-in-fact. However, don't be confused by the term attorney-in-fact. The person you select to make decisions on your behalf need only be a competent adult, and does not have to be a lawyer. This person will have the power to make decisions and grant consents on your behalf concerning your health care and treatment.

**Third**, you should in all cases discuss your wishes in advance about various kinds of medical treatment with your close family members so that they won't give conflicting instructions.

5. **Will I Be Treated Any Differently if I Decide Not To Create a Living Will or Health Care Proxy?**

**Absolutely not.** It is unlawful for health care providers to discriminate on the treatments and services offered based on a patient's decision about a Living Will or other form that specifies the patient's health care wishes.

6. **How Can I Create a Living Will Or Health Care Proxy?**

The Legal Assistance Office can prepare a Living Will and health care proxy for you. Both of these documents are prepared according to the state in which you are a legal resident. Of course, you may also contact your personal attorney for the preparation of these documents.

In any case, you will want to discuss your decisions about creating a Living Will or a health care proxy, and about the treatments you want and do not want with family members, close friends, and perhaps with a clergyman or other counselor.

If you decide to create a Living Will or health care proxy, it is most important that you give a copy to your physician and to any hospital or nursing home to which you are admitted.

7. **Can an Appointed Health Proxy Have Access to My Property?**

**No.** Your appointed health proxy can only make decisions concerning your health care. If you wish for that person to have access to your property to use for your benefit, you should consult an attorney for advice.

8. **How do I Revoke (Take Back) a Written Advance Directive?**

You may revoke your Advance Directive by means of:

- 1) a signed, dated, written document which explicitly revokes the Advance Directive;
- 2) physically canceling or destroying the Advance Directive (you may do this on your own or have someone else do it for you in your presence);
- 3) by means of an oral expression of an intent to revoke the Advance Directive to your health care provider; or
- 4) a new Advance Directive which is materially different from the prior Advance Directive.

Such revocations will not be effective unless communicated to your attending physician and to the provider where you are receiving treatment. No health care provider has

responsibility for failure to act upon a revocation, unless he/she has actual knowledge of the revocation.

9. **Should I Ask My Physician About His or Her Position in Regards to My Right to Refuse Medical Treatment?**

**Yes.** You should discuss with your physician your wishes in regards to medical treatment you may want or may not want, so that both of you are clear exactly on what your wishes are. Also, some physicians may have moral or ethical reasons that they are unable to assist patients in such situations. If this is the case with your physician you need to know this so that you may make other arrangements.

10. **Do I Need to Meet With My Attorney Prior to Signing Any Advance Directive?**

You may want to meet with your attorney prior to signing any Advance Directive. Alabama statutes currently provide a form for Living Wills; however, the printed language does not provide for all situations. For instance, the form only applies to persons who have a terminal condition and whose death is eminent and as such does not apply to persons who are in what is known as a “persistence vegetative state”. The statutes do allow persons to include other specific directions in a Living Will. Alabama also has a statute allowing people to create Durable Powers of Attorney. An attorney can assist you in creating a document whereby you could designate someone as your attorney-in-fact to make health care decisions on your behalf.

11. **Do Hospitals, Nursing Homes, and Home Health Agencies Have to Ask Patients About Advance Directives?**

**Yes.** Under a Federal law passed in 1990, providers must ask about the existence of Advance Directives, they must inform patients of their written policies and procedures about Advance Directives, and they must inform patients that care provided at the institution cannot be conditioned on completing Advance Directive. This is why you have been given this document. If the provider cannot honor a request based on religious or moral grounds, the provider is obligated to help arrange transfer so that the patient’s wishes can be followed.

**NOTE: You cannot be required to prepare a Living Will or Health Care Proxy, and you do not need to sign anything unless you DO want to create a Living Will and/or appoint a health care proxy.**

# ADVANCE DIRECTIVE FOR HEALTH CARE

## (Living Will and Health Care Proxy)

This form may be used in the State of Alabama to make your wishes known about what medical treatment or other care you **would** or **would not** want if you become too sick to speak for yourself. You are not required to have an advance directive. If you do have an advance directive, be sure that your doctor, family, and friends know you have one and know where it is located.

### Section 1. Living Will

I, \_\_\_\_\_, being of sound mind and at least 19 years old, would like to make the following wishes known. I direct that my family, my doctors and health care workers, and all others follow the directions I am writing down. I know that at any time I can change my mind about these directions by tearing up this form and writing a new one. I can also do away with these directions by tearing them up and by telling someone at least 19 years of age of my wishes and asking him or her to write them down.

I understand that these directions will only be used if I am not able to speak for myself.

#### **If I become terminally ill or injured:**

*Terminally ill or injured* is when my doctor and another doctor decide that I have a condition that cannot be cured and that I will likely die in the near future from this condition.

*Life sustaining treatment* – Life sustaining treatment includes drugs, machines, or medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

*Place your initials by either “yes” or “no”:*

I want to have life sustaining treatment if I am terminally ill or injured.     Yes     No

*Artificially provided food and hydration* (Food and water through a tube or an IV) – I understand that if I am terminally ill or injured I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

*Place your initials by either “yes” or “no”:*

I want to have food and water provided through a tube or an IV if I am terminally ill or injured.

Yes     No

**If I Become Permanently Unconscious:**

*Permanent unconsciousness* is when my doctor and another doctor agree that within a reasonable degree of medical certainty I can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make that decision. I understand that at least one of these doctors must be qualified to make such a diagnosis.

*Life sustaining treatment* – Life sustaining treatment includes drugs, machines, or other medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

*Place your initials by either “yes” or “no”:*

I want to have life-sustaining treatment if I am permanently unconscious.     Yes     No

*Artificially provided food and hydration* (Food and water through a tube or an IV) – I understand that if I become permanently unconscious, I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

*Place your initials by either “yes” or “no”:*

I want to have food and water provided through a tube or an IV if I am permanently unconscious.  
 Yes     No

**Other Directions:** Please list any other things you want **done** or **not done**.

In addition to the directions I have listed on this form, I also want the following:

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*If you do not have other directions, place your initials here:*

No, I do not have any other directions.

## Section 2. If I need someone to speak for me.

This form can be used in the State of Alabama to name a person you would like to make medical or other decisions for you if you become too sick to speak for yourself. This person is called a health care proxy. You do not have to name a health care proxy. The directions in this form will be followed even if you do not name a health care proxy.

*Place your initials by only one answer:*

\_\_\_\_\_ I **do not** want to name a health care proxy. *(If you check this answer, go to Section 3)*

\_\_\_\_\_ I **do** want the person listed below to be my health care proxy. I have talked with this person about my wishes.

**First choice for proxy:** \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day-time phone number: \_\_\_\_\_

Night-time phone number: \_\_\_\_\_

**If this person is not able, not willing, or not available to be my health care proxy, this is my next choice:**

**Second choice for proxy:** \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day-time phone number: \_\_\_\_\_

Night-time phone number: \_\_\_\_\_

### Instructions for Proxy

*Place your initials by either "yes" or "no":*

I want my health care proxy to make decisions about whether to give me food and water through a tube or an IV. \_\_\_\_ Yes \_\_\_\_ No

*Place your initials **by only one** of the following:*

\_\_\_\_\_ I want my health care proxy to follow **only** the directions as listed on this form.

\_\_\_\_\_ I want my health care proxy to follow my directions as listed on this form **and** to make any decisions about things I have not covered in the form.

\_\_\_\_\_ I want my health care proxy to make the final decision, even though it could mean doing something different from what I have listed on this form.

### **Section 3. The things listed on this form are what I want.**

I understand the following:

- If my doctor or hospital does not want to follow the directions I have listed, they must see that I get to a doctor or hospital who will follow my directions.
- If I am pregnant, or if I become pregnant, the choices I have made on this form will not be followed until after the birth of the baby.
- If the time comes for me to stop receiving life sustaining treatment or food and water through a tube or an IV, I direct that my doctor talk about the good and bad points of doing this, along with my wishes, with my health care proxy, if I have one, and with the following people:

\_\_\_\_\_  
\_\_\_\_\_

### **Section 4. My signature**

Your name: \_\_\_\_\_

The month, day, and year of your birth: \_\_\_\_\_

Your signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

## Section 5. Witnesses (need two witnesses to sign)

I am witnessing this form because I believe this person to be of sound mind. I did not sign the person's signature, and I am not the health care proxy. I am not related to the person by blood, adoption, or marriage and not entitled to any part of his or her estate. I am at least 19 years of age and am not directly responsible for paying for his or her medical care.

Name of first witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of second witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 6. Signature of Proxy

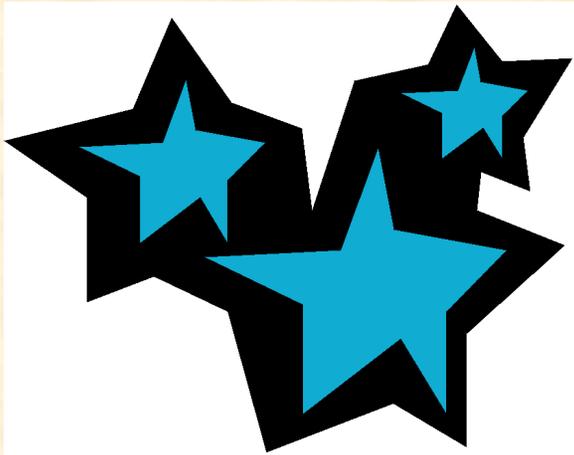
I, \_\_\_\_\_, am willing to serve as the health care proxy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Signature of Second Choice for Proxy:

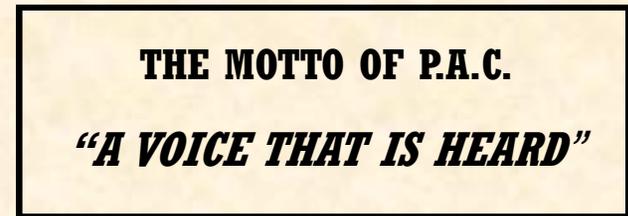
I, \_\_\_\_\_, am willing to serve as the health care proxy if the first choice cannot serve.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



THE STARS REPRESENT A  
COMMITTEE THAT IS  
SHINING BRIGHTER AND  
GROWING STRONGER WITH  
PROGRESS.

IF YOU HAVE QUESTIONS OR  
CONCERNS COMMUNICATE THIS TO  
YOUR UNIT  
P.A.C. STAFF OR PATIENT  
REPRESENTATIVE



P.A.C.  
PATIENT ADVISORY COMMITTEE  
PAMPHLET  
2015

# P.A.C.

## **P.A.C. stands for** **Patient Advisory Committee**

It is made up of patients and staff representatives from each unit at Bryce Hospital. The **unit meetings** are held during the first week of each month and the hospital wide meetings are the last week of the month.

The P.A.C. meetings give the patients an opportunity to make suggestions, voice their concerns, and allow them to have input into their treatment needs, expectations, and services provided.

This may help prepare them for appropriate social, organizational, and communication skills in the community.

We also allow for the interaction from administrative and departmental staff to observe and speak during our meetings to resolve or clarify some concerns that may arise.

## **PAC PROCEDURES**

A selected number of patients (at least 1 or 2 from each living area) are chosen by participating recreation/staff members from each unit. **The patients and P.A.C. representatives then become the “voice” of their peers.** The information collected is reviewed and forwarded to the appropriate staff for a plan of action to resolve any issues or concerns. That information is then discussed during the monthly P.A.C. meeting, which also addresses any new issues, concerns, or ideas expressed.

The PAC staff designee reports to the hospital's **Environment of Care Committee**, safety concerns, and other issues reported by the patients for resolution.

## **ISSUES THE PAC TEAM ADDRESS**

Our P.A.C. meetings allow for issues affecting the majority of our patients to be addressed such as **safety concerns, treatment needs/expectations, recreation ideas, pest control, food services, laundry issues, and needed repairs, etc.** Any issues other than listed above may be living area issues or personal issues and can be handled as such. **For example, if one is having problems with peers coming in and out of their room, it should be reported to staff on the unit to address the issue.** However, the P.A.C. team monthly meetings allow the patients to speak on those issues if necessary.



## **THE PHILOSOPHY OF P.A.C.**

Our clients should have a line of communication through a collective voice to make their needs known and be able to express their concerns and expectations openly and respectfully.

## **Identification of Patient P.A.C. Members**

Each P.A.C. representative will be provided some type of identification to verify their P.A.C. membership. This may include I.D. badges, t-shirts, or hats, etc.

**These identifying items are usually worn during hospital wide activities or special events.** Some patients may or may not wear these items on a daily basis. Any questionable items will need to be approved by the unit treatment teams or unit clinical management teams.