

**State of Alabama  
Department of Mental Health**



**Taylor Hardin Secure  
Medical Facility  
Tuscaloosa, Alabama**

# **PATIENT AND FAMILY HANDBOOK**

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**INFORMATION FOR PATIENT AND FAMILY**  
**ASSIGNED STAFF**

Name: \_\_\_\_\_ Program: \_\_\_\_\_

**Treatment Team Members:**

\_\_\_\_\_  
Psychiatrist (Attending Physician)

\_\_\_\_\_  
Nurse

\_\_\_\_\_  
Social Worker

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Recreation Therapist

\_\_\_\_\_  
Forensic Technician

\_\_\_\_\_  
General Physician

\_\_\_\_\_  
Nurse Practitioner

**Other Staff:**

\_\_\_\_\_  
Clinical Programs Coordinator

\_\_\_\_\_  
Advocate

## **INTRODUCTION TO TAYLOR HARDIN SECURE MEDICAL FACILITY**

Taylor Hardin Secure Medical Facility (THSMF) is a 140-bed psychiatric hospital that provides comprehensive psychiatric evaluations and treatment to criminally committed male patients. All services are offered within a safe and secure environment. Treatment services are also provided as needed to male patients from other hospitals of the Alabama Department of Mental Health (DMH) who require continued treatment in a more secure setting.

THSMF is the state's only forensic hospital operated by the DMH. The facility provides evaluation and treatment services throughout the judicial process. Treatment services include psychiatric treatment, as well as limited medical care and pain management. Regional evaluation programs under THSMF supervision also provide forensic evaluation services within the community. Pre-trial evaluation and treatment services are provided for males committed by the circuit courts of all sixty-seven (67) counties within the State of Alabama. Post-trial treatment services are provided for those persons found not guilty by reason of mental disease or defect and who are committed by the courts.

Patients are provided services regardless of their race, gender, national origin, religion, nationality, or ethnicity, and are not denied services because of age, disabling medical condition, or source of financial support. Although THSMF is security conscious, security needs are met without interruption to service delivery. THSMF provides services seven days a week, 24 hours a day. THSMF at times will utilize telemental health in addition to traditional service modalities to enhance the level and continuity of care provided by the facility. On-call services are provided and administrative, medical, and psychiatry representatives are available after hours seven days a week, as needed.

The staff at THSMF is composed of highly qualified professionals in the areas of Psychiatry, Medicine, Psychology, Social Work, Nursing, Dietetic Services, Education, Rehabilitation, and Recreational Therapy, in addition to various support services including Health Information Management Services, Business Administration, Human Resources, Security Services, Housekeeping, etc.

After reading this handbook, should you have additional questions, please contact your assigned Social Worker or the Advocate.

## **HOSPITAL MISSION, VISION AND VALUES**

The philosophy of THSMF is that our patients are persons of inherent worth and dignity who shall be extended all rights and choices available within the limitations of a secure environment. The following statements reflect our facility's Mission, Vision, and Values:

### **A. Mission**

Provision of forensic evaluations and psychiatric treatment in a safe, secure, well-maintained environment.

### **B. Vision**

Quality care that supports opportunities for recovery in a secure environment.

### **C. Values**

1. Diligence in involving our patients in the highest attainable quality of care, through continual assessment of their needs, expectations and satisfaction;
2. Honesty in caring for our patients and in employee relationships;
3. Integrity in honoring commitments to patients, families, staff, and the communities we serve; and
4. Respect for the differing social and religious beliefs and cultures of our patients and staff.

The mission, vision and value statements for the Alabama Department of Mental Health are as follows:

**A. Mission**

Lifting life’s possibilities for Alabamians with intellectual disabilities, mental illnesses, and/or substance use disorders.

**B. Vision**

Lifting life’s possibilities through a system of care and support that is consumer driven, evidence-based, recovery focused, outcome oriented and easily accessible, with a life in the community for everyone.

**C. Values**

Respect, Collaboration, Professional-Competency, Diversity, Accountability, Inclusion, Hope, Accessibility, Choice & Compassion.

Additional information regarding services provided by the Alabama Department of Mental Health, as well as a copy of this handbook and our monthly family newsletters can be located on the web at [www.mh.alabama.gov](http://www.mh.alabama.gov).

**GENERAL INFORMATION**

Plans for your release from THSMF will be started at the earliest possible phase of your treatment and will be ongoing.

You have the right to seek legal counsel to help you with legal problems. Your lawyer can talk with your physician about your condition. If you do not know how to contact your lawyer, your Social Worker can assist you in doing so.

Hair length and styles, mustaches, beards, and other grooming choices are personal matters and may be restricted only if they cause a hygiene problem and only upon a physician’s written order. THSMF provides barber services through licensed providers employed by the State. Due to safety and infection

control requirements, we are unable to allow non-contract individuals to perform barber services at THSMF.

You have the right to socialize and participate in recreational activities. You have the right to be outdoors in designated areas at regular intervals unless your written treatment plan restricts you for good reasons.

In an effort to provide individualized care and treatment, the Treatment Team will assess educational needs of you and/or family including: cultural and religious beliefs, emotional barriers; preferences, desire and motivation to learn; physical and/or cognitive limitations; and barriers to communication. Education/communication shall be provided in the language preference identified by you and/or your family. Interpreter services shall be utilized as appropriate.

Patients who have money in their accounts will have the opportunity to purchase canteen items as program rules allow.

A telephone is on the program and accessible for patient use. We allow only pre-paid phone cards for your protection. We can assume no responsibility for the security of PIN numbers.

Gambling, trading of items, and sharing of items are considered equivalent behaviors. These behaviors are major violations of program rules and are subject to restriction and loss of level (THSMF Levels Program), as appropriate.

THSMF is a maximum security psychiatric facility. All public areas are under constant video surveillance for safety purposes.

## **PRIVACY AND SECURITY OF HEALTH INFORMATION**

Federal laws and regulations require that a patient's health record and other health information be maintained in a confidential manner. The Health Insurance Portability and Accountability Act (HIPAA) became law in 1996 and mandates that the privacy and security of a patient's health information must be strictly protected. Each patient will receive THSMF's "Notice of Information Practices" upon admission. This document explains the sensitive nature of a patient's health information and the manner in which it may be used. It also sets forth the limited circumstances in which health information can be disclosed to others.

Patients and their family members need to be aware of the rules of confidentiality and privacy. All THSMF staff are required to enforce them.

## **SECURITY REGULATIONS FOR VISITATION**

THSMF supports visitation for patients as a therapeutic process. Visitors are limited to immediate family members, or those determined as serving in that role or having a recognized therapeutic relationship with the patient. The procedures for visitation shall be determined based on the patient's level of risk and clinical condition. Visitation rules are posted in the waiting area. Visitors shall sign the Visitation Slip to acknowledge understanding of the visitation rules. Special procedures may be implemented to accommodate particular patient and/or safety needs, including visitation with minor children. Potential visitors will be required to provide a current address and telephone to the assigned social worker prior to being considered for approval and addition to a patient's Visitation List. All approved visitors over the age of 16 must present valid photo identification to Security Services in order to visit. Persons without valid photo identification will not be allowed to visit.

Visitors who must wait are directed to do so in the Main Lobby until notified by Police Services that they may visit the patient. Children under the age of fourteen (14) are not approved for regular visitation and must be supervised at all times while on facility grounds. All visitors are subject to physical and electronic search. Officers must be able to verify the identity of the person visiting through observation and checking of photo identification. Persons wearing facial or hair coverings for religious reasons shall be required to remove the coverings for identification purposes; however, they may wear the covering during visitation as long as it does not present as a safety issue. No items may be given to patients directly.

Items not allowed in the visiting area:

1. Purses/handbags
2. Cell phones
3. Backpacks/packages
4. Overcoats/jackets/umbrellas
5. Hats/toboggans

6. Crutches/canes/walkers (wheelchairs provided if needed)
7. Cameras/recorders
8. Outside food and drink items
9. Cigarettes/lighters/other tobacco products
10. Weapons of any kind including pocket knives
11. Any other items deemed inappropriate by Police Services

Food and drink items consumed during visitation must be purchased from vending machines available at THSMF. Patients are allowed one (1) food and one (1) drink item during each visitation period, unless diet restrictions require further limitation. If a patient is on a special or modified diet, the physician ordered restrictions must be followed at all times. Family members may have food and drink items but are not allowed to share items with patients. Food and drink items must be purchased prior to entering the Visitation Room. Re-entry will not be allowed once exiting the room.

Visits will be limited to one hour or less on occasions when the maximum number of people allowed (24) are in the visiting area and others are waiting to visit.

Police Officers have the right to terminate visits at any time if in the Officer's opinion an unsafe or non-therapeutic condition exists.

Any visitor who assists or attempts to assist in escape plans, schemes for creating disorder, or passes or attempts to pass any unacceptable item will not be allowed further visits and will be subject to criminal action.

*This is a tobacco free facility – we will not accept cigarettes, any tobacco product, or any cigarette lighters.*

## **INFECTION CONTROL ISSUES**

Infection Control is everyone's responsibility.

Standard Precautions are practiced by all staff members. You are expected to follow these same principles. Wash your hands after toileting, before eating or after touching items contaminated with blood or body fluids. Items with blood or body fluids on them may not be disposed of in regular trash cans. Ask an FT to assist you in appropriate disposal of contaminated items.

You are expected to bathe daily and wash your hair regularly.

Cover your mouth with an unused tissue when you cough.  
Dispose of the used tissue in a trash can.

Influenza (flu) vaccinations are available upon request during the influenza season.

All patients who have not previously had a positive reading are required to take a Tuberculin Skin Test (TST, also known as PPD), when they are admitted and annually thereafter. Patients having previous positive TSTs may be required to have a chest x-ray upon admission and annually thereafter. A blood test for syphilis is also done upon admission and annually.

Blood tests for Hepatitis B/C and HIV are available to those who are considered to be high risk for such infection. If you think you need one of these tests, be sure to ask the nurse or doctor.

If you develop a contagious disease, it may be necessary to use precautions so that you do not give others this disease. Actions may range from placing a mask on you to asking you to stay in a separate room. If this is necessary, the nurse will thoroughly explain the needed intervention to you.

Specific contagious diseases by law must be reported to the Public Health Department. Examples are HIV, Syphilis, TB, and Hepatitis B. If you are diagnosed with any reportable diseases while in our facility we must share this information with Public Health, the facility to which you are discharged, and in some cases the facility from which you came and transporting agents.

Visitors should delay visits if they have a contagious illness (colds, flu, etc.). If they absolutely cannot delay the visit, they may be given a mask to wear. Visitors may be kept from visiting if the shift supervisor decides it is unsafe. No person with fever or contagious illness may visit.

## **PATIENT ADVOCACY PROGRAM**

THSMF is responsible for providing services in a way that respects human dignity and constitutional rights, as well as other rights specified by law and by the DMH of the State of Alabama.

You will be afforded dignity and compassion. THSMF is a secure treatment facility, and as such, clear limits are placed upon your privacy, movement, and personal possessions. By Facility policy, you have the right to the following list of personal possessions unless prohibited by the Treatment Team or Director of Clinical Services: photographs (unframed), mail, stationary, appropriate reading material, legal documents, prescription glasses, hearing aids and other medically indicated devices. Limits on the number of these items allowed will vary depending on the program. You are also allowed access to toiletry articles (facility purchased only). All other personal possessions are restricted at the time of your admission and while residing on the ACE Program. Patients residing on the DREAM Program are allowed to request purchase of allowed items. Patients on all programs will be offered facility-purchased items to meet their needs; however, patients on the BEST, CARE, and DREAM programs may also choose to wear approved personal clothing items.

Information about your rights and responsibilities is provided to you at the time of your admission. If you feel that any of your rights have been violated, you should follow procedures as outlined in this manual under **Complaints and Complaint Procedures**.

The ADMH has established a Facility Advocacy Advisory Committee as an integral component of the Rights Protection and Advocacy Program. The Facility Advocacy Advisory Committee members are appointed by and serve at the request of the Facility Director. The Facility Advocacy Advisory Committee consists of representation from consumers or recipients of services or ex-consumers/recipients, family members, representatives of community advocacy/support organizations, and citizens at large.

The Committee is charged with:

- a. Reviewing policies and procedures governing recipient rights;
- b. Participating in periodic monitoring of DMH facilities and community programs certified by DMH for compliance with departmental recipient rights policies and procedures;

- c. Reviewing cases of alleged recipient rights violations, Including abuse and neglect cases;
- d. Participating in education and training programs related to recipient rights; and,
- e. Reviewing periodic activity and performance reports of the DMH Rights Protection and Advocacy Program.

We invite you to consider serving on the Facility Advocacy Advisory Committee as openings occur. Meetings are held on the third Friday in January, April, July, and October from 10:00 – 11:30 a.m. If you are interested please call the Advocate for more information.

## **PATIENT RIGHTS**

As an individual who has been sent by the Courts to be in an ADMH facility, you are entitled to certain rights. Some of those rights are afforded by law while others are determined by ADMH policy. Some of these rights can be restricted/limited, while others cannot<sup>1</sup>. Justification will be given when any restriction or limitation of a right is imposed.

- Civil and Legal Rights
- Informed Regarding Rights\*
- Due Process\*
- Complaints\*
- Education
- Safe and Humane Environment\*
- Privacy/Confidentiality
- Protection from Harm\*
- Personal Possessions
- Communication and Social Contacts
- Religion
- Confidentiality of Records
- Labor
- Disclosure of Services Available\*
- Quality Treatment\*
- Individualized Treatment\*

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<sup>1</sup> Rights identified with an \* are afforded by Federal and State laws and cannot be restricted/limited under any circumstance.

- Participation in Treatment
- Least Restrictive Conditions\*
- Participation in Research and Experimentation\*
- Informed Consent

## **Informed Regarding Rights**

Staff should inform you about your rights. Within 72 hours of your admission, your Social Worker shall meet with you to answer any questions you may have regarding your rights. If you have additional questions at a later time, ask your Social Worker or Advocate for assistance.

## **Due Process\***

Every patient has the right to due process when a right is restricted. “Due process” is a course of proceedings, not necessarily legal proceedings, carried out in accordance with established rules and regulations for the purpose of safeguarding a person’s rights.

### *Rule 25.8/Habeas Corpus*

If you feel that you are being held at this facility illegally, you have the right to file a petition for release. Depending on your commitment status, you may have the right to file a petition for release under Rule 25.8 with the committing court or a petition for writ of habeas corpus with the Circuit Court of Tuscaloosa County. However, courts are charging a filing fee. You may ask the Advocate, ADAP, or your attorney for assistance in obtaining the appropriate forms.

### *Legal Competency*

You have the right to be treated as a legally competent individual, to manage your affairs and exercise all other rights guaranteed other persons of society, unless a court has determined you to be legally incompetent. You have the right to vote by absentee ballot in state, local and federal elections unless you have been convicted of a felony or declared legally incompetent by the Court.

## **Complaints**

You should notify your Advocate when you feel that your rights have been violated. You should generally make an effort to resolve your concerns informally by contacting verbally any employee whom you believe can assist you. You have the right to make a complaint without reprisal or the threat of retaliation.

## **Education**

If you are school age (under age 21), you have the right to receive a free and appropriate public education. The staff of THSMF will arrange appropriate educational services if you are in treatment status and are referred by your treatment team.

## **Safe and Humane Environment**

You have a right to safe and humane living areas and treatment to maintain your positive self-image and human dignity. Reporting potentially dangerous situations to staff is an important responsibility. Examples of potential risk situations include threats by someone to hurt himself or others, use of illicit drugs, failing to take medication (that is, throwing it away), observing another patient throwing their medication away, possession of contraband, and sexually inappropriate behavior. Report dangerous situations as soon as you know about them to your nurse, any treatment team member or any staff member.

Upon admission, you will be assessed for the risk of falls by a Registered Nurse. If found to be at risk, appropriate interventions will be implemented. As a family member, if you notice any changes in your loved one's medical condition that may require immediate assessment or care, please notify any staff member.

## **Privacy/Confidentiality**

Discussions about your case, consultations, examinations, and your treatment should be handled confidentially. When required by law, clinical findings related to your legal status will be provided to the Court that sent you.

During your care at THSMF, you may be in group therapy sessions with other patients and your therapist. It is important that you do not share information with family or friends that you learn about co-patients. This would be an invasion of the other patients' privacy. We must respect each other's privacy.

Your personal possessions will be respected; however, unannounced searches will be made of your living area and personal belongings to prevent the presence of harmful or contraband items. If your possessions/belongings are searched, your presence will be requested.

You have the right to request a room change through your treatment team or nursing supervisor if another patient is unreasonably disturbing you and another room is available.

### **Protection from Harm**

You should not be neglected or physically, mentally, or verbally abused by the staff of THSMF.

### **Personal Funds/Possessions**

You and your family will be permitted to deposit money into your personal fund account for canteen items such as soft drinks, snacks, etc. and to withdraw funds as other special needs arise. Due to security reasons, you will not be permitted to carry money while at this facility.

Patients will be issued clothing by the facility, to be worn while on the ACE Program. You are allowed to wear your own clothes if you wish on the BEST, CARE, and DREAM Programs, however, security and therapeutic concerns may limit some types of clothing and foot wear. Specific information concerning funds or possessions may be addressed with your assigned Social Worker. Personal hygiene items will be provided for by the facility at no charge. DREAM patients may request to purchase approved hygiene items through the canteen and/or community vendors by THSMF staff.

### **Communications and Social Contacts**

You have the right to have visitors, receive and send mail, and use the program telephone as set by facility policies. Patients are not allowed to receive any packages or personal possessions from outside the

facility. Family members may send money for canteen via personal check or money order. You have the right to send sealed mail to anyone of your choice. However, if there is reason to believe that you may be sending harmful items or threats to others, your Treatment Team or Psychiatrist will discuss the matter with you and may examine the contents of the letter. Harmful or threatening material will not be sent, and such items will be documented in your health record. Indigent patients may send one letter each day at our expense. Your mail may not be restricted longer than seven (7) days without review by the Treatment Team. Correspondence with your attorney shall not be restricted, regardless of legal status, unless deemed necessary based upon the needs, skills, and abilities of the patient as determined by the Treatment Team.

Because of security needs, your mail will be opened by an employee in your presence so as to prevent your receiving harmful or potentially harmful items. The employee will also record and deposit any money enclosed. As a family member, if you are sending mail to the facility, please make sure to include your loved one's full name to ensure delivery of the item.

Discuss with your social worker the names and relationship to you of the persons you desire to have as visitors during this hospitalization. Due to security reasons, all visitors must be approved prior to actual visitation. Your lawyer/legal representative, physician, minister, or health professional may visit during regular work hours from 8:00 a.m. until 4:30 p.m., Monday through Friday if prior notification of at least 48 hours (unless special circumstances exist as determined by the Facility Director/designee) has been given to the assigned social worker/designee and it has been determined that this scheduled time will not compromise patient care activities. Visits will be limited to 30 minutes (unless approved otherwise). Any visits outside these designated times will require approval by the Facility Director or someone acting on his/her behalf. Approved visitors may visit during regularly published visiting hours unless modifications to visitation have been made. You may request regular visitation privileges for immediate family members (or persons serving in that role) – parents, grandparents, siblings, spouse/domestic partner, legal guardian or children fourteen (14) years of age or older. Special

exceptions may be made only with the permission of the Facility Director or someone acting on his/her behalf. Contact your Social Worker to discuss any visit requests including any decision to remove an individual from your visitation list. Regular visiting hours are from 1:00 p.m. to 3:00 p.m. Friday, Saturday, and Sunday.

Visits may be time limited to avoid overcrowding in the visiting area. Children under the age of one are not allowed to visit. Requests for visits with children ages two to 13, who are immediate family, may be requested. Requests for such special visits should be made a minimum of at least seven days prior to the desired visit date. A request to visit does not guarantee approval of the visit.

Unless prohibited in writing by your Treatment Team, you have the right to use the telephone on the program area as specified in the program rules. Your right to contact an advocate and your attorney cannot be restricted unless contraindicated for therapeutic or security reasons, as documented in the Treatment Plan. Only collect or pre-paid phone card calls may be made from the program phone.

## **Religion**

While in this facility, you have the right to worship in the religious faith of your choice. You cannot be forced to attend a religious service against your will. You have the right to express spiritual, cultural, psychosocial, and personal values, beliefs, and practices that do not harm others or interfere with your planned course of treatment.

A chaplain with expertise in mental health issues makes weekly visits to the facility and is available when required by special need.

## **Confidentiality of Records**

Records of your treatment and care should be kept confidential and cannot be released without your consent or the consent of your guardian or by court order. You have the right to review your records in the presence of your Treatment Team if the Psychiatrist determines the review would not be harmful to your treatment.

## **Labor**

You should not be forced to perform work for which you are not adequately compensated. However, you are required to clean your room or living area without being paid.

## **Disclosure of Services Available**

After being admitted to THSMF, you should be informed of the cost of care and services you will receive. You will be advised of any expenses not provided for by the Facility during your stay. It is the policy of THSMF that patients shall have a right to quality, individualized treatment and adequate humane services which are adequate for their needs, regardless of source(s) of financial support. Taylor Hardin Secure Medical Facility will provide psychiatric and medical services required to meet the obligations of the court and to ensure the safety and security of the patient without cost. Elective services will be the responsibility of the patient and/or family.

## **PATIENT TREATMENT RIGHTS**

### **Quality Treatment**

You have the right to receive quality treatment and care from trained professionals. No one may be denied services because of political affiliation, race, color, age, gender, national origin, handicap, or religion. Medication can be given to you only by a physician's written order. You cannot be given medication or other treatment as punishment or for employee convenience.

You have the right to be fully informed by a physician of your medical condition unless the physician feels it is inadvisable and documents this in your medical record. You have the right to prompt and adequate treatment for physical ailments and disorders and may participate in planning your medical treatment to the extent of your abilities. If any treatment procedures place you at a physical risk, your treatment plan must note the reason such procedures are necessary.

You have the right to be examined by a private physician/consultant at your own expense and such physician/consultant may consult with your hospital physician about your condition and care.

### **Individualized Treatment**

Your plan of treatment should be designed just for you, based on your individual abilities, desires and needs.

### **Participation in Treatment**

Based upon your admission status, you should be allowed to participate in your treatment or evaluation while a patient at this facility to the maximum extent possible. With your approval, your family will also be encouraged to participate in your treatment. Your participation will be asked for in the development of an individualized treatment plan and you will be told about prescribed medications, including possible side effects, and alternative treatments.

Your treatment team will consist of a psychiatrist, registered nurse, social worker, psychologist, rehabilitation specialist and dietitian where appropriate. A Treatment Planning Conference will be held within the first 10 days of admission or transfer.

Your right of refusal of treatment and/or evaluation will be respected to the extent that you are mentally capable of understanding the consequences of your decisions.

You also have the right to make an Advance Directive/Living Will or designate another person through Durable Power of Attorney to make health care decisions on your behalf should you become unconscious or unable to speak for yourself. An Advance Directive is a written instruction such as a valid living will, durable power of attorney, or a verbal directive from a competent adult patient given at the time of, or after, admission dealing with the patient's wishes regarding medical treatment. Additional information regarding Advance Directives will be provided during Patient Rights Education in compliance with the Federal Patient Self-Determination Act. A copy of the "Summary of the Law in Alabama" will be provided to you if requested.

Through education and inquiry about the existence of an Advance Directive, the Facility will support patients as they communicate their wishes. These decisions by patients will enable health care providers, family, and friends to know what the patient's wishes are and what they would be if he were to become incapacitated or unable to communicate those wishes.

If you are denied any of these rights, the specific reason for denying the rights must be specified in your individual treatment plan. You may request a special review if you feel that your treatment plan is not addressing your needs.

You or your family may report any conflicts or ethical concerns that arise in your treatment to the THSMF Ethics Committee by either sending a letter to the chairperson of the Ethics Committee or telling your Social Worker that you wish to speak to him/her.

### **Least Restrictive Conditions**

You should receive the least restrictive treatment and be placed in the least restrictive setting necessary and available for your treatment and care.

You should not be unnecessarily secluded or restrained. Seclusion or restraints will only be used for your safety or the safety of others when less restrictive interventions are not appropriate or have not been successful. When seclusion/restraint occurs, a designated family member or guardian may be contacted with your written consent. A debriefing will occur after each occasion of seclusion/restraint.

### **Participation in Research and Experimentation**

You have the right not to participate in research and experimental projects while in this facility.

### **Informed Consent**

Your voluntary, written, informed consent should be obtained for treatment, care and services you receive. Prior to any surgery, except in a grave emergency where intervention is necessary to prevent serious physical consequences, you or your legally

authorized representative must give informed consent.

## **PATIENT RESPONSIBILITIES**

Realizing that the freedom to exercise rights carries with it the need to accept some responsibilities, the following responsibilities are expected of each person who is in the care of the DMH:

1. To provide, to the best of your knowledge, accurate and complete information regarding your medical and psychiatric history including present and past illnesses, medications, hospitalizations, etc.
2. To be responsible for your actions should you refuse treatment or do not follow instructions of Mental Health Professionals.
3. To be familiar with and follow rules and regulations governing your care and conduct.
4. To attend scheduled activities and keep appointments.
5. To be considerate of the rights and privacy of others patients and staff.
6. To engage in appropriate and respectful communication with others.
7. To be respectful of the property of others and of the facility.
8. To take an active part in planning for your treatment program and discharge planning.
9. To ask questions when you do not understand instructions, treatment, financial commitments, etc.
10. To help take care of and clean up your immediate living area.
11. To help keep yourself clean and dressed.

12. To obey the laws which apply to all citizens.
13. To report potentially dangerous situations to staff members.

## **COMPLAINT PROCEDURES**

If you feel our rights, as outlined in this handbook, have been violated and you have not been able to resolve the problem through discussion with staff members, you should follow these guidelines.

1. Contact your Advocate or the DMH Central Advocacy Office at 1-800-367-0955
2. Explain to the Advocate which right you feel was violated and give the full details of the incident.
3. After the Advocate has completed his/her investigation, the Advocate will discuss his/her findings with you so that you can decide if you want to go any further with your complaint. You may appeal an Advocate's findings to the DMH Central Advocacy Office.
4. If violations of your rights continue, notify your Advocate.
5. Patient abuse complaints should be reported to THSMF Security Services by asking for an officer to be called.

The ADAP (Alabama Disabilities Advocacy Program) telephone number is 1-800-826-1675.

The Tuscaloosa County Department of Human Resources (DHR) telephone number is (205) 562-6100.

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

If you or your family has a complaint related to safety or quality of care, we encourage you to immediately notify a THSMF staff member (Treatment Team member, Police Officer, Administration, etc.) so that we can review the issue. However, if you choose, you may report complaints in these areas to The Joint Commission by mail, fax or internet.

Online: [www.jointcommission.org/GeneralPublic/Complaint](http://www.jointcommission.org/GeneralPublic/Complaint)

Email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Fax: Office of Quality Monitoring (630) 792-5636

Mail: Office of Quality Monitoring  
The Joint Commission  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181

If additional information is needed, you may call The Joint Commission at 1-800-994-6610.

## **POINTS TO REMEMBER**

1. Read your rights in this handbook carefully. If you have questions about them, ask your Advocate to explain.
2. Read your responsibilities in this handbook carefully and make sure you do what is expected of you.
3. Cooperate with staff and others providing your treatment and care – You play the most important role.
4. Cooperate with your Advocate – Your Advocate will make sure your rights are protected.
5. Do not feel threatened when reporting violations of your rights and be sure to report them as soon as they happen. Abuse should be reported immediately by requesting to talk directly with a THSMF Police Officer.
6. Report any safety concern to nursing staff or a THSMF Police Officer.

