

# RIGHTS OF PATIENTS

C.R.S. 27-65-105, 27-65-116, and 27-65-117, as amended

TO: \_\_\_\_\_, Patient:

1. **YOUR TREATMENT:** You will be examined to determine your mental condition. We believe that if you understand and participate in your evaluation, care, and treatment, you may achieve better results. The staff has a responsibility to give you the best care and treatment possible and available and to respect your rights.
2. **NO DISCRIMINATION:** You have the right to the same consideration and treatment as anyone else regardless of race, color, national origin, religion, age, sex, political affiliation, financial status or disability.
3. **YOUR LAWYER:** You have the right to retain and consult with an attorney at any time. If you are here involuntarily, the court will appoint an attorney for you (at your own expense, if you are found able to afford one).
4. **TELEPHONES:** You have the right to ready access to telephones, both to make and receive calls in privacy.
5. **LETTERS:** You have the right to receive and send sealed letters. No incoming or outgoing letters shall be opened, delayed, held or censored by the personnel of the facility.
6. **WRITING MATERIALS:** You have the right to have access to letter writing materials, including postage. They will be provided, if needed. If you are unable to write, members of the facility will assist you to write, prepare, or mail correspondence.
7. **VISITORS:** You have the right to frequent and convenient opportunities to meet with visitors. The facility may not deny visits at any time by your attorney, clergyman, or physician.
8. **REFUSAL OF MEDICATIONS:** You have the right to refuse to take medications, unless you are an imminent danger to yourself or others or the court has ordered medications.
9. **CERTIFICATION:** If you are an involuntary patient, you have the right to a review of your certification or treatment by a judge or jury, and you may ask the court to appoint an independent professional person (psychiatrist or psychologist) to examine you and to testify at your hearing.
10. **CLOTHING AND POSSESSIONS:** You have the right to wear your own clothes, keep and use your own possessions and keep and be allowed to spend a reasonable sum of your own money.
11. **SIGNING IN VOLUNTARILY:** You have the right to sign in voluntarily, unless reasonable grounds exist to believe you will not remain a voluntary patient.
12. **LEAST RESTRICTIVE TREATMENT:** You have the right to receive medical and psychiatric care and treatment in the least restrictive treatment setting possible, suited to meet your individual needs.

13. **TRANSFERS:** If you are certified, you have the right to twenty-four (24) hour notice before being transferred to another facility unless an emergency exists. You also have the right to protest to the court any such transfer, the right to notify whom you wish about the transfer, and the right to have the facility notify up to two (2) persons designated by you about your transfer.
14. **CONFIDENTIALITY:** You have the right to confidentiality of your treatment records except as required by law.
15. **ACCESS TO MEDICAL RECORDS:** You have the right to see your medical records at reasonable times.
16. **FINGERPRINTS:** You have the right not to be fingerprinted, unless it is required by law.
17. **PHOTOGRAPHS:** You have the right to refuse to be photographed except for hospital identification purposes.
18. **VOTING:** You have the right to the opportunity to register and vote by absentee ballot with staff assistance.
19. **RESTRICTIONS:** If you abuse the rights regarding telephones, letters, writing materials, visitors or clothing and possessions, these rights may be restricted by the professional person (physician or licensed psychologist) providing treatment, but you must be given an explanation as to why the right is to be restricted. Restricted rights shall be evaluated for therapeutic effectiveness every seven (7) days.
20. **GRIEVANCES:** Grievances or complaints may be submitted to the Colorado Department of Health, the Colorado Division of Behavioral Health, or the Legal Center Serving Persons with Disabilities. Your patient representative will help you select the proper agency for your complaint or grievance and assist you in preparing the complaint or grievance if you wish.

### CERTIFICATION OF SERVICE

I, certify that on \_\_\_\_\_, 2\_\_\_\_\_, I read aloud the contents of the foregoing to the above named patient. A copy of the patient Rights and Responsibilities Handbook or a copy of this Patients' Rights Statement was also given to the patient.

\_\_\_\_\_  
Name of Staff Member

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Patient unable to sign due to:

\_\_\_\_\_

\_\_\_\_\_

Original    Respondent's (patient's) chart  
Copies:    Respondent (patient)  
              Medical Records