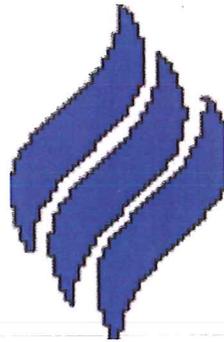


ELEANOR SLATER HOSPITAL



PATIENT AND FAMILY INFORMATION

THE RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL
DISABILITIES AND HOSPITALS

WELCOME TO ELEANOR SLATER HOSPITAL

The Eleanor Slater Hospital is operated by The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, which is licensed by The Rhode Island Department of Health and accredited by The Joint Commission. The hospital treats patients with chronic long term medical conditions as well as patients with psychiatric disorders. Most of the patients admitted are from community hospitals or other health care facilities and require hospital level long term care. The hospital recognizes the severity and chronic nature of the illnesses of its patients and endeavors to provide a treatment environment in which dignity, respect, and recovery are emphasized. In addition to diagnosis and treatment, the hospital focuses on issues connected to quality of living. All items are addressed by professional and dedicated staff that employs assessment techniques and multidisciplinary treatment plans to insure that patients receive the highest quality of care. Our staff is committed to providing a safe and secure environment where the treatment focus will recognize each patient's individuality and right to dignified care. This handbook is intended to provide an overview of available hospital resources geared toward making the patient's stay as pleasant as possible.

TREATMENT FOCUS AND DISCHARGE PLANNING

Our hospital is dedicated to effectively serving patients and their families. We encourage family members to actively participate with our hospital team and in patient related activities throughout the patient's stay at our facility. Our goal is to provide medical, psychiatric and long term care services as well as to support patients and families in working together to help patients to achieve their highest quality of daily living. Although attempts are made to accommodate patients' wishes, the appropriate campus and unit for admission will be determined by the ESH Admission Team. Internal unit transfers between Cranston and Burrillville (Zambarano Campus) are at the discretion of the ESH clinical treatment team at any time following admission. For health and safety reasons, the patient and/or guardian must agree to basic care and personal hygiene throughout the duration of the hospital course.

Discharge planning is an integral part of the treatment plan and begins when the patient is admitted to Eleanor Slater Hospital. If / when patients no longer qualify for hospital level services as determined by the current acute care treatment team, discharge to a less restrictive environment becomes mandatory under federal guidelines. Both the patient and family/guardian are to participate and support discharge planning efforts as deemed appropriate by the clinical treatment team. The patient and family/guardian will be notified prior to any such discharge referral. It is our goal to discharge the patient to an appropriate lesser restrictive environment once his or her condition and situation are stabilized. Potential alternative placements that can be explored for discharge include but are not limited to home with family, nursing facilities, group homes, supported living arrangements, independent living apartments, assisted living facilities and specialized residential rehabilitation centers.

VISITING HOURS and VISITING GUIDELINES

Eleanor Slater Hospital staff understand that visitors have therapeutic value in the healing process. Participation from family, friends or other collateral in the treatment planning process is both encouraged and appreciated to better serve our patients.

Visiting hours for each unit are listed below. Visitation rights include the right to receive the visitor designated by the patient, including but not limited to: spouse, domestic partner including LGBTQ (lesbian, gay, bisexual, transgender & queer/questioning), family or friends. Given the frail nature of many of our patients, any visitor who has a contagious illness is asked to refrain from visiting while sick. Some restrictions may apply. All visitors are to sign in at the security desk/nurse's station and present a photo ID upon request. Although we hope visitors will adhere to our visiting hours, these hours can be flexible. You can make special arrangements by speaking to the unit's nurse manager if you are unable to visit during the specified times.

- **BURRILLVILLE CAMPUS**

- **Zambarano Unit**

- 12:00 PM to 8:00 PM

- **CRANSTON CAMPUS**

- **Regan Building**

- 12:00 PM to 8:00 PM.

- A Family Visiting Room is available for use on the third floor of the Regan Building by appointment. For children under the age of 14 visits can be arranged by the Unit Physician, Nursing, and/or Social Services. Please do not leave children unattended.

- **Adult Psychiatric Service Units (Including Forensic Females)**

- 2:00-8:00 PM

- Children may visit under special arrangements. These may be made through the Nursing Service Office at (401) 462-2294. Please do not leave children unattended.

- **Forensic Males at the Pinel Building**

- Monday-Friday 12:00-4:00 PM, 5:00-8:00 PM. Saturday-Sunday 9:00-11:00 AM, 12:00-4:00 PM, 5:00-8:00 PM.

- **Forensic Status Patients on Forensic Units**

- *Visitation for forensic patients follow the forensic unit's guidelines and procedures. These are provided to friends and family at the earliest practical opportunity, and upon request. Visiting hours vary by unit. Photo ID is required for all visitors over age 17. Minors must be accompanied by an adult. If you have questions about visiting a patient on a forensic unit, please call (401) 462-2119 for the Male Forensic Unit or (401) 462-2428 for the Female Forensic Unit. All visitors must be approved by the treatment team. Once approved the visitors will be placed on a list of approved visitors.*

VISITING CONSIDERATIONS

The hospital recognizes that special needs and circumstances may arise relative to patient visits. The hospital does abide by all court proceedings including: circumstances relative to visitation orders, court orders, divorce/separation proceedings, DCYF court orders and no contact orders and/or restraining orders. If you feel special visiting arrangements are necessary, discuss it with the nurse, social worker or doctor. Patients may be visited by their lawyers, clergy, physicians or professionals involved with their care in the community at any reasonable time. Visitors are prohibited from photographing or recording any patient while on hospital grounds. At any time, the treatment team may recommend a hospital employee supervise visits when found to be clinically indicated. It is the expectation that all visitors are respectful of the patient they are visiting, other patients, staff, and/or independent contractors/vendors present during their visit. All visitors are responsible for their own personal behavior relating to the control of noise, adhering to visiting hours, bringing any items for the patient directly to the nurses' station for review and approval of the nurse, adhering to the non-smoking campus policy, and utilizing civil language at all times. All visitors are also asked to respect the privacy of other patients. It is up to the discretion of the staff to identify any behavior that may be disruptive to the milieu of the unit and at times it may be needed to request that the visitor leave the premises immediately. If needed, security/police intervention will be requested. In addition, visitors are not allowed to bring weapons of any kind onto the premises at any time. As needed, any bag or item brought in by visitors may be searched for weapons or other contraband by either security or unit staff.

INTERPRETER POLICY

Eleanor Slater Hospital ensures that the patients who are members of linguistic minority groups or who have hearing impairments are provided interpretive services by a qualified interpretative service agency as needed.

INFECTION CONTROL

The Infection Control Department is responsible for preventing and controlling the spread of infections within Eleanor Slater Hospital. In order to reduce the possibility of spreading communicable diseases, newly admitted patients are placed on Isolation Precautions if they have not been screened for resistant bacteria such as MRSA or VRE prior to admission. If the patient is found to carry resistant bacteria, they will remain on Isolation Precautions in the least restrictive level as possible. Their room will be posted with a sign and visitors should report to the nursing station for instruction on how to use personal protective equipment such as gloves, gowns and masks. **Hand washing** is the single most important thing that visitors can do to protect themselves and others from infection. Please wash your hands with either soap and water or an alcohol-based hand wash located near the patients' room prior to and at the conclusion of your visit. Other things visitors need to be mindful of when visiting someone on **Isolation Precautions** are as follows:

- Use of personal protective equipment is strongly recommended.
- You will not be permitted to bring articles into the room without permission from the Patient Care Treatment Team.
- Please limit your movement throughout the hospital in order to inhibit the inadvertent spread of infection.
- Please refrain from gathering supplies such as linen from the linen carts.
- Please do not visit if you are ill with a potentially contagious illness.

For additional information on infection control issues, please contact the Infection Control Department at (401) 462-3388 for the Cranston campus or (401) 567-5438 for the Burrillville campus.

SMOKING POLICY

The Eleanor Slater Hospital is a Smoke/Tobacco Free Campus.

PERSONAL PROPERTY AND BELONGINGS

All personal property, and its use, must conform to hospital health and safety regulations. The Eleanor Slater Hospital reserves the right to restrict the use of, alter, or remove any personal property which interferes with any patient's care. This should be considered before bringing valuables such as jewelry to the hospital. **The Eleanor Slater Hospital does not assume responsibility for lost or damaged personal items, the safe keeping of patients' personal property and belongings or any item left behind upon discharge. Any exceptions to these regulations must be approved by the treatment team for clinical reasons.**

ELECTRONIC EQUIPMENT

The use of video or audio recording devices are not permitted at any time on any unit, to include video/audio recording on cellphones. This applies to patients and visitors alike. Additionally, photographs of patients are not permitted, unless a signed release has been completed.

Medical and Long Term Care Units: Please check with your Charge Nurse for approval prior to bringing in any personal electronic equipment such as televisions, laptop computers, VCR's, CD/DVD players, IPODS/MP3 players, IPADs, Kindles, etc., into the hospital. Some electronic equipment may need to be stabilized on an approved audio visual stand. Television cabinets may not exceed the dimensions of the audio visual stand. Any televisions determined to be unstable on the stand will attempt to be secured by hospital Maintenance Department staff. Televisions unable to be secured in a stable fashion are not permitted in the hospital and will be removed. Audio visual stands and wiring must be positioned so as not to interfere with patient care and/or emergency evacuation. Audio visual personal electronic equipment must possess the ability for the patient to use a personal listening device (such as headphones) in order to minimize noise level impacts upon fellow patients. All personal electronic equipment must be inspected and approved by the hospital Maintenance Department. This service is free of charge and can be arranged by the unit nurse or social worker. **Laptop computers may be used in Medical Units at the discretion of treatment team, desk top computers are not allowed in patient rooms. The hospital does not take responsibility for loss or damage of these items.**

Adult Psychiatric and Forensic Units: Personal electronic equipment must be pre-approved by the treatment team. Patient requests for personal electronic equipment are considered by the treatment team on a case by case basis.

PHONES

Phones are available in all areas of the hospital. All patient care units have phones available and accessible to all patients regardless of their needs. **Cell Phones are not permitted (special circumstances may apply and can be addressed by the treatment team).**

WHAT IS NOT PERMITTED

Valuables such as checkbooks, bank books, credit cards, debit cards are not permitted and if discovered, will be placed in the safe in the Patients' Accounts Office until they can be properly released. Additionally, appliances, lighting fixtures, beds and furniture are not permitted as well, unless approved by the treatment team. **Weapons or other contraband are prohibited at all times.**

PERSONAL CLOTHING

Patients have the right to use personal clothing and are encouraged to do so whenever practical. All personal clothing must be properly labeled with the patients name and unit. Functionally appropriate clothing/shoes are limited to that they can be accommodated in assigned bureau drawers, wardrobes and night stands. Storage of such items from season to season is limited to two 32 (thirty-two) gallon covered plastic bins per patient unless determined otherwise by the treatment team. The bins are provided by the hospital. In some areas of the hospital, use of personal clothing may be limited for medical reasons. Upon discharge, all personal clothing must be removed from the patient's room/other storage area.

Adult Psychiatric and Forensic Units: All personal clothing must be pre-approved by the treatment team and is considered on a case by case basis.

OTHER PERSONAL ITEMS

Items such as stuffed animals, photographs and paintings must be fire retardant and in such limited quantities that a hazard or spread of fire is not present. Restrictions of items may also be imposed with respect to available space and the ability of the hospital to manage them. Other personal items which are permitted are noted along with accompanying restrictions. Pictures, posters, and other wall hangings must cover an area no larger than nine (9) square feet and must be framed or displayed on a bulletin board (cork board or sticky board). Two (2) washable stuffed animals which can fit into the patient's bedside cabinet are allowed. Watches and some jewelry are permitted but judgment should be exercised in this area relative to the difficulty of safe guarding these items and the hospitals policy on the loss or damage of personal items as previously stated. **Please note** that items must be fire retardant, must conform with and be stored in the patient's room in a manner which complies with all health and safety regulations. If at any time clutter becomes an issue or there is a safety risk, the hospital will remove cluttered or unsafe items.

Adult Psychiatric and Forensic Units: All personal possessions must be pre-approved by the treatment team and are considered on a case by case basis.

PERSONAL FUNDS

The Eleanor Slater Hospital maintains Patients' Accounts Offices at the Cranston and Burrillville Campuses. Personal need funds received by the hospital for patient use and funds received by the hospital on the patient's behalf from the Federal/State Government or private sources may be deposited in an individual *Personal Needs* account. Patients may withdraw funds for their personal use. Please check with the nurse or social worker for office location and business hours. Money may be deposited for them in the Regan Building Patients' Accounts Office or the Zambarano Unit Patients' Accounts Office.

BILLING INFORMATION

Information regarding hospital billing can be obtained by contacting a representative or staff member of the Patients' Resource and Benefits Office at (401) 462-3691.

VOTING

Every patient who wishes to vote and is capable of doing so, according to State of RI law will be afforded such opportunity. Hospital staff will assist patients in registering to vote and in the voting process.

PATIENTS' COUNCIL

Patients who are interested may participate in regularly scheduled meetings of the Patients Council. These meetings are geared towards providing patients with the opportunity to constructively express their concerns regarding patient issues and work toward the resolution of identified problems. Patients' Council Groups meet on a regular basis at the Burrillville and Cranston Campus.

FAMILY COUNCIL

The Eleanor Slater Hospital has a Family Council which was established to address the needs and concerns of patient families. Meetings of this council are held on a regular basis at the Burrillville and Cranston Campuses. Any family member or significant other may attend these meetings. Please contact the unit social worker for further information and specific meeting times. As the need arises, additional support and educational groups are developed at the Eleanor Slater Hospital to address specific problem areas and/or topics. There are also support and educational groups within the community. The unit social worker is available to assist you in accessing these groups.

ETHICS COMMITTEE

The Eleanor Slater Hospital recognizes that patients, families and healthcare workers within the Eleanor Slater Hospital may face ethical dilemmas. With this in mind, Eleanor Slater Hospital has established an Ethics Advisory Committee. This committee provides for the education and guidance of the hospital staff and its community on issues relating to medical ethics and ensures the rights of patients to participate in ethical questions that may arise in the course of their care. Any patient, family member of a patient, or staff person may request a consultation from the Ethics Advisory Committee. Patient and family requests for consultation should be made to the treating physician for submittal to the Chief Medical Officer.

SPECIAL CONCERNS AND GRIEVANCE PROCESS

The Eleanor Slater Hospital recognizes that patients or family members may have concerns or grievances that require special attention. While the majority of these concerns can be addressed by expressing them on the units on which they occur with the appropriate staff discipline, Grievance Coordinators have been designated to assist with grievance resolution. The individuals and the process for contacting them are noted on the Eleanor Slater Hospital **GRIEVANCE PRACTICES AND COORDINATORS** postings on all hospital units. If a patient or family member has difficulty in obtaining a contact person for support, you may phone (401) 462-3085 at the Cranston Campus or (401) 567-5400 at the Burrillville Campus to receive the name of an individual who will assist you.

If the grievant is dissatisfied with the resolution of the grievance, the grievant may ask that the issue be brought to the Patient's Rights Committee for further review. For questions, issues or concerns involving the Eleanor Slater Hospital, you may call the **Rhode Island Department of Health** at (401) 222-2566. If you are unable to resolve the grievance by means of the Eleanor Slater Hospital Grievance process, please contact the **Joint Commission's Office of Quality Monitoring** by either calling 1-800-994-6610 or emailing complaint@jointcommission.org. The **State Long-Term Care Ombudsman** can be contacted at (401) 785-3340.

ADVANCED DIRECTIVES

The Patient Self Determination Act is a Federal Law that requires all hospitals to inform patient of their rights to make medical treatment decisions and to execute Advance Directives. An Advance Directive is a written document made in advance of serious illness that states the choice you have elected if you later become unable to make health care decisions for yourself, "The living Will" and "The Durable Power of Attorney for Healthcare" are the types of advanced directives. Patients are not required to have Advance Directives. Admission to the hospital and access to care are not determined on the basis of whether an Advance Directive has been executed. A Living will and Durable Power of Attorney for Healthcare only become effective when the patient is incapable of making medical decisions. Advance Directives can be revoked by the patient at any time during the course of their treatment. Hospital Medical Staff assume primary responsibility for the implementation of policies connected to this area and should be contacted if special concerns or questions arise in this field.

PAIN MANAGEMENT

Pain can be a common part of the patient experience within a hospital setting. The hospital plans, supports and coordinates activities and resources to assure the pain of all patients is recognized and addressed appropriately. Patients experiencing pain should discuss pain relief options with appropriate members of their treatment team and work with them to make a pain relief plan.

PASTORAL CARE

Chaplains of several religious traditions (Catholic, Jewish, Protestant, and Unitarian Universalist) are part of the hospital staff. They visit hospital units and may be consulted by patients, patients' family and friends, as well as staff for spiritual needs of all kinds. Chaplains provide a caring presence to help persons get through the challenging experiences of hospitalization or having a loved one hospitalized, and to make some meaning of the experience in light of the person's own spiritual beliefs. Persons seeking pastoral care need not be a part of any religious tradition. Religious services serving the hospital community are held in the hospital chapels. Schedules of services are available on hospital units and in the chapels. At the Cranston campus, Interfaith Chapels are located on the first floor of the Regan Building and on AM1 (Onsight) in Adult Psychiatric Services. At the Burrillville campus, the Chapel is located on the basement floor of the Zambarano Unit. These chapels are available for the use of patients, families, visitors and staff. Chaplains and Pastoral Care Volunteers also respond to patients' sacramental needs. Hospital Chaplains are available on an emergency basis. If you wish to contact the Pastoral Care department, please call (401) 462-1930.

CAFETERIAS

Cranston Campus (located on the first floor of the Regan Building):
Open Monday through Friday from 8:30 AM to 2:30 PM.

Burrillville Campus (located on the basement floor of the Zambarano Unit):

Breakfast: Daily from 8:15 AM to 9:30 AM

Lunch: Weekdays from 11:00 AM to 1:30 PM and Weekends from 11:30 AM to 1:00 PM

Additionally, vending machines are also available at various locations throughout the Cranston and Burrillville campuses.

PRIVACY PRACTICES

Please see attached:

BHDDH NOTICE OF PRIVACY PRACTICES

Effective: September 1, 2013

Complaints about our Privacy Practices:

If at any time you think your rights may have been violated, or you disagree with a decision made about your privacy rights, please contact the agency's Privacy Official listed below. You may also file a written complaint with the agency's Privacy Official or with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201. There will be no retaliatory action taken against you if you choose to file such complaints.

If you have questions about these rights, this notice, or complaints about the hospital's privacy practices, please ask your agency contact, or you may contact the Privacy Official within the appropriate division listed below.

BHDDH

Telephone (401) 462-6079
14 Harrington Rd
Barry Hall, Cranston, Rhode Island 02920

Eleanor Slater Hospital

Telephone (401) 462-3085
3 Regan Court
Cranston, Rhode Island 02920

Division of Developmental Disabilities

Telephone (401) 462-3421
14 Harrington Rd
Barry Hall, Cranston, Rhode Island 02920

Division of Behavioral Healthcare

Telephone (401) 462-2339
14 Harrington Rd
Barry Hall, Cranston, Rhode Island 02920

The Joint Commission

Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone (800) 994-6610
E-mail: complaint@jointcommission.org

***The policies within this Handbook are subject to change at any time**

PATIENT RIGHTS AND RESPONSIBILITIES

All patients of the Eleanor Slater Hospital are afforded Rights and Responsibilities equated with dignified and quality care. The basic tenets of Patient Rights and Responsibilities are noted below and are made accessible through various mechanisms to insure that patients and staff are familiar with them.

PATIENT RIGHTS

1. The patient shall be afforded considerate and respectful care and be permitted involvement in multi disciplinary team meetings, the provision of treatment, and the discharge planning process.
2. Upon request, the patient shall be furnished with the name of the physician and other health care professionals responsible for coordinating his or her care.
3. Upon request, the patient shall be furnished with the name of the physician or other person responsible for conducting any specific test or medical procedure performed by the hospital in connection with the patient's treatment.
4. The patient shall have the right to refuse any treatment by the hospital to the extent permitted by the law. This includes formulating advance and resuscitative directives, appointing a surrogate to make health care decisions on his or her behalf, being free from chemical and physical restraints (except if authorized in writing by a physician for a specified time period and when necessary to protect the patient from self injury or injury to another), and the right not to be confined in the hospital if there is an appropriate and available less restrictive alternative in the community.
5. The patient has the right to appropriate assessment and management of pain. This includes information about pain and pain relief measures and treatment by health professionals who respond quickly to reports of pain.
6. The patient's right to privacy shall be respected to the extent consistent with providing adequate medical care to the patient and with the efficient administration of the hospital. Nothing in this section shall be construed to preclude discreet discussion of a patient's case or examination of the patient by appropriate medical personnel, or the right to refuse to speak to anyone not directly involved in their care or not officially connected to the Eleanor Slater Hospital.
7. The patient's right to privacy and confidentiality shall extend to all records pertaining to the patient's treatment except as otherwise provided by law. This includes access by the patient and or the patient's legally designated representative to the information contained in the patient's medical record within the limits of the law and according to hospital procedures.

8. The hospital shall respond in a reasonable manner to the request of a patient's physician for medical services to the patient. The hospital shall also respond in a reasonable manner to the patient's request for other services customarily rendered by the hospital to the extent such services do not require the approval of the patient's physician or are not inconsistent with the patient's treatment. These may include the use of personal clothing and or possessions (as space permits, and without infringing on the rights of other patients).
9. Before transferring a patient to another facility, the hospital must first inform the patient of the need for and alternatives to discharge only for medical reasons, for his or her own welfare, or he welfare of other patients.
10. Upon request, the patient shall be furnished with all the identities of all other health care and educational institutions that the hospital has authorized to participate in his or her treatment and the nature of the relationship between such institutions and the hospital.
11. The patient and or their designated representative have the right to participate in ethical, medical and psychosocial issues pertaining to the patient within the limits permitted by law and according to hospital procedures.
12. Upon request, the patient shall be allowed to examine and shall be given an explanation of the bill rendered by the hospital, irrespective of the source of payment of such a bill.
13. Upon request, the patient shall be permitted to examine any pertinent hospital rules and regulations that specifically govern his or her treatment.

They may further voice grievances and recommend changes in policies and services to appropriate hospital staff without fear of interference, discrimination or reprisal.
14. The patient shall be offered treatment without discrimination as to age, race, gender, handicap, color, religion, national origin, sexual orientation (LGBTQ), gender identity, or source of payment.
15. Upon request, the hospital shall note in the patient's medical record the name of individuals not legally related by blood or marriage to the patient, whom the patient wishes to be considered as immediate family members, for the purpose of granting extended visitation rights.
16. Upon request, the patient shall be allowed the use of a personal television set provided that said television complies with Underwrites' Laboratory standards and O.S.H.A. standards and so long as said television set is classified as a portable television.
17. No charge shall be made for furnishing a health record or part thereof to a patient, his or her attorney or authorized representative if the record or part thereof is necessary for the purpose of supporting an appeal under any provision of the Social Security Act, 42 U.S.C. 301 et seq., and the request is accompanied by documentation of the appeal. A provider shall furnish a health record requested pursuant to this section within thirty (30) days of the request.

18. Each patient has the right to manage personal affairs or delegate this responsibility to the person of his or her choice, access to and participation in social and religious activities, free and private communication with persons of their choice, and the right to refuse to perform tasks on the ward or in the hospital that are not included on the care plan.

RIGHTS OF PATIENTS ADMITTED UNDER THE MENTAL HEALTH LAW

No patient admitted or certified to any facility under any provision of this chapter shall be deprived of any constitutional, civil or legal right, solely by reason of such admission or certification nor shall the certification or admission modify or vary any constitutional or civil right, including, but not limited to, the right or rights:

- (1) To privacy and dignity;
- (2) To civil service or merit rating or ranking and appointment;
- (3) Relating to the granting, forfeiture or denial of a license, permit, privilege or benefit pursuant to any law;
- (4) To religious freedom;
- (5) To be visited privately at all reasonable times by his or her personal physician, attorney, and clergyperson, and by other persons at all reasonable times unless the official in charge of the facility determines either that a visit by any of the other persons or a particular visitation time would not be in the best interests of the patient and he or she incorporates a statement for any denial of visiting rights in the individualized treatment record of the patient;
- (6) To be provided with stationery, writing materials, and postage in reasonable amounts and to have free unrestricted, unopened, and uncensored use of the mails for letters;
- (7) To wear one's own clothes, keep and use personal possessions, including toilet articles, to keep and be allowed to spend a reasonable sum of money for canteen expenses and small purchases, to have access to individual storage space for his or her private use, and reasonable access to telephones to make and receive confidential calls; provided, however, that any of these rights may be denied for good cause by the official in charge of a facility or a physician designated by him or her. A statement of the reasons for any denial shall be entered in the individualized treatment record of the patient;
- (8) To seek independent psychiatric examination and opinion from a psychiatrist or mental health professional of his or her choice;
- (9) To be employed at a gainful occupation insofar as the patient's condition permits, provided however, that no patient shall be required to perform labor;
- (10) To vote and participate in political activity;

(11) To receive and read literature;

(12) To have the least possible restraint imposed upon the person consistent with affording him or her the care and treatment necessary and appropriate to his or her condition;

(13) To have access to the mental health advocate upon request;

(14) To prevent release of his or her name to the advocate or next of kin by signing a form provided to all patients for that purpose at the time of admission.

If you are a voluntary patient it does not mean you can leave this facility at will but you have the right to give written notice of intent to leave.

RIGHTS OF FORENSIC PATIENTS

Please note that for those patients who are admitted to the Eleanor Slater Hospital under the Forensic Statute, specific rights apply. A copy of these rights (R.I.G.L. Section 40.1-5.3-13) is provided below.

(a) Every person committed for care and treatment under the provisions of this chapter shall retain certain constitutional and civil rights. The exercise of these rights may be limited only for good cause, and any limitation must be promptly entered into the person's record. These rights include, but are not limited, to the following:

(1) To be visited privately by a personal physician, attorney, clergyperson, or the mental health advocate, and by other persons at all reasonable times;

(2) To be provided with stationery, writing materials, and postage in reasonable amounts and to have free unrestricted, unopened, and uncensored use of the mail;

(3) To wear one's own clothes, keep and use personal possessions, have access to individual storage space for private use, and reasonable access to the telephone to make and receive confidential calls;

(4) To seek independent examinations and opinions from a psychiatrist or mental health professional of his or her choice;

(5) To receive and read literature;

(6) To have access to the mental health advocate upon request;

(7) Not to participate in experimentation in the absence of the person's informed, written consent, or if incompetent, upon an order of substituted judgment;

(8) To have freedom from restraint or seclusion, except during an emergency;

(9) To exercise the rights described in this section without reprisal, including reprisal in the form of denial of any appropriate and available treatment or any right or privilege;

(10) To have an opportunity for exercise at least one hour each day.

(b) For the purposes of this section, "emergency" is defined as an imminent threat of serious bodily harm to the patient or to others. A request for informed consent includes a reasonable explanation of the procedure to be followed, the benefits to be expected, the relative advantages of alternative treatments, the potential discomforts and risks, and the right and opportunity to revoke the consent.

Right to treatment – Treatment plan. – Any person who has been committed or transferred to a facility for care and treatment pursuant to the Forensics statute shall have a right to receive the care and treatment that is necessary for and appropriate to the condition for which he or she was committed or transferred and from which he or she can reasonably be expected to benefit. Each person shall have an individualized treatment plan. This plan shall be developed by appropriate mental health professionals, including a psychiatrist. Each plan must be developed within ten (10) days of a person's admission to a facility.

PATIENT RESPONSIBILITIES

It is the responsibility of each patient to:

- Provide to the best of his/her knowledge accurate and complete information about present and past illness, hospitalizations, medications and other matters relating to health.
- Report unexpected changes in his/her condition to the responsible health care practitioner.
- To make it known whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.
- To follow the treatment plan recommended by the team responsible for his/her care and to follow facility rules and regulations affecting patient care and conduct.
- Understand and take personal responsibility for actions that may result if treatment is refused or instructions not followed.
- To be considerate of the rights of other patients as well as staff, independent contractors and visitors and to be responsible for personal behavior relating to the control of noise, smoking, and number of visitors and use of civil language.
- Assure that the financial obligations for his/her healthcare are fulfilled as promptly as possible.
- To follow the patients' rights and responsibilities as outlined at the time of admission and acknowledge that they have been received.

IMPORTANT TELEPHONE NUMBERS:

Physician: _____ Tel. # _____

Nursing: _____ Tel. # _____

Tel. # _____ Tel. # _____

General Information: _____ Tel. # _____

Social Worker: _____ Tel. # _____

Chaplin: _____ Tel. # _____

Tel. # _____ Tel. # _____

Hospital Administration: _____ Tel. # _____

Risk Management Officer: _____ Tel. # _____

Additional Numbers:

Name: _____ Tel. # _____

Advocacy Agencies:

The Alliance for Better Long Term Care: Tel. # (401) 785-3340

Office of the Mental Health Advocate: Tel. # (401) 462-2003 or (800) 346-2282
(Available for those patients who are at Eleanor Slater Hospital under the RI Mental Health Act)

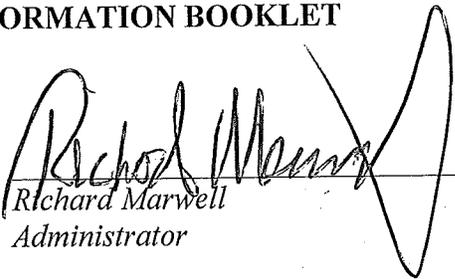
RI Disability Law Center: Tel. # (401) 831-3150

The Joint Commission Office of Quality Monitoring: Tel. # (800) 994-6610
E-mail: complaint@jointcommission.org

NOTES

PATIENT AND FAMILY INFORMATION BOOKLET


Cynthia Davis
Chief Casework Supervisor
Patient Rights Committee Chairperson


Richard Marwell
Administrator


Elinore McCance-Katz, MD, PhD
Chief Medical Officer
Acting Chief Executive Officer


Sharon Sousa
Administrator

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Executive Office of Health and Human Services



DEPARTMENT OF BEHAVIORAL HEALTHCARE,
DEVELOPMENTAL DISABILITIES AND
HOSPITALS

NOTICE OF PRIVACY PRACTICES

Effective Date: September 1, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice, which describes the health information privacy practices of the Executive Office of Health and Human Services (EOHHS), Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) its staff and affiliated health care providers who jointly perform health care related services with medical groups, including physicians and physician groups. You will be able to obtain your own copies of our current notice by accessing our website at www.bhddh.ri.gov or calling the Privacy Officer at 401-462-1836 or writing the Privacy Officer at Mr. Rick Esposito, Privacy Officer, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, 14 Harrington Road, Cranston, RI 02920,

If you have any questions about this notice or would like further information, please contact the above referenced Privacy Officer.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information include information indicating that you are a patient of a medical group or receiving health-related services from a facility, information about your health condition, genetic information, or information about your health care benefits under Medicare, Medicaid and/or an insurance plan, each when combined with identifying information, such as your name, address, social security number or phone number.

REQUIRED DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

In certain circumstances, we are required to disclose your protected health information.

Disclosures to You. We are required to disclose your protected health information to you, or your personal representative upon your request. A personal representative is an individual who has been designated by you and who has qualified for such designation in accordance with relevant law (and provides adequate documentation).

Disclosures to HHS. We are required to disclose your protected health information to the U.S. Department of Health and Human Services to determine our compliance with the Health Insurance Portability and Accountability Act (HIPAA), a federal privacy law.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

There are some situations when we do not need your written authorization before using your health information or disclosing it to others, including:

1. Treatment, Payment and Health Care Operations.

Treatment. We may disclose your protected health information to a health care provider, or to an individual who manages or coordinates the provision of health care, for purposes of providing you treatment.

Payment. We may use your health information or disclose it to others so that we may obtain payment for your health care services. For example, we may disclose information about you to your health insurance company or any third party liability insurance company in order to obtain reimbursement after we have treated you. In some cases, we may disclose information about you to your health insurance company to determine whether it will cover your treatment.

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Health Care Operations. We may use your health information or disclose it to others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in servicing you, or to educate our staff on how to improve the services they provide for you.

2. **Appointment Reminders, Treatment Alternatives, Benefits and Services.** In the course of providing health care related services to you, we may use your health information to contact you with a reminder that you have an appointment or need to contact BHDDH for health-related benefits and services that may be of interest or concern to you.

3. **Business Associates.** We may disclose your health information to contractors, agents and other "business associates" who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may disclose your health information to a billing company that helps us to obtain payment from your insurance company, or we may disclose your health information to an accounting firm or law firm that provides professional advice to us. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information. If our business associate discloses your health information to a subcontractor or vendor, the business associate is required to have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.

4. **Friends and Family Designated to be Involved In Your Care.** If you do not object, we may disclose your health information to a family member, relative, or close personal friend who is involved in your care or payment for your care, including following your death. We may reasonably infer from the circumstances that you would not object to the disclosure.

5. **Proof of Immunization.** We may disclose proof of a child's immunization to a school, about a child who is a student or prospective student of the school, as required by State or other law, if a parent, guardian, other person acting in loco parentis, or an emancipated minor, authorizes us to do so, but we do not need written authorization.

6. **Public Need.**

As Required By Law. We may use or disclose your health information if we are required by law to do so, and we will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities under law, such as controlling disease or public health hazards. We may also

disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if permitted by law. We may disclose a child's proof of immunization to a school, if required by State or other law, if we obtain and document the agreement for disclosure from the parent, guardian, person acting in loco parentis, an emancipated minor or an adult.

Victims Of Abuse, Neglect Or Domestic Violence. We may release your health information to a public health authority authorized to receive reports of abuse, neglect or domestic violence.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Lawsuits And Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if required judicial or other approval or necessary authorization is obtained.

Law Enforcement. We may disclose your health information to law enforcement officials for certain reasons, such as complying with court orders, assisting in the identification of fugitives or the location of missing persons, if we suspect that your death resulted from a crime, or if necessary, to report a crime that occurred on our property or off-site in a medical emergency.

To Avert A Serious And Imminent Threat To Health Or Safety. We may use your health information or disclose it to others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will disclose your information only to someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security And Intelligence Activities Or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military And Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military

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command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates And Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners And Funeral Directors. In the event of your death, we may disclose your health information to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties.

Organ And Tissue Donation. In the event of your death or impending death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. Under limited circumstances, we may disclose your protected health information for medical research purposes.

7. De-identified Information Or Information That Constitutes a Limited Data Set. We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is "de-identified." We may also use and disclose health information about you that constitutes a "limited data set" if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. A limited data set will *not* contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

8. Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of an appointment, other patients or clients in the area may see, or overhear discussion of, your health information.

9. Changes to this Notice. We reserve the right to change this notice at any time and to make the revised or changed notice effective in the future. We will make the revised notice available on our website and notify you of any material changes to the notice.

REQUIREMENT FOR WRITTEN AUTHORIZATION

For purposes other than those described above, generally, we will obtain your written authorization before using your health information or disclosing it to others outside of BHDDH. There are certain situations where we must obtain your written authorization before using your health information or disclosing it, including:

Marketing. Unless we obtain your authorization, we may not disclose any of your health information for marketing purposes if BHDDH will receive direct or indirect financial remuneration not reasonably related to our cost of making the communication.

Sale of Protected Health Information. Unless we obtain your authorization, we will not sell your protected health information to third parties. The sale of protected health information, however, does not include a disclosure for public health purposes, for research purposes where we will receive remuneration only for our costs to prepare and transmit the health information, for treatment and payment purposes, for the sale, transfer, merger or consolidation of all or part of our operations, to a business associate or its subcontractor to perform health care functions on our behalf, or for other purposes as required by law.

Psychotherapy Notes. Unless we obtain your authorization, we will not disclose information contained in psychotherapy notes.

If you provide us with written authorization, for the above or any other disclosures, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to the Privacy Officer at the address given above. You may also initiate the transfer of your records to another person by completing a written authorization form.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights to access and control your health information:

1. Right To Inspect And Copy Records. You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records, including medical and billing records. To inspect or obtain a copy of your health information, please submit your



**The Eleanor Slater Hospital is operated by
The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
Gina Raimondo, Governor**
