



Section	Psychiatric Health Facility (PHF)	Effective:	2/9/2017
Sub-section			
Policy	Denial of Rights	Last Revised:	3/20/2017
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Leslie Lundt, MD		
Supersedes:	Denial of Rights (2/9/17)	Audit Date:	3/20/2020

1. PURPOSE/SCOPE

- 1.1. To ensure that the Santa Barbara County Psychiatric Health Facility (PHF) complies with all local, state and federal codes and regulations regarding the denial of rights of patients admitted to the PHF.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Good cause** – a licensed nursing staff (LNS), nurse practitioner, and/or physician (MD/DO) employed by the PHF has a good reason to believe that allowing a specific right would cause:
1. Injury to that person or others; or
 2. A serious infringement on the rights of others; or
 3. Serious damage to the facility;
- and** there is no less restrictive way to protect against these occurrences.

3. POLICY

- 3.1. The rights of a PHF patient may only be denied for good cause. In the event an action is taken to deny, suspend or restrict a patient's rights, such actions shall be reviewed by a multidisciplinary treatment team for clinical appropriateness. All efforts shall be made to provide a less restrictive means to avoid denying a patient's rights, including the restoration of those rights when good cause no longer exists.

4. JUSTIFICATION FOR DENIAL OF RIGHTS

- 4.1. Any right granted by federal or state law and PHF policy may be denied, suspended or restricted if, in the clinical judgment of PHF staff, such an action is required to keep the patient or others safe. Specifically, in accordance with the California Code of Regulations, Title 9, Section 865.2 (a) there is reason for denying a patient the exercise of a right when PHF staff has good cause to believe:
1. That the exercise of the specific right would be harmful to the patient; or
 2. That there is evidence that the specific right, if exercised would seriously infringe on the rights of others; or
 3. That the PHF would suffer serious damage if the specific right is not denied; and
 4. That there is no less restrictive way of protecting the interests specified in (1), (2), or (3).
- 4.2. Please refer to the Welfare of Institutions Code: Reasons for the Denial of Rights (Attachment A) for the reasons used to justify the denial of a right to a patient, of which must be related to the specific right denied.
- 4.3. A right shall not be withheld or denied as a punitive measure, nor shall a right be considered a privilege to be earned.

5. GENERAL PROCEDURE

- 5.1. Pursuant to the reasons identified in section (4.1) above, when a denial of rights has been deemed necessary by PHF staff, a physician's order must be obtained. The order shall include, at minimum, the following information:
1. The date and time the right(s) was denied;
 2. The specific right(s) denied; and
 3. Statement of good cause for the denial of the right(s). This statement requires that the specific denial be related directly to the behavior in question.
- 5.2. Following the denial of a patient's right, the patient and his/her conservator or guardian (if applicable) must be notified of the following:
1. The specific right(s) that are being denied, and
 2. The reason for the denial of the patient's right(s).
- 5.3. LNS assigned to the patient shall complete the Denial of Rights form (Attachment B) for each and every event of a patient's denial of rights. This information shall also be documented in the patient's medical record (on the order sheet and in the progress notes) and shall include all pertinent information outlined in section (5.1).
- 5.4. A Patient's Rights Advocate is to be informed when a patient's rights are denied and shall be informed of the reasons listed in section (5.2).

5.5. The denial of rights must be reviewed at least every 24 hours. The time and date of the review must be documented in the patient's medical record. The denial of rights shall be terminated as soon as good cause no longer exists.

6. **RESTRICTIONS IMPOSED**

6.1. Seclusion and restraint is considered an imposed restriction and not a denial of rights, but must be reported and documented as the action of seclusion and/or restraint implies the denial of other specific patient's rights, such as the right to access the telephone. These implied denials (i.e. access to telephone) need not be documented in the patient's chart and should not be reported on the Denial of Rights (see Attachment B) form.

6.2. However, when the exercise of a particular right is specifically requested by the patient and denied by the staff while the patient is in restraint or seclusion, the denial of this right must be documented by the staff while the patient is in restraint or seclusion in the patient's record and reported on the Denial of Rights form.

ATTACHMENT

Attachment A – Welfare and Institutions Code: Reasons for the Denial of Rights

Attachment B – Denial of Rights Form

ASSISTANCE

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REFERENCE

California Code of Regulations

Title 9, Chapter 4, Article 6, Section 865.2

California Welfare and Institutions Code

Section 5325

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
3/20/17	1.1	<ul style="list-style-type: none"> Updated Attachment B

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).