

## WHAT IS THE PATIENTS' BILL OF RIGHTS?

The Patients' Bill of Rights is a section of the Connecticut state statutes (Sec. 17a-540 et seq.) that establishes specific rights for persons with mental health conditions receiving services from an inpatient or outpatient hospital, clinic, or other facility for the diagnosis, observation, or treatment of persons with mental health conditions.

### DO PEOPLE IN HOSPITALS HAVE DIFFERENT CIVIL RIGHTS?

**NO.** The Patients' Bill of Rights is clear that people hospitalized or being treated in any public or private facility keep all of their rights, including the right to vote, the right to own or sell property, and the right to make contracts, except if they have been found, through a legal process, to be incapable of exercising any one of those rights.

### THE RIGHT TO HUMANE AND DIGNIFIED TREATMENT

The law specifically requires that every patient receive humane and dignified treatment **AT ALL TIMES**, with full respect for his or her personal dignity and right to privacy. Staff and providers do not have the right to order people around, treat them like they are "second class citizens" or use coercion to limit choice or self-determination. For example, an individual cannot be forced to take medication in order to keep his or her housing.

### THE RIGHT TO BE INVOLVED IN TREATMENT/RECOVERY PLANNING

Every patient has the right to be actively involved in developing his or her own recovery plan and to get services that provide specialized treatment suited to his or her disorder. This means that the person has the right to attend (and to bring a chosen advocate to) treatment team meetings and to ask questions about the different types of treatment available.

## THE RIGHT TO A DISCHARGE PLAN

Every person has the right to have a discharge plan and the right to be involved in developing the discharge plan which must specify the treatment approach, goals and projected time frame for discharging the individual to the least restrictive community setting possible. The treatment team must work with community providers to identify the most appropriate services for the individual, and to work with clinical and non-clinical providers to assure that there is appropriate aftercare for the patient upon his discharge. The patient must be provided with reasonable notice of the discharge. In addition, the **Department of Mental Health and Addiction Services (Policy #33) states that an emergency shelter shall not be considered to be an acceptable permanent housing disposition.**

### WHAT IF THE DISCHARGE PLAN IS "GOING NOWHERE"?

Often patients have discharge plans on paper, but in reality they seem to be going nowhere because there are not enough community services, or the region where the person wants to live has refused to accept him or her. The lack of resources is no excuse for keeping a person in the hospital, or in a nursing home or other restrictive setting indefinitely with no real plan for community integration. Unnecessary institutionalization of this kind may violate the American with Disabilities Act (ADA).

### CAN THE HOSPITAL INTERFERE WITH COMMUNICATION BY MAIL?

There are steps the hospital must take before communication can be restricted. In general, every patient is permitted to communicate by sealed mail, and the hospital is required to furnish writing materials and postage to any patient. However, the hospital is allowed to restrict this right if the patient has sent threatening or harassing mail, or if the hospital determines that it is medically harmful to the person to receive mail.

## IS THERE A RIGHT TO COMMUNICATE BY PHONE?

There are steps the hospital must take before communication can be restricted. In general, every patient has the right to make and receive telephone calls, and public telephones must be made available. However, this right may be restricted if the hospital determines that the patient has made obscene or threatening calls or it is medically harmful for the patient to receive calls.

### CAN THE HOSPITAL USE PSYCHOSURGERY OR SHOCK TREATMENT?

The law specifically prohibits psychosurgery and shock therapy without an individual's **WRITTEN, INFORMED CONSENT**, and that consent is good for only 30 days and may be revoked at any time. A court may order shock treatment only if it finds that the individual is incapable of giving informed consent and there is no reasonable alternative procedure. That order is effective for no more than 45 days.

### WHEN CAN THE HOSPITAL USE RESTRAINTS OR SECLUSION?

The law specifically prohibits the use of restraints or seclusion unless there is imminent physical danger to the patient or others and their use is ordered by a physician. The Department of Mental Health and Addiction Services (DMHAS) has written detailed procedures governing the use of restraints. These are summarized in a separate flyer. It is important to know that less restrictive alternatives must be tried first.

### CAN A PATIENT BE FORCED TO TAKE MEDICATIONS?

In general, a person has the right to refuse medications. In fact, no medical or surgical procedures may be performed without the individual's informed, voluntary, written consent. This means that the medications or procedures must be fully explained and all questions answered, and that no pressure or punishment is applied to the individual

to influence the decision. A hospital can medicate a person without consent if there is an emergency. In addition, there are two different procedures that the hospital can use to medicate a person without consent. The first is an internal hearing process that is limited to ordering medication for 30 days. The other is a Probate Court procedure.

### **DISCRIMINATION BASED ON PSYCHIATRIC DISABILITY IS PROHIBITED**

The Patients' Bill of Rights prohibits the denial of employment, housing, civil service rank, license or permit, including professional license, or any other civil or legal right, solely because of a present or past history of psychiatric disability.

### **RIGHTS CAN BE ENFORCED THROUGH GRIEVANCES OR THE COURTS**

DMHAS has established an internal grievance procedure to review and resolve violations of the Patients' Bill of Rights. This process is described in a separate flyer. In addition, the statute allows a person to file a law suit in Superior Court to enforce provisions in the Patients' Bill of Rights.

### **INDIVIDUALS HAVE THE RIGHT TO ADVOCACY SERVICES**

Persons protected by the Patients' Bill of Rights have the right to advocacy to assist them in enforcing their rights. These advocates must be allowed to participate in treatment team meetings as well as other meetings and proceedings to enforce the Patients' Bill of Rights.

### **PROTECT YOUR RIGHTS**

Individuals with psychiatric disabilities have very specific rights under state and federal laws. Understanding those rights can empower a person to become a partner in planning his or her recovery. That's why it's important for persons with psychiatric disabilities be aware of their rights and what they can do to enforce them.

The purpose of this flyer is to provide the reader with a very basic description of the "Patients' Bill of Rights" established under Connecticut law. It is not intended to give the reader legal advice or a full description of every right that the individual may have. If you have questions about the Patients' Bill of Rights or other rights of persons with psychiatric disabilities related to their treatment or civil rights, please call the Connecticut Legal Rights Project.

Connecticut Legal Rights Project, Inc., is a statewide non-profit agency which provides legal services to low income adults with mental health conditions who reside in hospitals or the community, on matters related to their treatment, recovery, and civil rights.

**For more assistance contact  
Connecticut Legal Rights  
Project, Inc.  
Toll Free 1-877-402-2299  
TTY 860-262-5066  
[www.clrp.org](http://www.clrp.org)**

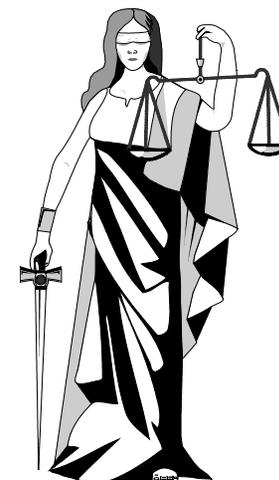
*The information in this flyer is effective as of  
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LEGAL  
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**LEGAL REPRESENTATION FOR PEOPLE WITH  
MENTAL HEALTH CONDITIONS**