

Bill of Rights Summary

Minnesota law and Rule gives certain you rights. We may restrict some of these rights if a doctor determines they are not in your best interest. If we decide to do so, the doctor must document that in your medical record. If we decide that receiving certain information is not in your best interest, we may give it to someone else on your behalf.

A complete copy of the law and Rule is included in your admission packet. It is also posted on each treatment unit. Below is a summary of your rights. The summary is not complete. Please read the full text for more details.

The Patients and Residents of Health Care Facilities, Bill of Rights says you have the right to:

- 1) (a) Know what your legal rights are during your stay. (b) Request to leave if admitted voluntarily. (c) Know the names and addresses of advocacy individuals and organizations. (d) Special arrangements if you do not speak English, or have problems communicating.
- 2) Polite and respectful care.
- 3) Proper medical and personal care based on your needs. There may be limits if the services are not reimbursable by public or private funds.
- 4) Know your doctor's name, business address, telephone number and area of speciality.
- 5) Know, in writing if you will receive services outside the facility.
- 6) Get current facts on your diagnosis, treatment choices, risks and prognosis.
- 7) Help plan your treatment.
- 8) Have continuity of care.
- 10) Refuse to take part in experimental research.
- 11) Be free from maltreatment, and from chemical and physical restraints, unless we use them to protect you or others from physical harm.
- 12) Privacy and respect about your treatment.
- 13) Have your personal and medical records kept private.
- 14) Know what services the facility offers and how much they cost.
- 15) Answers to your questions and requests.
- 16) Every respect to privacy and individuality about your social, religious, and psychological well-being.
- 17) (a) Speak out freely, without suffering punishment, about problems in the facility. (b) Suggest change. (c) Know the facility grievance procedure. (d) Receive a written response if you ask for one.
- 18) Choose your friends and to talk or write to whomever you wish in complete privacy.
- 19) Wear your own clothes and have your own belongings as space allows.
- 20) Choose not to perform services for the facility unless they are part of your treatment.
- 21) Buy services that are not part of your daily rate.
- 22) (a) Handle your own money. (b) Quarterly financial reports, if you let someone else handle your money.
- 23) Meet and join business, religious and community groups, and if you are an eligible voter, to vote by absentee ballot.
- 24) Take part in advisory councils.
- 25) Visit alone with your husband or wife.
- 26) An advance explanation of any transfer or discharge.
- 27) Available advocacy and protection services.
- 28) Be free from physical restraint and isolation, except in an emergency, or when a doctor orders them.
- 29) Get a copy of your written plan that states the treatment goals.
- 30) To request and consent to the use of physical restraint.
- 31) You must give consent to have your picture taken except for identification purposes.

If you have questions or feel we denied you any of these rights, talk to treatment staff, your facility social worker, or the Client Advocate. We must give you a written response to any complaint you have if you ask for it.