



Patient's Bill of Rights – Child/Adolescent Programs

Patient Identification

RI.003.F01

**Subject to certain limitations authorized by a parent, legal guardian, legal custodian or court of law concerning a minor or guardian of an incapacitated person or restrictions by the treating physician or psychiatrist, each patient has the:**

1. Right to reasonable access to care.
2. Right to respect of security, personal privacy and confidentiality of information.
3. Right to personal safety and security insofar as the hospital practices are concerned.
4. Right to know the identity of individuals providing services.
5. Right to have your personal physician notified of your admission to PrairieCare.
6. Right to obtain current information concerning care in terms the patient can reasonably be expected to understand and to participate in planning of his / her services.
7. Right to access of mail, telephone, full and equal visitation, and other communication in keeping with the guidelines of each specific program.
8. Right to receive necessary information to give informed consent prior to the start of any procedure and / or treatment, including participation in investigational studies or clinical trials.
9. Right, at patient's request and expense, to seek consultation.
10. Right to refuse treatment as permitted by law and after patient has been informed of potential consequences of that action.
11. Right to transfer to another facility depending upon patient condition.
12. Right to participate in the resolution of ethical questions, regarding resuscitative services, life-sustaining treatment and end of life decisions.
13. Right to be informed of hospital rules and regulations.
14. Right to the least restrictive environment necessary, free from unnecessary restraint, isolation and medication.
15. Right to exercise all civil rights, including the right of habeas corpus (to bring to trial).
16. The right to leave the facility within 12 hours of making a written request, unless held on a 72 hour hold, judicial hold, or civil commitment. Parents must exercise this right on behalf of minor children.
17. Right to treatment consist with acceptable professional standards of practice and the right to file a grievance if not satisfied with care received.

18. Right to opportunities for outdoor physical exercise in keeping with the guidelines of each specific program.

**PATIENT RESPONSIBILITIES**

1. Responsibility to provide accurate and complete information relating to his / her health.
2. Responsibility for following the treatment plan recommended by the primary practitioner responsible for his / her case and asking questions if he / she does not understand.
3. Responsibility for his / her actions if treatment is refused or does not follow practitioner's instructions.
4. Responsibility to assure that financial obligations of his / her healthcare are fulfilled promptly.
5. Responsibility of maintaining the confidentiality of his / her peers.
6. Responsibility for being courteous and respectful of the property of others and of the facility.
7. Responsibility to follow facility rules and regulations.

I have reviewed and can request a copy of the PrairieCare Patient's Bill of Rights, Visitor Rights, and Minnesota Statutes 144.651, and I have been given the opportunity to ask questions.

The Psychiatrist that has primary responsibility for my care is Dr. \_\_\_\_\_. He/she can be reached by calling 1-888-9-PRAIRIE or by writing him/her at 9400 Zane Ave. N., Brooklyn Park, MN 55443.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PrairieCare Representative

\_\_\_\_\_  
Date

**IF YOU THINK YOU ARE TREATED UNFAIRLY, THERE ARE THINGS YOU CAN DO:**

You can speak with the Program Supervisor or in the absence of, the Patient Advocate.

Phone: 888-9-PRAIRIE.

You also have the right to file a written grievance with the hospital. The hospital must tell you how to do this. You can ask the social worker / charge nurse to assist you.

You have the right to call an advocate or an attorney and to speak privately to him or her. There are protection and advocacy services in your community to help you understand and protect your rights. These include:

Legal Information and Advocacy Services

The Joint Commission, Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181, [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

Minnesota Department of Health, Office of Health Facility Complaints (OHFC), P.O. Box 64970, St. Paul, MN 55164-0970. Phone: (651) 201-4201 or 1-800-369-7994

Office of Ombudsman for Mental Health and Developmental Disabilities, 121 7<sup>th</sup> Place E., Suite 420, St. Paul, Minnesota 55101-2117. Phone (651) 296-3848 or 1-800-657-3506.

Grievances may also be reported to:

MN Department of Human Services Licensing Division, 444 Lafayette Rd N., St. Paul, MN 55155.  
Phone (651) 296-3971.

Minnesota Board of Behavioral Health and Therapy, 2829 University Ave SE, Suite 210, Minneapolis, MN 55414. Phone (612) 617-2178.

**IF YOU ARE BEING HELD ON A 72 HOUR HOLD, JUDICIAL HOLD, OR CIVIL COMMITMENT:**

An emergency hold is used when an examiner, peace officer or health officer has good reason to believe that you have a mental illness and are going to harm yourself or others. If you are brought to a hospital by a health or peace officer and the hospital agrees you have symptoms of mental illness and it appears you are going to harm yourself or others, the facility may admit you without your consent. You can be held in a treatment facility for up to 72 hours, excluding weekends or holidays. For example, if the hold order was signed at 2 pm on Thursday, it will remain in place until Tuesday at 2 pm.

**You have the right to:**

- (1) leave after 72 hours, unless the court orders you to be held longer;
- (2) a medical exam within 48 hours of your admittance;
- (3) request a change from an emergency hold to voluntary status;
- (4) request a summary hearing regarding your release from the emergency hold; and
- (5) receive a copy of the written statement that authorizes your confinement.

We will assist you in exercising any and all of these rights upon your request.