



Child and Adolescent

**Patient
Handbook**

Welcome to Brynn Marr Hospital. Most likely you have many questions about your stay. You will find some helpful information and frequently asked questions in this handbook that can help you become more familiar with our program.

Your psychiatrist (doctor) is: _____

How can people call and check on me?

We work hard to keep all patient information confidential. In order to ensure the confidentiality of information about the treatment you receive, a staff member from the Admissions Department will provide your parent/legal guardian with an identification number. **This number will be given to your parent/legal guardian ONLY.** When they call the unit to ask about you, they will be asked to give this number before any information about you is released. This ensures that information is only given to your parent/legal guardian. Other callers will be told to contact your parent/legal guardian if they believe you are a patient here. We also request that you protect the confidentiality of other patients and families here and not share information with anyone outside of the hospital.

Our phone number is: **910-577-1400**

***Phone hours: all calls are incoming or outgoing**

- 1 West: *Tuesday and Saturday (5:30pm - 6:50pm)*
- 2 West: *Tuesday and Saturday (7:00pm - 9:00pm)*
- 2 East: *Tuesday and Saturday (4:00pm-5:00pm) and (5:40pm-7:30pm)*

*Parents/legal guardians can call and speak to the nurse at any time

May I use the telephone?

You may:

1. Make telephone calls to your legal counsel, the patient advocate, your private physician and private mental health/developmental disabilities/substance abuse professionals of your choice, or clergyman in private, at reasonable times, and are not limited to the times listed above.
2. Make telephone calls to parents/legal guardians at reasonable times and are not limited to the times listed above. Please see the nurse, unit staff or your Acute Clinician to assist you with the call.
3. Make telephone calls to anyone other than your parent/legal guardian at the times listed above.

May I send and receive mail?

If you would like to send someone a letter, we will mail it for you as long as it has been approved through your parent/legal guardian. Someone may also mail you a letter. Your Acute Clinician will distribute mail to you. All mail must be opened in front of staff to ensure your safety, as well as your peers and staff. The address is:

**Brynn Marr Hospital
Attn: (patient name)
192 Village Drive
Jacksonville, NC 28546**

*Brynn Marr Hospital staff reserve the right to open all incoming mail in front of you to check for contraband items

Can I have visitors?

Visitation times are dependent on the assigned unit. Please call 910-577-1400 or ask a staff member for the most updated information regarding visitation.

Can someone bring in snacks or meals for me?

Sorry, but this is not allowed. No outside food or drinks from visitors are allowed in the hospital. We provide snacks for you three times per day. Nutrition services provide three meals per day. If you are on a special diet or have special requests, we will do the best we can to provide those for you. Also, we have a registered dietician if you need those services.

What is a treatment plan and how does it apply to me?

The treatment plan is a plan of care that staff on the unit use to work with you and your family/guardian. The staff collects a lot of information during the admission process and receives input from you and your parent/guardian to develop a plan to help you. The Acute Clinician will review the plan with you and ask you and your family/guardian to sign it. The staff will discuss changes with you throughout your stay. Your family/guardians participation is an important part of your treatment and recovery. Treatment is effective only with the active participation of you and your family/guardian.

When will I be able to leave?

Discharge planning begins at the time you are admitted. Our program on the acute unit is very intense and your stay is very short. Your day of discharge is decided by the treatment team. The treatment team includes the psychiatrist, recreational therapists, Acute Clinicians, and nursing staff. The typical length of stay is 7 to 10 days but you will discharge when you are stable enough to return to the community. This is why it is important for you to actively participate in your treatment. Once your discharge date is decided and your physician writes the discharge order, you will leave the hospital that day.

*The hospital does not allow passes to leave the hospital on the acute unit. This is not productive to your therapy since you are here because you have not been safe.

*The hospital encourages discharge times between 11:00 - 2:00 p.m. on the discharge day.

*When you are discharged, you will be asked to complete a satisfaction survey. The survey is very important and lets the hospital know how we are doing and how we can improve our services. Your signature on the survey is not required and all your information is confidential. We would appreciate you providing information that can help us improve the care we give.

We will provide you with an aftercare appointment within 7 days of discharge and will be discussed during your individual session and with your family/legal guardian. This appointment is scheduled with an outside provider so you will be able to get your outpatient medicine and therapy. Instruction about your medication prescription and your appointment will be given to your parent/legal guardian by a nurse before you leave the hospital. It is very important in your treatment and recovery that you keep this appointment.

Once you leave the hospital, your medical record is removed and taken to another part of the hospital for safe keeping. Also, there are laws that keep us from discussing your treatment after you are gone. This is why it is so important to keep your appointment because we will not be able to help you get your medication, prescriptions, or discuss anything about you once you are discharged.

*If medical records are needed, your parent/legal guardian may contact the Medical Records Office for further information.

What are the guidelines for daily living?

In order to make the most of your stay, it will be important that you actively participate in the program by attending all therapeutic groups and unit activities. It is our hope that you will communicate your needs to us and that you will work with us as much as possible. We work very hard at making our environment safe and pleasant. We are asking for your help by being thoughtful in regards to other patients, staff, and guests. We ask that you respect the facility, others' property, and pay careful attention to the type of language you use.

All patients and guests are expected to remain alcohol and drug free for the duration of treatment. This applies to either on or off the unit. Guests entering the hospital who appear to have been drinking or have been using any other mood altering chemical will be reported to hospital administration and may be asked to leave the hospital.

What about smoking?

Brynn Marr Hospital is a smoke free environment. Smoking is illegal for those under the age of 18 years. Nicotine patches will not be prescribed to anyone under the age of 18.

What are some good health habits?

Developing good health practices will help to keep illnesses from spreading:

- Cover your mouth and nose with tissues every time you sneeze or cough
- Always put used tissues in the trash
- Wash your hands well and often, with soap and warm water, or use an alcohol based hand sanitizer
- Do not share eating utensils, drinking glasses, hygiene items, or other personal items
- Avoid touching your eyes
- Avoid close contact with people who are sick

What should I do if I think I am contagious?

If you have a cough, sore throat, rash, or feel like you might have a fever, let the nurse know. The nurse will let your doctor or the nurse practitioner know so that you can get the treatment you need. Also, let the nurse know if you don't feel any better after taking antibiotics for three days.

What is the right way to wash my hands?

1. Wet your hands with warm running water.
2. Add soap. Then rub your hands together to make a soapy lather. Continue to rub your hands together for at least 10 seconds, being careful not to wash the lather away. Wash the front and back of your hands, as well as, between your fingers and under your nails.
3. Rinse your hands under warm running water. Let the water run back into the sink, not down to your elbows.
4. Dry your hands thoroughly with a clean towel. Use your elbow or the clean towel to turn the faucet off.

What about school work?

Because of the nature of acute services, focus on your mental health is a priority. However, if you need to give special attention to schoolwork, this is understood. If this is the case, your parent/legal guardian will need to immediately contact your guidance counselor or teacher and ask for copies of your assignments (no textbooks will be accepted). Please have your parent/legal guardian bring them to the hospital as soon as possible. By following the procedures listed above, you and your parent/legal guardian can help get you off to a good start.

All homework must be approved by the Acute Clinician. Treatment is the first consideration. Spiral bound or stapled books and notebooks are not allowed on the unit. We will supply you with pencils and erasers.

*Parent/guardian must give consent and the name of the contact before our staff speaks with your school.

Do I need money?

There is no reason to have money because there is nowhere to spend it. If you have money, it will be sent back with your parent/legal guardian or it will be placed in the hospital safe with your name on it until you discharge.

What about personal hygiene items?

The hospital supplies hygiene products including: comb/brush, deodorant, toothbrush, toothpaste, shampoo, and body wash. These items are kept in a personal container with your name on it. These items are not to be kept in your room or in your possession.

How will I get clean clothes?

We have a washer and dryer on the unit. Children (under 12 years of age) and adolescents will have their laundry done by the staff at night. We provide our own detergent.

*Parents/legal guardians are not allowed to drop off personal items for you without a staff member present to inventory the items. Swapping out clothes is discouraged.

Are there any precautions taken with me, my belongings, and my room?

In order to make sure everyone stays safe, room searches are conducted twice a day. If potentially harmful items are found, staff will secure the items and the team on duty will determine the appropriate consequences. The staff may also conduct random room searches in order to ensure the safety of everyone.

In addition to searching your room, all personal belongings will be checked and documented by staff. In order to ensure patients and staff remain safe, a contraband search is conducted by a staff member upon admission, upon return after visitation, or if it is suspected that you may have contraband items in your possession. We are very aware of personal privacy issues and our search procedure is much like changing into a gown at your primary care doctor's office.

Who will clean my room?

Each patient is responsible for keeping his/her own room neat and orderly. This includes: making your bed, folding your clothes and putting them away, and keeping the floor and your area free of clutter. Room checks are completed after each meal and room searches are done twice per day. We ask that you make sure your room is in order before proceeding to the next activity. Environmental Services staff cleans your room and bathroom daily.

Is there anywhere on the unit I am not allowed to go?

The nurse's station, medication room, and other patient's rooms are off limits. We also ask that you request permission and inform staff any time you need to leave a particular room or area. There are designated times throughout the day for you to use the restroom, get drinks or snacks, and speak with the nurse.

What if I become really mad or need time to myself?

One of the things that you can do is to take a break in the comfort room. The comfort room is a designated area designed to provide a safe environment for you when you are in need of separation from other patients on the unit. Being in the comfort room allows you adequate time to think through the behaviors that resulted in you needing to use the comfort room initially. Staff supervises the comfort room. When you are ready to leave the area, you are expected to talk with a staff member about the events that took place. When staff feels that you have had enough time to "cool down" and are completely calm, you will be allowed to return to the program.

What about aggressive or destructive behavior?

Violence is not accepted as a form of expression and will NOT be tolerated on the unit.

Any threatening or aggressive behavior towards staff, other patients, or visitors will result in immediate action by staff in order to maintain a safe and therapeutic environment.

Any destruction of property, whether it belongs to you, the hospital, or another patient, is unacceptable. Your parent/legal guardian may be held financially responsible for any damages incurred while you are a patient at Brynn Marr Hospital.

We encourage you to talk with us about what things help you calm down when you are angry or overwhelmed. Brynn Marr Hospital's goal is to assist you with managing any feelings of anger and frustration. We also welcome input from your family/legal guardian about ways we can better help you.

Who do I talk to about concerns I may have?

Brynn Marr Hospital strives to make your treatment as productive as possible. We encourage you to speak with a staff member, your doctor, your assigned Acute Clinician, or the Patient Representative should you have issues, concerns, or questions about being at Brynn Marr Hospital.

Your Patient Representative is: Chrystal S. You can reach her at 910-577-1400 ext. 2204.

We appreciate the opportunity to try to resolve any problems on a local level; however, if you have concerns regarding your quality of care, contact NC Department of Health and Human Services at 1-800-624-3004.

Please be advised that Disability Rights North Carolina may visit our facility from time to time. Disability Rights NC is the federally mandated Protection and Advocacy System (P&A) for the State of North Carolina. Congress created the P&A System to monitor compliance with respect to the rights and safety of residents, and provide information and training about individual rights and the P&A System. Disability Rights NC may visit our facility for monitoring purposes, which simply means that they will tour our facility, talk with residents and staff, and observe the general atmosphere of our facility. Brynn Marr and Disability Rights NC want to ensure that the parents and guardians of individuals in the care of the facility are informed that the P&A will be conducting these monitoring activities and, in the course of such monitoring, may speak informally to those with a legal guardian. If you have any questions concerning Disability Rights NC or its monitoring activities, you may contact them at 877-235-4210 (toll free) or at www.disabilityrightsn.org.

Frequently Asked Questions:

Question 1: What is the average length of stay for an acute admission?

The typical length of stay is 7 to 10 days, but length of treatment is based on patient response to treatment. Decisions regarding length of stay are decided by the treatment team

Question 2: What is treatment team?

Treatment team takes place a minimum of three days per week. The Acute Clinician, physician, unit nurse, and discharge coordinator are present to discuss patient progress and response to treatment.

- **What does a Discharge Coordinator do?**

The Discharge Coordinator is a member of the clinical team and coordinates the discharge plan for the patient. Discharge planning begins at admission. The Discharge Coordinator may call family/guardian to collect important information to start the discharge plan and make the appropriate outpatient referrals.

Questions 3: When do I see the doctor?

Patients see the doctor within 24 hours of admission and daily throughout their admission.

Question 4: Will I be prescribed medication?

During the initial meeting with the physician, a medication evaluation will be completed. If the doctor believes medication is a necessary part of treatment, the unit nurse will contact parents/guardians to explain medication and obtain consent.

Question 5: When do I see my assigned Acute Clinician?

Patients will see their assigned Acute Clinician within 72 hours of admission. The Acute Clinician will meet with the patient once per week to update the treatment plan and discharge plan. The Acute Clinician will contact parents/legal guardians within 72 hours of admission. The Acute Clinician will continue to follow up with your family/legal guardian every 7 days thereafter.

Question 6: What does an Acute Clinician do?

The Acute Clinician is a licensed professional in the state of NC and coordinates the treatment plan and discharge plan for the patient. Discharge planning begins at admission. The Acute Clinician will facilitate a family session if recommended to discuss the discharge plan and make the appropriate outpatient referrals. Acute Clinicians facilitate daily process groups with patients to support recovery and help them acquire knowledge and skills that will assist them in achieving their treatment goals.

Question 7: Are males and females on the same unit?

Males and females may be on the same unit. However, all rooms are separated by gender and age.

Question 8: When are visitation and telephone hours?

Visitation Hours	Phone Hours
Visitation times are dependent on the assigned unit. Please call 910-577-1400 or ask a staff member for the most updated information regarding visitation	1 West: <i>Tuesday and Saturday</i> (5:30pm - 6:50pm) 2 West: <i>Tuesday and Saturday</i> (7:00pm - 9:00pm) 2 East: <i>Tuesday and Saturday</i> (4:00pm-5:00pm) and (5:40pm-7:30pm)

Question 9: What items can I have at Brynn Marr Hospital?

Items Allowed	Items to Keep at Home
<ul style="list-style-type: none"> • 3 shirts • 3 pairs of pants or knee length shorts • 5 pairs of underwear • 5 pairs of socks • 3-5 bras <i>without underwire</i> • 1 pair of pajamas • 1 jacket, crewneck sweatshirt, sweater, or coat • 1 pair of comfortable shoes without shoe laces • 1 pair of slippers • Soft back books • Copies of personal photos 	<ul style="list-style-type: none"> • Clothing with hoods, straps, draw strings, pull strings, cords or studs • Belts, scarves, and ties • Clothing that has drugs, sex, alcohol, or violent screen printing • Tank tops and undershirts • Thong underwear • Any product with staples • Hardback books or reading material • Clothing that sags or is transparent or ripped/torn • Jewelry and body jewelry (exceptions for wedding band without stones) • Make-up and cosmetics • Sunglasses and hats • Any hygiene or aerosol products • Cell phones or other electronic devices • Flip flops/boots/high top shoes • Hair ties (provided on the unit) • Hair brush or comb • Art supplies, games, playing cards

***Brynn Marr Hospital reserves the right to alter this list at any time without notice in order to maintain the wellbeing and safety of our patients and staff.**



COURT HEARING PROCESS

Adult patients (anyone 18 years or older) admitted to Brynn Marr Hospital pursuant to a Petition for Involuntary Commitment must have a Court hearing before a District Court Judge within ten (10) days following admission. This hearing is required by North Carolina General Statute 122C-268.

Minor patients (anyone under 18 years of age who is not married or legally emancipated) admitted on either a Voluntary or Involuntary basis to Brynn Marr Hospital must have a Court hearing before a District Court Judge within fifteen (15) days following admission. This hearing is required by North Carolina General Statute 122C-224.

For **patients admitted** to Brynn Marr Hospital **by midnight on Monday**, the virtual **Court hearing will be scheduled for Friday of the same week**. For **patients admitted after midnight on Monday**, the virtual **Court hearing will be scheduled for Friday of the week following admission**.

Persons who are named as a Petitioner in Involuntary Commitment proceedings will receive a Notice of Hearing from the Onslow County Clerk of Court which will give information regarding the scheduled Court date and time. **Petitioners are encouraged to attend scheduled virtual hearings; failure to appear at the hearings may result in the Judge ordering a subpoena compelling the appearance at a hearing scheduled following a one-week postponement.**

Hearings are held virtually on Friday **mornings beginning at 10:00am**. The hearings are heard privately and individually before a District Court Judge. **An attorney will be appointed, at no cost to the patient or family, to represent the patient at the Court hearing.** The patient or the legally responsible person may request a privately retained attorney to represent the patient at the hearing; the expenses incurred for the services of the privately retained attorney will be the responsibility of the patient or legally responsible person.

If the patient is discharged from Brynn Marr Hospital prior to the scheduled Court date, the hearing is cancelled and the patient and legally responsible person are not required to participate in the hearing.

Persons planning to attend virtual Court hearings are asked to be available by phone so that hearings may begin according to schedule. The number of hearings scheduled for Fridays will vary from week to week; therefore, persons attending hearings should be prepared for a waiting period of one (1) to three (3) hours to conclude.

If you have any questions regarding the Court hearing process, or are unable to attend the scheduled hearing, please contact the Onslow County Clerk of Superior Court between 8:00am and 5:00pm Monday through Friday by calling (910) 478-3600.

Philosophy of the Acute Services Program:

The child/adolescent acute services program at Brynn Marr Hospital strives to promote the healthy development of the patients we serve. We provide a positive, structured, and caring environment which is conducive to meeting each child's cognitive, emotional, physical, and social needs through an interdisciplinary treatment approach. The brevity of inpatient treatment necessitates goals limited to crisis intervention, stabilization, and education about symptoms and their management. The team introduces positive coping methods to improve social and communication skills, including alternatives to the behaviors that resulted in admission.

We strive to educate each child to identify the source of his/her feelings and work to provide the means for each child to express himself/herself in a safe and acceptable manner.

PATIENT'S BILL OF RIGHTS

I. FUNDAMENTAL RIGHTS

Each patient shall at all times retain the right to:

- A. Be treated with dignity and respect.
- B. To receive the utmost professional care without regard to race, color, sex, national origin, source of payment, sexual preference, age, or handicap.
- C. Full citizenship (except as excluded by law).
- D. Application for a Writ of Habeas Corpus.
- E. Petition of Judicial Release.
- F. Access to legal counsel and private physicians of his choice at his expense.
- G. Explanation of status, rules, regulations and restrictions, and treatment including medication and how they apply to his condition.
- H. Explanation of available grievance and appeal procedures.

II. TREATMENT RIGHTS

Each patient shall at all times retain the right to:

- A. Be free from physical, emotional, and verbal abuse.
- B. Nursing and medical assessment, within 24 hours after admission, including assessment of pain
- C. Prompt and adequate medical attention for physical illness and emergency procedures and to expect that when medically indicated transfer to another healthcare facility.
- D. Good quality care provided by competent staff with high professional standards that are continually maintained and reviewed.
- E. Proper and adequate medication and an explanation of the risks and possible side effects of all medications.
- F. The least restrictive conditions necessary to achieve adequate care and treatment and notification of alternative procedures.
- G. A treatment program planned to meet individual needs.
- H. Know the name, title, and function of all staff persons concerned with treatment provided.
- I. Provision of proper, safe, and sanitary shelter, appealing and nutritious food, and security in self and personal possessions.
- J. The opportunity for periodic consultation with clinicians not directly responsible for the treatment program.
- K. To refuse any drugs, treatment or procedure offered by the facility to the extent permitted by law. The physician shall inform the patient of his rights to refuse any drugs, treatment, or procedures and of the medical consequences of the patient's refusal of any drugs, treatment, or procedure.
- L. The right to full information in laymen's terms, concerning diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given on his behalf to the patient's designee.
- M. To expect reasonable continuity of care, inclusive of a written discharge plan, and to be advised by the treatment staff.
- N. The right to every consideration of personal privacy concerning the medical care program.
- O. Case discussion, consultation, examination, and treatment are considered confidential and will be conducted discretely.
- P. To medical and nursing treatment that avoids duplication of services and unnecessary physical and mental discomfort.
- Q. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure and/or treatment.

III. COMMUNICATION RIGHTS:

- A. Each patient shall at all times retain the right to:
 - 1. Send and receive sealed mail and have access to writing material, limited postage, and staff assistance when necessary. Your Social Worker will distribute mail to you. All mail received must be opened in front of staff to ensure your safety as well as your peers and staff.
 - 2. Contact and consult with legal counsel and private physicians of his/her choice and at his or her expense.
 - 3. Provision of interpreters for certain individuals who speak languages other than English, and use alternative communication techniques for those who are deaf or blind.
- B. Each minor patient may at all reasonable times:
 - 1. Communicate and consult with the agency or individual having custody of him/her.
 - 2. Communicate and consult with legal counsel and private mental health or mental retardation specialist of his/her legal custodian or guardian's choice, at his/her expense.
- C. Expect to be informed of the use of tape recorders, audiovisuals, or other such equipment and to be ensured of confidentiality.
- D. Expect to receive a detailed explanation of his/her bill and to receive full information and counseling on availability of known financial resources.
- E. A patient has the right to expect that the facility will provide a mechanism whereby he/she is informed upon discharge of his/her continuing health care requirements following discharge and the means for meeting them.
- F. The patient cannot be denied the right of access to an individual or agency that is authorized to act on his/her behalf to assert or protect the rights set out in this section.

IV. CONFIDENTIALITY:

Each patient shall at all times retain the right to:

- A. Have all records pertaining to his/her medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
- B. Expect that the confidentiality of alcohol and drug abuse patient records maintained by this facility is protected by Federal law and regulations. Generally, the staff may not disclose that a patient attends the program, or disclose any information identifying a patient unless:
 - 1. The patient consents in writing.
 - 2. The disclosure is allowed by a court order.
- C. Expect that the facility shall provide a patient, or patient designee, upon request, access to all information contained in the patient's medical records. The patient's attending physician may restrict a patient's access to medical records. If the physician restricts the patient's access to information in the medical record, the physician shall record the reasons in the patient's medical record. Access shall be restricted only for sound medical reason. A patient's designee may have access to the information in the patient's medical records even if the attending physician restricts the patient's access to those records.
- D. Federal law and regulations do not protect all information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.
- E. Federal laws and regulations allow for reporting suspected child abuse or neglect to appropriate State or local authorities (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations).

V. ADDITIONAL RIGHTS:

- A. Each patient shall at all times retain the right to:
 - 1. Make and receive confidential telephone calls during phone call times, provided the patient shall pay for all long-distance calls at the time of making the call or "collect" to the receiving party.

2. Receive visitors during visiting hours. The patient has the right to consent to receive the visitors he/she designates, including, but not limited to: a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and to withdraw or deny such consent at any time.
3. Before the patient is furnished patient care, if possible, the patient shall also have the right to designate a Support Person who can exercise the patient's visitation rights in the event the patient is incapacitated or otherwise unable to do so. Patient Visitation Rights shall not be restricted, limited, or otherwise denied by the hospital on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors shall enjoy full and equal visitation privileges consistent with the patient's preferences. The Hospital may impose clinically appropriate limitations on patient visitation when visitation would interfere with the patient's care, whether the reason for limiting or restricting visitation is infection control, disruptive behavior of visitors, or the patient's need for rest or privacy.
4. Not be awakened by staff unless it is medically or clinically necessary.
5. Make visits outside unless such patient is committed to this hospital under the Mental Health Statutes of this state.
6. Be out of doors and have access to facilities and equipment for physical exercise several times a week.
7. Keep and use his/her own clothing and personal possessions.
8. Know what facility rules and regulations apply to his/her conduct as a patient.
9. Be free of exploitation.
10. Be free of unwarranted suspension or expulsion from services.
11. Participate in religious worship.
12. Keep and spend a reasonable amount of money.
13. Each adult patient shall, at all times, retain the right to retain a motor vehicle driver's license, unless otherwise prohibited by the General Statutes of this state.
14. Each adult patient shall, at all times, retain the right to exercise all civil rights, including the right to dispose of property, execute instruments, make purchases, enter into contractual relationships, register, and vote, and marry and obtain divorce, unless such patient has been adjudicated incompetent under the provisions of the General Statutes of this state and has not been restored to legal capacity; provided; however, that this shall be construed as validating the act of any patient who was at the time of the act, in fact, incompetent.
15. Expect to be informed of program specific rules and regulations at the time of entry into the service.

IV. ADDITIONAL RIGHTS AND RESPONSIBILITIES OF MINORS: (17 years of age or younger)

- A. No juvenile shall be expected to exercise rights and privileges, nor shall be accorded responsibilities that by law are generally accepted practices reserved or limited to adult choices.
- B. Parents and guardians must be kept informed of the management of all aspects of the juvenile's living situation by staff members in their function in loco parentis. However, no juvenile shall be denied or deprived of the rights applicable to all citizens as guaranteed by law.
- C. Each minor patient shall have the right to:
 1. Receive special education and vocational training in addition to other forms of treatment.
 2. Participate in recreation, physical exercise, and outdoor activity on a regular basis, in accordance with individual needs.
 3. Receive such assistance as needed in sending and receiving correspondence and making telephone calls.
 4. Receive visitors under appropriate supervision. Such visiting is not to take precedence over school or therapy.
 5. Have access to individual storage space for his/her own use.

VII. RESTRICTION OF PATIENT PRIVILEGES:

Restriction of patient privileges may be initiated upon a physician's order when the life and safety of the patient, staff or therapeutic environment is at risk.

- A. The goal of the restrictive action is to be therapeutic and not punitive.
- B. Restrictions of privileges are done in progressive sequence and based on the patient's behavior, first implementing least restrictive measures.
- C. Restrictions of privileges are done in consultation with treatment team members and the attending physicians.
- D. Types of Restrictions:
 1. Loss of phone or visiting privileges.
 2. Restricted to the building.
 3. Restricted to the unit.
 4. Restricted to the room.
 5. Restricted to the quiet room.
 6. Restricted from using particular area (i.e. courtyard, gym)
 7. Restricted from participation in designated activities.

STOP THINK AND TALK

Prevention of Sexual Activity in Our Facility

