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This free booklet is available from:

Disability Law Center of Alaska  
615 E. 82nd Avenue, Suite 101  
Anchorage, Alaska 99518  
Phone (907) 344-1002  
Fax (907) 349-1002  
Toll free in Alaska 1-800-478-1234

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## INTRODUCTION

Anyone who is voluntarily or involuntarily admitted to a **mental health facility** or receives services from a **community mental health center** in Alaska can use this book.

This booklet tells what some of your rights are, such as:

1. The right to be treated with Dignity
2. The right to good psychiatric treatment
3. The right to protection from discrimination
4. The right to have your questions answered

No booklet can answer all your questions. For example, this booklet won't tell you about your rights in the actual court commitment process. You'll need to call your attorney for that information. If you have other questions call the Disability Law Center at 1-800-478-1234.

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Part 1

## **CIVIL AND LEGAL RIGHTS**

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### **CIVIL AND LEGAL RIGHTS RETAINED DURING COMMITMENT**

- \* Patients admitted to, or receiving services from, a mental health facility, whether voluntarily or involuntarily, are entitled to the legal rights guaranteed by the constitutions and laws of the United States and the State of Alaska.

For example, you have the following rights:

- \* The right to due process and equal protection of the law.
- \* The right to be treated in the least restrictive environment possible.

- \* The right to talk to an attorney.

- \* The right to give or refuse consent regarding mental health medical treatment.

- \* The right to enter into a divorce.

- \* The right to sell, lease, or convey real property.

- \* The right to register to vote.

- \* The right to have a driver's license.

- \* You also retain a right to be free from any specifically taken restrictions or conditions of a commitment order that are not automatically expected as a condition of a commitment period.

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### **RIGHT TO BE FREE FROM UNNECESSARY RESTRAINTS**

You may not be discriminated against because you were committed to a mental health facility, received an evaluation, or received mental health treatment. Both Federal and Alaska law prohibit discrimination on this basis when you are: applying for a job; working at a job; buying a house; or, keeping or applying for licenses and permits.

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## **RIGHT TO BE INFORMED OF YOUR RIGHTS AND TO HAVE THEM POSTED**

Every patient must receive a written copy of his or her rights under state and federal mental health laws after being admitted to a mental health facility. Your rights must be explained to you in a language you can understand.

A copy of your rights must also be posted in all units or wards and all other appropriate locations.

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## **RIGHT TO HAVE CONFIDENTIAL RECORDS MAINTAINED**

The mental health records are complete and confidential for every patient. As a patient, you must give written permission before the facility can allow your records to be released to anyone. However, according to law, your records can be released without your permission under certain conditions: your records can be used by health professionals for your evaluation, treatment, or appropriate referral; your records can be assigned to represent you in research projects; your records can be used to take measures to prevent future hospitalization; or to the insurance company for your assistance program on your behalf.

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## **RIGHT OF ACCESS TO PATIENT ADVOCATE OR LAWYER**

You have the right to talk with an advocate from client advocacy organizations, or any other qualified advocate to help you understand your rights. This includes the right to have private conversations with your advocate or attorney.

You have the right to contact your attorney or the Disability Law Center of Alaska at no cost. The Disability Law Center protects and advocates for the rights of individuals labeled mentally ill.

You can reach the Disability Law Center of Alaska at the following numbers:

Anchorage: 344-1002

Juneau: 586-1627

Fairbanks: 456-1070

Bethel: 543-3357

(Each office has

Statewide toll-free  
1-800-478-1234

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Part 2

## **THE RIGHT TO DIGNITY AND RESPECT**

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### **RIGHT TO BE TREATED WITH DIGNITY**

You have the right to be treated with dignity and respect while you are receiving services from any Alaska mental health care facility.

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### **RIGHT TO PRIVACY**

You are entitled to the maximum amount of privacy consistent with the effective delivery of services to you.

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### **RIGHT TO FREEDOM FROM SEARCHES**

You have the right to be free from searches of your possessions without probable cause.

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Part 3

## **RIGHT TO A SAFE AND HUMANE LIVING ENVIRONMENT**

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You have the right to a safe and humane psychological and physical environment while you are at a mental health facility. The facility must provide for your safety and comfort. It must also promote dignity and ensure appropriate privacy with regard to your personal needs.

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## **RIGHT TO VISIT AND RECEIVE VISITORS**

You are entitled to the same right to visit and receive visitors at reasonable times as patients at any public hospital. However, the treatment team responsible for your treatment has the authority to impose certain written

restrictions on your purposes.

Any order denying individuals must be for such denial a specific, limited amount of time. Any restriction must be periodically reviewed. You have the right to have a telephone with or be visited

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## **RIGHT TO PRIVATE TELEPHONE CONVERSATIONS**

You have the right to access to a telephone and receive private calls, the same as in a hospital. However, the person responsible for your treatment has the authority to impose limited written restrictions on your telephone treatment purposes.

restrictions must be periodically reviewed.

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## **RIGHT TO SEND AND RECEIVE MAIL**

You have the right to send sealed mail without restriction. You have the right to ready access to letter writing materials and postage, which you may request from unit staff.

You have the right to receive unopened mail, without restriction, from your attorneys, private doctors, other professional persons, courts and government officials. You also have the right to receive sealed mail from others.

If there is reason to believe your mail may contain contraband (an illegal item) or a dangerous item, you may have to open the mail in the presence of an appropriate person.

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## **RIGHT TO WEAR YOUR**

You have the right to wear your own personal clothing and personal possessions, unless they are dangerous to you or others who might have access to them. The time of administration of the facility is necessary to make sure they won't get lost and returned to you.

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## **HYGIENE AND GROOMING**

You have the right to wear your own hair style or

The facility may require you to follow reasonable grooming standards.

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## **RIGHT TO READ BOOKS OF YOUR OWN CHOICE**

You have the right to read books and materials of your own choosing, unless the professional person in charge of your treatment determines that particular materials pose a threat to your safety or well being or that of other patients.

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## **RIGHT TO KEEP AND SPEND YOUR MONEY**

You have the right to keep and be allowed to spend a reasonable amount of your own money for your needs and comforts.

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## **PATIENT FINANCES**

If you are a patient at API, your money will be put into an individual patient account in your name. You will be allowed to keep a limited amount of money with you on the unit for incidental spending. Hospital rules

allow you to request a scheduled week account. If you need for additional account, you can request assistance to fill

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## **RIGHT TO PRACTICE YOUR RELIGION**

You have the right to practice the religion of your choice. You must make reasonable accommodations for this religious worship.

Religious worship on you or require

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## **RIGHT TO EDUCATION**

As an individual with a disability, you have the right to an education and appropriate services if you are age of 18. In some cases, you may be eligible from 19 years to 22 years of age also eligible.

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## **RIGHT TO ADEQUATE DIET**

You have the right to be provided with a nutritionally sound and medically appropriate diet. The facility is required to conduct a nutritional evaluation of you within the first week after you are admitted.

If you have special medical or religious dietary needs, the facility must provide for them. The facility must take appropriate steps to correct any nutritional deficiencies found during your nutritional evaluation.

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## **RIGHT NOT TO BE PHOTOGRAPHED EXCEPT FOR CONFIDENTIAL IDENTIFICATION UNLESS YOU WANT TO**

A facility may photograph you for identification when you are admitted there. These photos are confidential.

You or your guardian must give consent for any photographs to be taken.

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## **RIGHT TO REGULAR EXERCISE**

You have the right to regular exercise. The facility must provide opportunities and facilities for exercise and recreation.

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## **RIGHT TO INTERACT WITH OTHER PATIENTS OF THE SAME SEX**

You have the right to interact with other members of the same sex. There is an order of preference for interaction if there is an order of preference for treatment at that facility.

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## **PATIENT LABOR**

You can not be required to perform labor which involves the operation and maintenance of the facility, but you can voluntarily perform such labor and the facility must reimburse you for it.

You may be required to perform therapeutic tasks which do not involve the facility's operation and maintenance if the task is part of your treatment plan.

If the task is something the facility would otherwise have to pay someone to do, you must be paid for it.

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Part 4

## **TREATMENT RIGHTS**

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### **RIGHT TO APPROPRIATE TREATMENT**

You have the right to appropriate treatment under conditions that are supportive of your personal liberty. Your liberty can not be restricted except as reasonably necessary for your treatment or for the protection of you or others from physical injury.

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### **RIGHT TO BE FREE FROM UNNECESSARY PHYSICAL RESTRAINT AND SECLUSION.**

Physical restraints (soft ties) or seclusion (locked quiet room) may not be used unless you are likely to physically harm yourself or others

unless restrained  
consulted about  
among adequate  
restraints, includ  
are in restraints  
must be visited  
adequate oppor  
access to bathro  
out of restraints  
medical record  
reason for use  
seclusion, the ti  
restraints or sec  
authorizing staff

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### **RIGHT TO VOLUNTARY**

If you are held fr  
your will, you mi  
need for volunt  
accept voluntary  
leave when you  
hospital starts ir  
proceedings. TI

hours in which to evaluate you before filing for involuntary commitment.

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If you are involu  
you are no longe  
likely to cause s  
be discharged.

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## **PAYMENT RIGHTS**

You or your family may be billed for some or all of your treatment, according to ability to provide for payment. If you are transported to a facility for involuntary commitment, your return transportation will be paid for.

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## **RIGHT TO CONSENT TO TREATMENT**

You have the right to give or withhold consent to your treatment if you are capable of giving informed consent, unless the situation is a crisis or impending crisis.

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## **RIGHT TO EARLY DISCHARGE**

## **RIGHT TO TREATMENT**

You have the right to receive in-depth treatment for your treatment throughout your admission. The following factors include:

1. specific goals directed toward symptoms and problems;
2. frequent monitoring of progress and treatment, and a complication;
3. frequent monitoring of involuntary commitment necessary;

4. a plan for when you go home that fits your needs for social, family and treatment supports.

4. Reasons this was considered :
5. What, if any services are available.
6. Why specific services were not included

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## **RIGHT TO PARTICIPATE IN PLANNING YOUR TREATMENT**

You have the right to participate in the on-going planning of your mental health services. If you request, your family members, your guardian, a mental health professional who has worked with you before, your lawyer, other representative, or close friends must be involved in planning. You may request specific forms of therapy. You must receive an explanation, in terms you can understand, of:

1. Your general condition and prognosis,
2. Treatment goals and objectives,
3. Any bad effects of the treatment,

Your treating physician may withhold any of these services if you are not ready to accept them.

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## **RIGHT TO APPROPRIATE DISCHARGE**

Planning for your discharge should begin when you are admitted to the facility. You have the right to develop and agree on a discharge plan. The facility must

plan. The plan must include an agreement by agencies and individuals in your home community that will give you a network of services and support with the least restriction necessary. If you are indigent you shall receive suitable transportation to your permanent residence, or another suitable place. If you are transported to a facility for involuntary commitment, your return transportation will be paid for.

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## **RIGHT TO BRING GRIEVANCES**

You have the right to bring grievances about your treatment, care or rights to an impartial group in the facility. You must be informed of the existence and contents of the grievance procedure. A staff member must assist you with your complaints.

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## **RIGHT TO PROMPT AND ADEQUATE MEDICAL TREATMENT**

You have the right to prompt and adequate medical treatment for any physical ailment.

The facility must provide for your psychiatric and medical treatment.

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## **DIET MAY NOT BE USED AS PUNISHMENT**

You can not be denied food as a punishment.

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## **RIGHT NOT TO BE SUBJECT TO EXPERIMENTATION**



\* The state ombudsman

Telephone numbers are listed at the end of this manual for the Disability Law Center of Alaska, the Alliance for the Mentally Ill, Mental Health Consumers of Alaska, and the Alaska Mental Health Association.



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## **RIGHT TO BE GIVEN ALL INFORMATION ABOUT MEDICINE**

If medication is prescribed in your treatment plan, you must be given the following information:

1. an explanation of your diagnosis and prognosis, or your major symptoms, with and without the medication;
2. the purpose of the medication, possible benefits and side effects, such as Tardive Dyskinesia and other conditions, ways to treat side effects, and recommended ranges of dosages;
3. a review of your medication history and previous side effects from medication;
4. an explanation of interactions with other drugs, including alcohol and street drugs;

5. information about treatments and nontreatments;

6. a statement of your right to withhold consent for withdrawal of notice that you refuse treatment.

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## **COURT ORDERED MEDICATION**

If your doctor believes you are incapable of giving informed consent or there will be a risk to your health in this situation, the fact that you are on medication does not require you to order for medication. You should contact a lawyer at the

lawyer will be appointed if you cannot afford one.

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## **QUESTIONS YOU MAY WANT TO ASK ABOUT MEDICINE**

You have the right to know the name of the medication that you are asked to take, what its purpose is, and what side effects can occur with the medication.

### **You may want to ask some of these questions:**

- \* Why should I take this medication?  
What will happen if I don't take it?
- \* Can I be treated without medication?  
Can I have a second opinion?
- \* What is the name of the medication prescribed for me?

- \* How is it supposed to work?  
How soon will I notice an effect?
- \* How is it supposed to be taken?  
What are the "side effects" of this medication? Will it affect my medical or physical condition?
- \* Are there side effects?  
If so, when will they occur?  
How long will they last?
- \* Is it similar to, or different from, medication I was taking before?
- \* How much should I take?  
How many times a day? Will it be effective?  
Before or after meals?  
What should I do if I forget to take it?  
What should I do if I take too much?  
What should I do if I don't take it?
- \* Is it all right if I drink alcohol or use other medications while taking this medication?
- \* Is there any food or drink I should avoid while taking this medication?

- \* Are there other medications I should avoid when taking this medication?
- \* Will this medication affect my interest in sex? Will this medication affect any other activities, such as driving, etc.?
- \* (For women) Will this affect my menstrual periods? Should I take the Pill while taking this medication? If I get pregnant while taking this medication, could it have any affect on my baby? Should I take it while nursing?
- \* Is there anything else I should know about this medicine? How often will you review with me what the medication is doing?
- \* How long will I need to take this medication? How soon may I take this medicine?
- \* If I take this medication for a long time, what can it do to me?
- \* What is tardive c  
I get TD from tak  
Can something b
- \* What will happer  
medication? Ca  
it?
- \* Can I become ac  
medicine?

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Part 6

## **OUTPATIENT RIGHTS**

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### **LEGAL RIGHTS RETAINED**

If you are receiving mental health treatment at a community mental health center, you have the legal rights and responsibilities guaranteed to all other U.S. and Alaska persons under the Constitution and statutes of the United States and the State of Alaska.

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### **CLIENT BILL OF RIGHTS**

Every community mental health center in Alaska must post a notice of client rights. This list of rights must include:

1. Your right to participate in planning your treatment plan. This includes your ability to:

- \* ask for speci
- \* be notified w therapy are r
- \* refuse specif
- \* be informed your treatme

2. Your right to revi record with a sta
3. Your right to be i prescribing phys purpose, and po the medication p your treatment p
4. Your right to reqi copy of a summa including follow-t
5. Your right to con is discussed on t

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### **CONFIDENTIALITY**

You have the right to have all records and information about your treatment at a community mental health center kept confidential. Generally, the community mental health center can release information and records about your treatment only if you, or your authorized representative (such as a legal guardian), sign a written release of information.

- \* a person authorized to act on your behalf in order to obtain records
- \* a designated representative if the client is incompetent
- \* direct health care services, medical or psychiatric, in an emergency and

The written release of information must include your name, the beginning and end dates of the authorization, the specific information to be released, the name (or names) of the authorized recipient(s) of the information, and your signature or the signature of your authorized representative.

- \* mental health services if the client and community mental health center are evaluating the client's ability to manage his or her own affairs
- \* insurance or health care providers, to obtain records needed to process a claim

There are a few situations in which the community mental health center can release information without your written consent. These include, but are not limited to:

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## **INFORMED CONSENT PROCEDURES**

A community mental health center must obtain written and “informed” consent from you before conducting experimental treatments, nonstandard treatment, or having you participate in education or demonstration programs, such as the use of audio visual equipment or one-way mirrors.

“Informed” means you have been given complete information about the treatment or program, its potential risks and benefits, and the reason(s) the community mental health center believes this treatment or program would be beneficial to you.

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## WHO TO CALL ABOUT YOUR RIGHTS

Disability Law Center of Alaska  
615 E. 82nd Avenue, Suite 101  
Anchorage, Alaska 99518  
(907) 344-1002 or (800) 478-1234

Juneau office:  
230 South Franklin, Suite 209  
Juneau, Alaska 99801  
(907) 586-1627

Fairbanks office:  
250 Cushman, Suite 3H  
Fairbanks, Alaska 99701  
(907) 456-1070

Bethel office:  
P.O. Box 2303  
Bethel, Alaska 99559  
(907) 543-3357

Mental Health Consumers of Alaska  
101 East 9th Avenue, Suite 3-A  
Anchorage, Alaska 99501  
(907) 277-3817

Alaska Alliance for the  
110 W. Fifteen Ave.,  
Anchorage, AK 995  
(907) 277-1300

AK Mental Health As  
4050 Lake Otis Park  
Anchorage, AK 995  
(907) 563-0880