ACKNOWLEDGMENT I have been personally advised and have received a copy of these rights at the time of my admission
to ____________________________________________ (NAME OF FACILITY) ____________________________________________ (SIGNATURE OF PATIENT) (DATE) AND/OR ____________________________________________ (NAME OF FACILITY) ____________________________________________ (SIGNATURE OF DESIGNEE) (TITLE: PARENT, GUARDIAN, ETC.) (DATE) as the designated representative of ____________________________________________ I have been personally advised and have received a copy of these rights at the time of his/her admission to ____________________________________________ (NAME OF FACILITY) ____________________________________________ (SIGNATURE OF DESIGNEE) (TITLE: PARENT, GUARDIAN, ETC.) (DATE) اقرار لقد أبلغت شخصيًا وحصلت على نسخة من هذه الحقوق وقت دخولي إلى ____________________________________________ (اسم المرفق) كما ____________________________________________ (توقيع المرفق) (التاريخ) أبلغ شخصيًا الممثل المعين لصالح ____________________________________________ (اسم المرفق) (توقيع من ينوب عن) (المسمي: والد، وصي، غير ذلك) (توقيع المرفق) (التاريخ) وحصل على نسخة من هذه الحقوق وقت دخوله إلى
Each patient, resident or client in this facility has the following rights:

(a) To wear their own clothes; to keep and use their own personal possessions including their toilet articles; and to keep and be allowed to spend a reasonable sum of their own money for canteen expenses and small purchases.

(b) To have access to individual storage space for their private use.

(c) To see visitors each day.

(d) To have reasonable access to telephones, both to make and receive confidential calls or to have such calls made for them.

(e) To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.

(f) To refuse convulsive treatment including, but not limited to, any electroconvulsive treatment, any treatment of the mental condition which depends on the induction of a convulsion by any means, and insulin coma treatment.

(g) To refuse psychosurgery.

(h) To see visitors each day.

(i) Other rights, as specified by regulation.

Each patient shall also be given notification in a language or modality accessible to the patient of other constitutional and statutory rights which are found by the State Department of Mental Health to be frequently misunderstood, ignored, or denied.

Upon admission to a facility, each patient shall immediately be given a copy of a State Department of Mental Health prepared patients' rights handbook.

The rights specified in this section may not be waived by the patient, guardian, or conservator.

The professional person in charge of the facility or their designee may, for good cause, deny any of the rights under (a) to (e), inclusive.

If you believe that one of your rights was denied without a good reason, you may call the Patients' Advocate who must respond to your complaint within two working days.

Valerie Williams, MPA - Program Manager
(714) 276-8145
Name Phone Hours

8:00 a.m. – 5:00 p.m.

Calvin Office of Patients’ Rights
1831 K Street
Sacramento, CA 95811-4114
Telephone: (916) 504-5810

If you are unable to locate a Patients' Advocate, you may contact:

California Office of Patients’ Rights
1831 K Street
Sacramento, CA 95811-4114
Telephone: (916) 504-5810

(This notice must be posted, as well as distributed, to each mental patient admitted in state hospitals, health facilities and communities care facilities.)