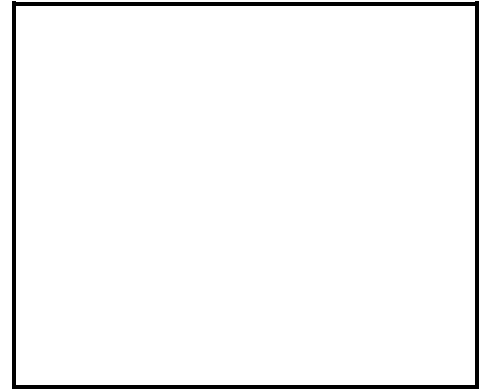




**MENTAL HEALTH SYSTEMS
ORANGE COUNTY
PATIENTS' RIGHTS ADVOCACY SERVICES**

**橘子郡
病人的权利支持服务**



Sections 5325 and 5325.1 of the Welfare and Institutions Code and Section 862, Title IX of the California Code of Regulations require that all persons prior to or at the time of their admission to the facility and during their stay, be advised of their rights as patients. There must also be written verification that they have been informed of these rights. This form has been designed to meet the requirements of these regulations. This side of the form will verify that the patient has been advised of his/her rights and provided with a copy of the Patients Rights Handbook. A completed copy shall be given to the person signing the acknowledgment. A completed copy shall be retained in the patient's personal file maintained by the facility. The original shall be filed in the chart.

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

as the designated representative of _____
(NAME OF PATIENT)

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)

福利与机构法案 5325 和 5325.1 部分, 和加州规章法案 862 部分, 标题 IX 要求所有人在进入机构之前或之时以及在他们停留期间, 应被告知他们作为病人的权利。同时也应有书面证明他们已被告知这些权利。该表格被设计以满足这些规章的要求。表格的这一面将核实病人已经被告知他/她的权利, 并被提供了病人权利手册的复印件。完成的复印件应被给予签署承认书的人。已完成的复印将应保留在病人的个人资料中, 由机构维护。原始表应存档在记录中。

承认书我已被当面告知并收到这些权利的复印件, 在我进入 _____
(机构名称)

(病人签署) (日期) 和/或作为

(病人名称)

的指定代表已经被当面通知并收到这些权利的复印件, 在他/她进入 _____ 之时。
(机构名称)

(被指派者签名) (身份: 病人, 监护人等) (日期)

RIGHTS OF MENTAL PATIENTS AND RESIDENTS

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 and receive the services of a patient advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services.
- (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 parent, 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

8:00 a.m. - 5:00 p.m

Name

Phone

Hours

It is their responsibility to investigate and resolve your complaint to your satisfaction. If they are unable to do so, the complaint must be referred by them to the local mental health director. After that, if the problem is still not resolved, it must be referred to the office of Patients' Rights, State Department of Mental Health, Sacramento.

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.)

精神病人和住户的权利

该机构内每位病人，住户或客户有如下权利：

- (a) 穿自己的衣服；保留并使用自己的个人物品，包括他们的盥洗用品；并保留并被允许花费自己钱财的合理部分买吃的或小东西。
- (b) 可以获得个人储物空间供私人使用。
- (c) 每天看访客。
- (d) 可以合理使用电话，拨打或接收保密电话或者让人帮助拨打这些电话。
- (e) 可以方便获得书写材料，包括邮票，并邮寄和接受密封的信件。
- (f) 拒绝休克疗法，包括但不限于，任何电休克疗法，任何依靠任何方式的诱发惊厥的治疗，以及胰岛素昏迷治疗。
- (g) 拒绝精神外科学。
- (h) 去看并接受对接受精神健康服务的人没有直接或间接临床或管理责任的病人支持者的服务。
- (i) 其他权利，由规章说明。

每位病人也应通过病人理解的语言或方式被告知其他由州精神健康部门认为被频繁误解，忽视或否认的宪法和法定权利。

在进入机构时，每位病人应当马上被给予州精神健康部门准备的病人权利手册的副本。

在此部分说明的权利不应被病人，监护人，或保护人免除。

负责机构的专业人士或他们的指定人可以，处于善意原因，拒绝任何(a)至(e)下的权利，全部包括。

如果你相信你的任何权利被拒绝，而没有良好理由，你可以拨打病人支持者的电话，其必去在两个工作日内回应你的投诉。

Valerie Williams, MPA - Program Manager

(714) 276-8145

上午8:00-下午5:00

姓名

电话

时间

他们有义务调查并解决你的投诉，让你满意。如果他们无法做到，该投诉必须由他们转移至本地精神健康主管。在此之后，如果问题仍未解决，必须转移至Sacramento的州精神健康部的病人权利办公室。

如果你无法找到病人支持者，你可以联系：

California Office of Patients' Rights (加州病人权利办公室)
1831 K Street
Sacramento, CA 95811-4114
电话：(916) 504-5810

(该通知必须被张贴，并被发放，向每一位进入州医院，健康机构和社区护理机构住院的精神病人。)