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)
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 connection with his care.

(i) Other rights, as specified by regulation.

Each patient shall also be given notification in a language or modality accessible to the patient of the rights under (a) to (e), inclusive.

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

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 agency. After that, if the problem is still not resolved, it must be referred to the office of the 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.)