



**State of New Jersey**  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH SERVICES

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**DIVISION OF MENTAL HEALTH SERVICES**  
**ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM**

March 25, 2002

**SUBJECT: Administrative Bulletin 3:23**  
**Patient Bill of Rights Implementation in State Hospitals**

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it. Also attached is a revised Administrative Bulletin Index for your Manual.

Alan G. Kaufman  
Director

AGK:pjt  
Attachment

## DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN # 3:23

EFFECTIVE DATE: March 25, 2002

SUBJECT: Patient Bill of Rights Implementation in State Hospitals

### I. PURPOSE

To ensure that hospitals comply with the statutory requirements to post and distribute to all patients and their guardians, where appropriate, notices of the rights guaranteed to patients under Title 30 of the New Jersey Statutes.

### II. POLICY

It is the policy of the Division of Mental Health Services to notify patients of their rights and to give guidance to staff responsible for compliance with the statutory framework, which includes provisions for the posting of the rights, the communication of those rights to individuals in an understandable format, and denial of rights only in accordance with the statutes.

### III. AUTHORITY

N.J.S.A. 30:4-24.2, Rights of Patients

N.J.S.A. 30:4-27.11, Rights of Patients Admitted to Short Term Care or Psychiatric Facility or Special Psychiatric Hospital

### IV. SCOPE

All State psychiatric hospitals. For rights notifications applicable to consumers of community services, see N.J.A.C. 10:37-4.5.

### V. RESPONSIBILITY

The CEO of each hospital will designate one person at the hospital who will be responsible for compliance with this bulletin. The Multicultural Liaison will identify resources for translations and interpreters needed to comply with this bulletin.

### VI. PROCEDURES

#### A. Posting of rights

The attached notice to patients shall be prominently posted in each hospital building in which mental health services are provided. In any building in which patient movement between areas of the building is restricted, the notice shall be posted in each locked area of the building. If the notice is damaged or defaced, staff shall replace the notice within 24 hours.

#### B. Notification at time of admission

Within 5 days of admission, a copy of the notice attached to this policy shall be given to each

patient. If the patient is a minor or has a legal guardian, the notice shall also be given to the patient's guardian. If the patient or guardian understands English but cannot read, the rights notice shall be read to him or her. If the patient or the guardian does not read or understand English, the admitting physician will notify the CEO's designee (from V. above) of the primary language, if known, and the hospital will supply to the patient or guardian a written and/or verbal translation of the rights in a language comprehended by the patient or guardian within 5 days of admission.

The patient or guardian will be asked to acknowledge receipt of the "Patient Bill of Rights Notification" on the "Patient Bill of Rights Acknowledgment" form (attached); staff will document, on the same form, provision of a verbal notice, any language accommodation, and any refusal by the patient or guardian to acknowledge the receipt of the notification. The original of the form will be placed in the patient's record and a copy will be given to the patient.

#### C. Denials of Rights

Each hospital shall have an internal policy that dictates the process to be used to deny a patient's deniable rights (see attached notification). The CEO or his or her designee shall assure that the policy is in compliance with N.J.S.A. 30:4-24.2, this bulletin, the professional obligations of staff, and any other state or federal standards to which the hospital must adhere for funding, certification, or accreditation.

#### D. Hospital Operational Procedure

This bulletin shall take effect immediately, with all hospital policies, postings, and notifications to be in compliance within 60 days of its effective date.

Signed:   
Director

ATTACHED: Patient Bill of Rights Notification and Acknowledgment

PATIENT BILL OF RIGHTS NOTIFICATION  
State of New Jersey  
**DEPARTMENT OF HUMAN SERVICES**  
DIVISION OF MENTAL HEALTH SERVICES

Title 30 of the New Jersey Statutes contains various laws that guarantee particular rights to people who receive mental health services from the State, including that no patient shall be deprived of any civil right solely by reason of his or her receiving treatment. The law provides that within five days of admission, every patient shall receive written notice of the rights to which the patient is entitled. If a patient cannot read, these rights are to be read aloud to the patient. If the patient cannot read or understand English, the rights must be provided in a language or means of communication the patient understands. If the patient is an unemancipated minor or has been adjudicated to be incompetent, a copy of these rights will be given to the patient's guardian with the same accommodation for disability or language difference. Receipt of this notice is to be acknowledged by the patient or legal guardian and a copy shall be placed in the patient's chart. If a patient or guardian refuses to acknowledge receipt of the notice, the law requires that this fact be documented.

**Absolute rights are rights that cannot be denied to you under any circumstances. Other rights will only be denied to you for reasons having to do with your recovery or treatment. Questions or complaints about your rights can be directed to your treatment team, the Client Services Representative, your attorney, or New Jersey Protection and Advocacy.**

**THE PATIENT BILL OF RIGHTS**

**You have an absolute right** to be free from unnecessary or excessive medication. If you are or become a voluntary patient, you may refuse all medications and treatments.

**You have an absolute right** not to be subjected to experimental research, shock treatments (ECT), sterilization, or psychosurgery without your express and informed written consent after consultation with an attorney or advocate.

**You have an absolute right** to be free from physical restraint and isolation unless an emergency situation requires that you be restrained or secluded in the least restrictive manner appropriate to the situation.

**You have an absolute right** not to be hit, kicked, or otherwise physically punished by staff.

**You have an absolute right** to communicate with your attorney, physician or the courts. An attorney will represent you in any proceeding relating to your commitment or admission. If you are unable to afford an attorney, the state will provide one to represent you.

**You have an absolute right** to participate in your treatment plan to the extent your condition permits your participation, and to have examinations, services, and a verbal explanation of the reasons for your admission and any medical information provided in your primary language or other means of communication.

**You have an absolute right** to education and training suited to your age and attainments, if you are between the ages of five (5) and twenty (20).

Your rights to register and vote, or to hold or enjoy any license, permit, privilege or benefit pursuant to law shall not be denied, modified, or varied because you are receiving evaluation or treatment for mental illness.

You also have the following rights, which are not absolute, but they will only be denied to you for good cause. If they are denied to you for good cause, you (and your guardian if you have one) and your attorney will receive a written notice stating why and for how long each right will be denied (up to 30 days with renewals of up to 30 days each so long as the denial is necessary):

To privacy and dignity.

To the least restrictive conditions necessary to achieve the purpose of treatment.

To wear your own clothing, to keep and use your personal possessions, and to keep and be allowed to spend a reasonable sum of your own money.

To have access to individual storage space for your private use.

To see visitors each day.

To have reasonable access to and use of telephones both to make and receive confidential calls.

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

To regular physical exercise several times a week.

To be outdoors at regular and frequent intervals, so long as your medical conditions permit.

To suitable opportunities for interaction with members of the opposite sex, with adequate supervision.

To practice the religion of your choice or to abstain from religious practice.

To receive prompt and adequate medical treatment for any physical ailment.

To petition a court to review whether you are being legally detained (file a writ of habeas corpus) or to enforce any other right through a civil action, whether stated in this notice or otherwise available by law.

To the protection of your confidentiality, especially with respect to written records of your treatment.

In general, your records or any information about your treatment cannot be shared, except with those involved in your care or treatment, without either your consent or the order of a court.

You will be provided with an attorney unless you choose to hire your own attorney. Your attorney will assist you in understanding and enforcing any rights guaranteed to you by law, and will represent you at regular judicial reviews of your commitment or admission that will be provided pursuant to state law.

While you are an involuntary patient, you have a limited right to refuse to take psychotropic medication, and to have that medication order reviewed before you are required to take the medication.

If you feel you have been denied any of these rights improperly, call the hospital's Patient Services Representative or your lawyer.

PATIENT BILL OF RIGHTS ACKNOWLEDGMENT

I acknowledge receipt of a copy of the "Patient Bill of Rights"

\_\_\_\_\_  
(Patient's Signature)

\_\_\_\_\_  
(Date)

OR

\_\_\_\_\_  
(Guardian's Signature)

\_\_\_\_\_  
(Date)

This is to certify that on \_\_\_\_\_ a document explaining the  
(Date)

Patient Bill of Rights was given to \_\_\_\_\_, who :  
(Print name of recipient)

( ) was admitted as a patient on \_\_\_\_\_  
(Date)

OR

( ) is the guardian of \_\_\_\_\_, who was admitted as a  
(Patient's Name)

patient on \_\_\_\_\_  
(Date)

Check all that apply:

( ) Rights were given orally as well as in writing

( ) Rights were read or presented in a language other than English: \*

\_\_\_\_\_ by \_\_\_\_\_, whose title or  
(language)

relationship to the patient is: \_\_\_\_\_

( ) Patient/guardian refused to acknowledge receipt.

Name and title of staff presenting rights: \_\_\_\_\_  
\_\_\_\_\_

\* See hospital's Multicultural Liaison for translation services and resources.

**Original to patient's chart**

**Copy to patient or guardian**

DMHS Patient Bill of Rights Notification and Acknowledgment

Attachment to AB 3:23

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