



New Jersey Department of Health
Division of Behavioral Health Services
New Jersey State Psychiatric Hospitals’
Family Resource Handbook

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Introduction

The Division of Behavioral Health Services (“DBHS” also herein references as the “Division”) created this book to familiarize you with the New Jersey (“State”) Psychiatric Hospitals (“Hospitals”). Within these pages you will find a description of the Hospitals including the treatment and discharge process, resources available, and some of the rules and regulations by which the Hospitals must operate. The DBHS recognizes the important role families play in the recovery of relatives with mental illness. With the consent or assent of the patient as required by law, the Hospitals will actively encourage family members and significant others identified by the patient to participate in the inpatient treatment and discharge planning process. To this end, please make sure you notify the Hospital of any changes in your contact information.

DBHS Vision Statement

The Division of Behavioral Health Services envisions that during hospitalization, all patients will receive compassionate care and treatment towards healing and recovery. This will be provided in a fully trauma-informed, safe and supportive environment for patients and staff.

DBHS Values

DBHS’ work is built on the principles of wellness and recovery and trauma-informed care within a healing and therapeutic environment.

This is driven by an unyielding pledge to the following values:

- Ensuring compassionate care while instilling hope and healing for all
- Providing customer service predicated by respect, dignity, and equality
- Offering high quality person-centered, strength-based, and evidence-based/best practices
- Empowering and incorporating the voice of the patient in the decision- making process
- Partnering with families, friends, and other community supports
- Embracing peer-led services and supports
- Committing to a culturally diverse workforce
- Developing a continuously evolving science-based learning community
- Upholding the highest standard of care at all times

Guiding Principles

DBHS is dedicated to providing the delivery of all services in the least restrictive setting while adhering to the guiding principles in every policy and procedure to begin discharge efforts at time of admission.

DBHS fully incorporates the following ten guiding principles of recovery as identified by Substance Abuse and Mental Health Services Administration (SAMHSA, 2018):

1. **Hope:** the belief that recovery is real; it is internalized and fostered by others; and is the catalyst of the recovery process.
2. **Person-Driven:** the belief that recovery is self-determined and self-directed as patients define their own life goals and are empowered to design their unique path(s) towards those goals.
3. **Many Pathways:** the belief that recovery is non-linear, characterized by continual growth and occasional setbacks, and pathways must be highly personalized.
4. **Holistic:** the belief that recovery encompasses an individual's whole life, including mind, body, spirit, and community.
5. **Peer Support:** the belief that recovery is supported by peers and allies to encourage, engage, and provide others with a vital sense of belonging and supportive relationships.
6. **Relational:** the belief that recovery is supported by the presence and involvement of people who encourage the person's recovery.
7. **Culture:** the belief that values and traditions are integral in determining the person's journey and unique pathway to recovery.
8. **Addresses Trauma:** the belief that recovery must be trauma-informed to foster safety and trust, which in turn nurtures choice and empowerment.
9. **Strengths /Responsibility:** the belief that the foundation for recovery involves the strengths and responsibilities from all involved; the person, staff, families, and communities.
10. **Respectful:** the belief that acceptance and appreciation for individuals affected by mental health and substance use challenges are crucial to achieve recovery.

Wellness and Recovery

All aspects of daily treatment reflect the DBHS' principles of Wellness and Recovery. This approach considers patients' individual goals and interests as the doorway to effective treatment. Highlighted strengths help patients find their own motivation to work toward improved health. Symptom management constitutes one (1) aspect of the overall reconstruction of life and community re-entry, but reclaiming a future includes other interests and needs as well. Your involvement enhances the process through advocacy and consultation.

The DBHS recognizes that the most effective treatment planning occurs with the patient, family, and significant others collaborating with various clinical disciplines, social supports,

and community providers. Therefore, effective treatment and discharge planning originate from the patient's goals and strengths that she/he and her/his family identify.

Who We Are and Who We Serve

New Jersey state laws organize and govern the hospitals within the DBHS, which operates under the auspices of the New Jersey Department of Health (NJDOH). The hospitals meet Joint Commission standards and/or Centers for Medicare and Medicaid Services (CMS) regulations. The hospitals provide quality care and treatment for patients and ensure that patient discharges are a seamless transition to the most clinically appropriate community setting.

The hospitals that provide inpatient psychiatric services for adults and their communities are comprised of patients and staff from a myriad of cultural, ethnic, and religious backgrounds, which adds to the richness of their shared diversity. We serve several distinct patient populations:

- Individuals who are 18 years of age or older who are civilly committed;
- Individuals on forensic status (NGRI: Not Guilty by Reason of Insanity, IST: Incompetent to Stand Trial, patients who fall under the provisions of Megan's Law, and individuals on a detainer from a county jail);
- Individuals with co-occurring substance use disorders; and
- Individuals with developmental disorders/neurological impairment who also have a mental illness.

The Hospitals provide many programs to promote recovery and community reintegration. Therapeutic services are provided by Psychologists, Psychiatrists, Medical Physicians, Master's-level Social Workers, and Advanced Practice Nurses. Nursing, Social Services, Rehabilitation Services, Chaplaincy Services, Co-Occurring Substance Use Services, and Nutritional Services provide additional counseling and programs. The three (3) non-forensic State Hospitals also offer consumer run Wellness Centers.

There are three (3) regional Hospitals located in the north, south, and central regions of New Jersey and one (1) forensic center:

- Ancora Psychiatric Hospital is a 425-bed hospital located near Hammonton in southern NJ;
- Greystone Park Psychiatric Hospital is a 506-bed hospital located in the north in Morris Plains;
- Trenton Psychiatric Hospital is a 400-bed hospital located in West Trenton in central NJ; and

- Ann Klein Forensic Center is a 200-bed facility located on the grounds of Trenton Psychiatric Hospital.

Admissions Process

Upon arrival to the hospital, your loved one is greeted by staff and interviewed by the Admissions Treatment Team, which includes a physician and a registered nurse. In most cases, the newly admitted patient receives treatment on one (1) of our admissions units. Most patients admitted are under regular commitment status and will have a court hearing scheduled within 21 days (see Commitment Hearing section for more information).

Types of Treatment Provided

Therapeutic Programming

Patients have individualized treatment programming to maintain and enhance skills necessary for successful community living. The treatment team works with the patient to select groups and activities based on his/her self-stated goals. Most scheduled programs take place in treatment malls. Patients are encouraged and expected to attend programming Monday through Friday, with additional less structured evening and weekend programs available.

Groups include but not limited to Medication Education, Health Education, Wellness, Illness Management and Recovery, Spirituality, Managing Difficult Life Experiences, Discharge Preparation, and diagnosis specific issues. Additional programs offered include Vocational Rehabilitation to assess and maintain work skills and Activity Therapy programs to help channel energy and interests in arts, crafts, music, dance, and sports. For patients under age 21 if classified or under the age of 20 if not classified without a high school diploma, there are Academic Education Programs to assist with earning a high school diploma.

Psychological Services

Psychologists are experts in understanding the dynamics of people and the unique interplay between cognition, emotions, and behavior. They help individuals find ways of functioning better by assessing and treating cognitive processes, dysregulated emotions, and situational distress. A psychologist interviews a patient about his/her history and engages with patients to define strengths and areas of improvement. Patient and clinicians together develop a treatment plan that suits each patient's unique needs. The psychologist might also administer psychological tests to assist in the assessment process. Often, psychologists provide an opportunity for the patient to talk and think about things that are confusing or worrying, offering different ways of interpreting, and understanding problems

and situations, and processing past trauma.

The psychologist might also recommend meeting with the patient's family or may suggest that the patient participate in skills training, cognitive remediation, individual meetings, or other forms of therapy. Psychologists can also help to identify, understand, and manage the risk factors for future mental health crises to help ensure successful community integration for the patient.

Co-Occurring/Substance Use Services

The Division employs Licensed Clinical Alcohol and Drug Counselors (LCADCs) or Certified Alcohol & Drug Counselors (CADCs). These Substance Abuse Counselors (SACs) provide services, under strict confidentiality and in accordance with federal laws and regulations, to patients who have a history of drug and/or alcohol use. Information is provided to motivate patients toward recovery. Group or individual counseling is available as well as weekly Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Nicotine Anonymous (NicA), Self-Management and Recovery Training (SMART), and Gambler's Anonymous (GA) meetings. Patients can also be escorted to these meetings in the community as their level of supervision permits. Patients at risk for substance use receive education about using substances while taking medications.

Chaplaincy Services

Chaplaincy Services are available to meet patients' spiritual needs. Each chaplain has:

- Been approved by their denomination,
- Received a master's or doctoral degree in practical theology, and
- Completed at least one (1) unit of clinical pastoral education.

Chaplains provide requested religious material from the patient's own faith tradition and help faith communities and local clergy work with their members who are hospitalized to minimize feelings of isolation and estrangement. Chaplains do not proselytize, evangelize, or promote a religious system. Chaplains also advocate for patients, and provide individual counseling, as they work through their questions of spirituality and their religious belief systems. Patients can participate in Spirituality groups and work on issues such as hope, healing, trust, guilt, fear, and acceptance, as well as attend religious services. Patients can ask their treatment team to refer them for Chaplaincy Services.

Medication

Medications prescribed by psychiatrists/advanced practice nurses (APNs) help patients with symptoms that interfere with or impede their ability to function. Below is a guide to the

four (4) major classes of medication used by psychiatrists/APNs.

- Antipsychotic medications are effective for treating symptoms of psychosis such as hallucinations (these can involve hearing, vision, sense of smell/ taste, and touch), delusions (beliefs that are false and not based in reality) and thought disorders (thoughts and conversation appear illogical and lacking in sequence). Antipsychotic medications can also be used to treat severe agitation and as an add-on medication and sometimes a primary medication for certain mood disorders. They can be effective in other psychiatric disorders as well. Examples of antipsychotic medications are Zyprexa, Risperdal, Abilify, Seroquel, Geodon, Haldol, Clozaril, Prolixin, Trilafon, and Navane.
- Antidepressant medications are used to treat symptoms of depression such as depressed mood, problems with sleep, poor appetite, social withdrawal, decreased energy level, and suicidal feelings. Antidepressants are also commonly used for other psychiatric disorders including, but not limited to, obsessive-compulsive disorder, anxiety disorders, and post-traumatic stress disorder. Examples of antidepressants include Zoloft, Prozac, Paxil, Effexor, Cymbalta, Wellbutrin, and Remeron.
- Mood Stabilizers are used to treat symptoms of mania such as rapid speech, hyperactivity, insomnia, grandiose ideas, distractibility, and agitation. They are also used to treat unstable mood not rising to the level of mania, and impulsivity. Anticonvulsant medications are often used as mood stabilizers, as are antipsychotic medications. Examples of medications used as mood stabilizers include Lithium, Tegretol, and Depakote.
- Anxiolytics are used to treat symptoms of anxiety such as heart palpitations, sweating, trembling, or shaking, shortness of breath, dizziness, fear of losing control, fear of social situations, and nervousness. Antidepressant medications are frequently used to treat anxiety as well. Examples of anxiolytics include Ativan, Klonopin, and Buspar.

If the treatment team is of the opinion that psychotropic medication is needed, the reason is explained to the patient, along with possible side effects, and the patient is given an opportunity to agree or disagree with taking the offered medication.

If the team is of the opinion that the patient requires medication, as he/she is a danger to himself or others, the team may utilize the hospital's process for giving medication without the patient's consent. This occurs through a formal process whereby the treatment team

presents the case to a panel, which includes a psychiatrist who does not work for the hospital. The patient has the opportunity to express their thoughts and feelings about medication and is guided through the process by a Client Services Advocate (CSA). The role of the CSA is to ensure that the proper process is followed and to provide assistance to the patient. The panel listens to the opinion of the treatment team and the patient, if they choose to participate, and makes a decision regarding whether medication can be administered without the patient's consent. The patient has the opportunity to appeal the decision of the panel. A separate document is available on request, explaining the requirements for medicating a patient without consent.

Treatment Teams

Treatment is patient centered and developed by an interdisciplinary team which may consist of the patient, a psychiatrist, nurse, nursing staff member, social worker, medical doctor, psychologist, rehabilitation staff, chaplaincy, substance use counselor and nutritionist. An advanced practice nurse may also be present as an additional resource. Treatment planning is based on the patient's self-stated goals and strengths.

The treatment plan is reviewed at treatment team meetings. The patient meets with her/his treatment team upon admission, at regular intervals throughout their hospitalization, and as needed. The team also meets to discuss significant events or can meet to see a family member.

Families are encouraged to participate in team meetings and can be vital to treatment outcomes. Patients are provided the opportunity to agree or object to involving family members in treatment team meetings before the team can extend an invitation to the family. In lieu of permission from the patient, family members may always provide information about the patient to the treatment team. If you are interested in attending a treatment team meeting, contact the treatment team contact person. You may also participate virtually or via telephone. Treatment history, past experiences, and expectations will be discussed, and questions will be answered.

Levels of Supervision

Levels of Supervision (LOS) refer to the treatment team's clinical decision regarding how much supervision a patient needs. Levels range from Level I to Level IV. Unless clinically contraindicated, patients on any level may receive visitors. Active treatment is provided for all patients regardless of their LOS.

- Level of Supervision I: (Maximum Supervision) Patients on LOS I are those who may pose a risk of harm to themselves, others, or property if less supervision was provided;
- Level of Supervision II: (Moderate Supervision) Patients on LOS II have begun to form a therapeutic alliance with staff, have shown signs of progress in self-management, exhibit improved mental status or reduction in symptoms, have improved behavioral controls, and increased level of functioning. Patients are escorted to appointments and programs. Brief home visits are permitted at the treatment team's discretion and if the family/support person is capable and willing to provide direct supervision for the duration of the visit;
- Level of Supervision III: (Limited Supervision) Patients on LOS III generally are able to control dangerous impulses and thus require less supervision than at LOS II. Patients can attend on grounds appointments and programs unescorted. Team approved off-ground trips are permitted with supervision. Brief home visits are permitted after family/support person meets with the treatment team and the family/support person is capable and willing to provide supervision for the duration of the visit; and
- Level of Supervision IV: (Minimal Supervision) Patients on LOS IV pose no or minimal risk of harm to self, others, or property and may be discharged upon finalization of aftercare and housing plans. Team approved off-ground trips are permitted.

Discharge Planning

Discharge planning begins as soon as a patient is admitted to a hospital. Patients are discharged as soon as they are stabilized. Patients must have an appropriate place to live, financial support, and aftercare arrangements. Discharge placement and aftercare

decisions are made in collaboration with the patient, primary support person(s), and community agency providers, as applicable.

For those patients who cannot return home, other placement options are explored. The social worker collaborates with the patient and treatment team as the plan progresses. If you have questions about a patient's discharge plan, you may contact the social worker assigned to the care of your loved one.

Consumer choice as to where a patient wants to live in the community is the driving force behind discharge. Patients may be discharged to their families, or to an independent living situation, such as apartments in the community. Patients may also go to group homes, which can provide anywhere from 4 to 24 hours of daily supervision, depending on the facility. There are also housing programs that provide patients with their own apartment with support services. Community Support Services (CSS) is a service that focuses on Wellness and Recovery principles that focus on Psychiatric Rehabilitative Services and skill building goals to allow the patient to become integrated into their environment. Other types of housing include residential health care facilities, nursing homes, and assisted living facilities.

Depending on the patient's treatment needs and health insurance coverage, aftercare can include a day program, outpatient psychiatric treatment, substance use disorder treatment and case management services. Additional supports may include services such as Programs for Assertive Community Treatment (PACT) and Intensive Case Management Services (ICMS). Unless the patient objects, family members are encouraged to attend the discharge meeting.

You Can Assist in Discharge Planning

- Inform the team of how the patient has responded to past treatment and discharge arrangements. We are especially interested to learn what has worked, what has not worked, and why;
- If the patient has not given consent for you to attend treatment team meetings or for the team to speak with you, you may always share information about the patient with the

Treatment Team via letter or phone, however team members cannot provide you specific information regarding the patient. Please refer to the section regarding Confidentiality; and

- Encourage the patient to make responsible choices within the treatment and discharge process. We encourage patients to take responsibility for their recovery and play an active role in their treatment.

Civil Commitment Hearings

Patients have their commitment status reviewed periodically at court hearings held at the hospital. Hearings are scheduled approximately 20 days after admission, and thereafter as ordered by the Judge. Patients are represented, at no cost, by attorneys from the Office of the Public Defender, or as provided by their county of residence. Patients may retain a private attorney at their own cost if they choose. The Judge may:

- Order a patient discharged;
- Order a Conditional Extension Pending Placement (CEPP) status for individuals who no longer meet the standard for involuntary commitment, but presently have no appropriate placement in the community;
- Order Involuntary Outpatient Commitment (IOC); or
- Continue the patient's commitment.

If the treatment team believes that the patient is ready for discharge, the patient may be released prior to a hearing. The Judge also sets a review date for a future hearing, if needed. Families are notified of hearings by the County Adjuster's Office (through the Court Coordinators office), and they may attend. You will receive notice via the mail. Patients admitted through the criminal justice system are assigned levels of privilege and/or discharged by court order only. They may be returned to jail or released to the community per the order of the Judge.

Business Office/Payment

If you have questions about the cost of care, contact the Supervisor of Patient Accounts at the hospital in which the patient was admitted.

If it is determined that the patient is required to contribute to the cost of care, and if for some reason the patient is unable to meet this obligation, New Jersey law provides the Commissioner with the authority to compromise debts owed for patient charges in hospitals. A compromise may include a reduction, or full forgiveness of the debt depending on circumstances.

Requests for compromise for settlement of the obligation are granted by the Commissioner or designee and shall provide the person requesting a compromise with the opportunity to maintain the person's or parent's housing and usual standard of living in the community, provide for any medical expenses or special needs, support any minor, disabled, elderly or other dependent, and provide for any other genuine financial needs.

Requests to compromise for settlement of the obligation shall be liberally granted by the Commissioner or designee and shall promote the person's opportunity to obtain and maintain employment, purchase property, both real and personal, and achieve full reintegration into the community, as applicable.

The patient (or Guardian, in the case where a court has adjudicated that a patient is incapacitated) will be asked to complete a Compromise Offer Fact Sheet, a copy of the patient's most recent federal income tax return, and a separate written statement which includes reasons for requesting a compromise and how approval of the compromise will benefit the patient. The whole packet should be sent to the business office of the hospital in which the patient was admitted.

Upon the request of a person treated at a psychiatric facility or that person's legally responsible relative, against whom a lien was recorded prior to the effective date of P.L.2005, c.55, the Department shall arrange for the discharge of the lien by the clerk of the county, register of deeds and mortgages or clerk of the Superior Court, as the case may be.

If there is still a problem with the billing, any of the mental health advocates below may also be contacted regarding Hospital-filed liens, the underlying debt, or the compromise process:

- Disability Rights of New Jersey (DRNJ) – 800-922-7233;

- Community Health Law Project – 973-275-1175;
- NAMI NJ – 732-940-0991

Emergency Safety Measures

The goal of the hospitals is to be restraint free. The use of restraints (the restriction of movement using devices expressly for such purpose) is an accepted practice only to be used as a last resort -- when a patient is a significant threat to self or others and other measures such as the use of a comfort room, supportive counseling, and/or medications are unsuccessful. A physician's order is required when a restraint is used. A restraint is used until the patient is able to regain control in the shortest time possible. During a restraint episode, staff monitors and counsels' patients to ensure their safety. Should emergency safety measures, such as seclusion or restraint be required, the patient has the right to ask that their family and/or support system be informed. An explanation shall be provided regarding the use of this intervention and criteria for release will also be explained. This intervention is reserved for extreme safety emergencies. Additionally, families and/or support system are encouraged to contact the hospital to discuss any questions they may have about the patient's treatment or condition. It is important for the patient and family to let staff know what has helped the patient de-escalate or self soothe in the past.

Patients with Medical Problems

In addition to treatment for psychiatric illnesses, patients also receive care to prevent and treat medical illnesses. There is a medical doctor assigned to each unit to ensure that patients receive appropriate medical care. A physical assessment is completed upon admission and reviewed by the medical doctor within the first 24 hours. Necessary blood tests and diagnostic tests are ordered to screen and/or treat medical illnesses. A patient may be transferred to a general hospital for specialized tests or treatment, as necessary. Patients have the right to appropriate pain relief through the hospital's pain management protocol. Some tests and treatments require the patient's informed consent. If a problem is found, it is explained to the patient along with proposed procedures, benefits, risks,

alternative procedures, and the prognosis, if no treatment is provided. A patient may also execute an Advance Directive, also known as a Living Will. For patients who are unable to make informed decisions, guardianship is explored.

Safety and Wellbeing of Patients in the Hospital

The Division is committed to providing a trauma-informed environment and promoting the safety and well-being of our patients, staff, and visitors. Hospital safety is a top priority, and every effort will be made to prevent violent incidents. Each hospital has a patient safety committee whose mission is to reduce the occurrence and improve outcomes of preventable medical errors and near misses. The goal is to foster an interdisciplinary and collaborative approach to the delivery of safe care.

The Safe Patient Handling Program operates with a “culture of safety” approach to safety in the hospital and includes assessment of patient needs, provision for obtaining necessary assistive devices, and education of staff in the safe and appropriate operation of equipment and/or other approved patient handling aids used to replace manual lifting and handling of patients except, when necessary, as in a medical emergency.

Electronic Surveillance System

In order to promote safety and protection of patients, visitors, and staff, an electronic surveillance system has been installed in each hospital. Cameras are not positioned in areas such as bedrooms, bathrooms, or examination rooms.

Tobacco/Smoke Free Environment

The hospitals are smoke and tobacco free facilities. We provide our patients with a number of resources for support when quitting. There are programs available in each hospital. Programs include support and nicotine replacement therapy to relieve the physical and emotional symptoms that can be experienced while quitting.

Caffeinated Beverages

As caffeine is a psychoactive substance and may affect behavior and interact with certain medications, caffeinated beverages may be limited. Physicians may further restrict a particular patient's access to caffeine if its use interferes with their clinical condition. Appropriate patient education is provided to reinforce the importance of caffeine restrictions

Clothing, Valuables, and Money

Patient Clothing

Patients may wear their own personal clothing. If needed, the hospitals supply patients with clothing including jackets and coats in the cooler months. Washers and dryers are available for patients' use. Each unit handles this process in accordance with a specified schedule. Each patient is provided a storage space (closet/wardrobe, nightstand, or dresser) for a limited amount of clothing and belongings. The hospitals must comply with safety, environmental, and fire regulations. Therefore, patients with items exceeding their assigned storage space must arrange to have some items sent home or downsize their belongings. The treatment team coordinates these arrangements with the patient and their family.

Valuables

Valuables should be taken home or kept in the Business Office safe. The hospital is legally responsible only for property in the safe. Patients are expected to care for their clothing and personal items to the best of their ability.

Patient Access to Money

The hospitals operate through a cashless system. Each patient may maintain an account. The cost of items purchased from the snack cart, or the hospital commissary are deducted from that account. The patient is regularly given an accounting of their balance. There is a formal procedure for patients to access their account, such as obtaining spending money

for an off-grounds trip. If you want your relative to receive funds from you, please make a deposit in their assigned account using a check or cash. If the Cashier's Office is closed, checks may be left with the visitor's check-in staff. Cash is not accepted by visitor's check-in staff.

Visiting

Process

The hospital encourages patients to have visitors for emotional support and to foster relationships and community connections. In order to provide a pleasant visit and safe environment for both patients and visitors, visitors are requested to follow the steps below.

1. To confirm that a patient is available to receive visitors, please call their unit prior to your intended visit. Please note that patients have the right to refuse visitors;
2. Please bring a valid federal or state government issued photo identification which includes your name and picture, so we know who you are. You will be given a visitor pass which must be worn visibly at all times;
3. Please sign the visitor log at the visitor check-in area which will show the date and time of your visit, reason for your visit, and the name of the person you're visiting. You will also be asked to sign out so that we don't have to look for you after visiting hours;
4. If you are a patient's clergy, please contact the Chaplain's office prior to your visit. Upon arrival, check in with the Chaplain's office so that your visit can be made in private, if requested, depending upon the clinical condition of the patient;
5. Please lock any personal property in your car if possible;
6. Prior to the time of your visit, you will be given instructions that explain what is not allowed to be used by the patients or brought onto the grounds of the facility;
7. Your loved one also has the right to wear their personal clothing. DBHS facilities will provide your loved ones with clothing, footwear, toiletries, and outerwear if needed. Each hospital has limited space for patient belongings. Please check with the treatment team or unit administrator before bringing anything into the hospital for your loved one;
8. If you bring items not allowed to be used on the grounds of the facility, and have been

warned, you may have your visits limited or declined;

9. If you have children under the age of 18, who are interested in visiting, please make advance arrangements through your loved ones Treatment Team or Hospital Administrator;
10. Because of the laws surrounding patient confidentiality, no recordings of any kind, including audio and/or visual photography and video, may be made of patients without the patient's consent; and
11. Visitors are requested to use the bathrooms designated for visitors.

NOTE: Visiting policies are subject to change in the case of public health/security emergencies. Any such changes will be communicated to families and posted on the hospital's website.

Visiting Hours

There is an expectation that patients participate in therapeutic programming. There are approximately four (4) blocks of programming per day. Visiting hours have been set so that they do not interfere with active treatment. Regular visiting hours are set by the Chief Executive Officer and vary at each hospital, but in general, there are early evening hours Monday through Friday, and mid-afternoon and evening hours on weekends and State holidays.

1. You may request a special visit through your loved one's treatment team contact person and/or Unit Administrator.
2. If the set visiting hours create a hardship for you as a family member or significant other, special arrangements can be requested through the treatment team contact person and/or Unit Administrator.
3. If you as a family or significant other are attending a treatment team meeting and would like to visit after the meeting, please let the team know in advance so that arrangements can be made to allow extra staff to accommodate your visit.

Safety and Security

Each hospital is charged with ensuring that patients and their visitors have a positive experience without compromising patient care, active treatment, confidentiality, and safety. To maintain the safety and security of patients, visitors, and staff your cooperation with the following is appreciated:

- Please do not bring in valuable items for your loved one. All items brought for a patient are subject to a safety inspection.
- For the safety of the patients please do not give cash, checks or money orders directly to your loved ones. We do not want them to be misplaced or lost. Please provide funds to your loved ones/significant other through the facility's Business Office. Purchases are made via a computerized system from money in the patient's account.
- The hospital may limit the number of visitors in the visiting area.
- The treatment team may restrict visitation at any time if there are clinical indications that have a negative effect on the patient.
- Any person acting disorderly or appearing intoxicated or under the influence of drugs will be asked to leave immediately.
- During certain times of the year such as "Flu Season" we may limit visitors allowed in the facility.
- If the person you are visiting becomes upset or you become upset, staff is available to help you work things out.
- For the safety of patients, visitors, and staff some items are not permitted on Hospital grounds. A list of prohibited items will be provided at the visitor's check in desk prior to bringing in items.

Pre-placement Visits

Pre-placement visits involve a physician-ordered time away from the hospital (overnight) for up to 14 days to a visit to a potential residence for the purpose of transitioning to the discharge placement. These visits are intended to lead directly to the patient's discharge without a return to the hospital. An exception may be granted by the hospital if the placement provider provides a clinical justification within 24 hours of the end of the visit and if the

hospital and patient agree to a delay in the discharge. Exceptions include if a visit is requested by the patient or required for patients who have legal issues.

Brief Visits

Brief visits involve a physician-ordered time away from the hospital for a visit to a potential residence for the purpose of transitioning to the discharge placement. A brief visit may also be granted to spend time with approved supportive family members. These visits must be approved by the treatment team and may or may not lead to discharge. Due to unusual circumstances, brief visits can be denied for reasons such as, but not limited to patient safety, public health issues, etc.

Patient Meals

Most patients eat in the hospitals' dining rooms. Patients, whose clinical condition prevents them from going to the dining room, eat on their unit. Special diets are provided for medical and/or religious reasons. Each patient is evaluated by a registered nutritionist who oversees their nutritional care.

Hospital Canteens/Stores

Each hospital has a canteen and/or store from which patients are permitted to purchase food, soda, snacks, and hygiene products.

Patient Communication via Telephone and Mail

Patients have the right to use telephones for outside calls. There are telephones for patient use on each unit. Patients also have the right to receive and send mail. Postage is provided by the hospital. Only administrative and clinical personnel may officially deny these rights for a patient under special circumstances, such as when they lead to adverse clinical effects.

Multicultural/Interpreter Services

The Division ensures all persons admitted have access to services that take their ethnicity, cultural, and linguistic needs into account. A Multicultural Screening is completed upon admission. When a patient is identified as unable to understand English, staff will secure services of an interpreter through telephonic interpretation translation services or virtual interpretation translation services, by use of a Hospital Language Facilitator; and/or provided by a qualified Interpreter. This will ensure that any verbal communication during Treatment Plan Meetings and therapeutic programming is relayed accurately. If you are not able to understand English and wish to participate in your family member's care, please let us know so that we can provide interpretation services.

Addressing Ethical Concerns

The Ethics Committee provides an advisory forum where clinical decisions are discussed, conflicts are resolved, and recommendations are made. The Ethics Committee protects dignity, privacy, and respect for patients, their families, and staff. The Ethics Committee also ensures that business relationships with the public and other health care providers are conducted in an ethical manner.

Medical Advance Directives

Medical advance directives are documents created to describe the extent of medical treatment that an individual wants or does not want to receive if unable to communicate his or her wishes. Competent individuals have the right to make a medical advance directive, such as a living will or durable power of attorney for health care, and to appoint someone to make health care decisions for them if they are unable. For information about medical advance directives, patients are encouraged to speak to their medical physician at the Hospital.

Psychiatric Advance Directives

Psychiatric advance directives are documents created by an individual to describe the types of psychiatric treatment the individual does or does not want to receive if unable to communicate his/her wishes. Any competent individual has the right to make a psychiatric advance directive and to appoint someone to make psychiatric health care decisions for them if they are unable. We recommend that current patients discuss their decisions with family members, doctors, and nurses while feeling well. For information about psychiatric advance directives, patients are encouraged to speak to staff at the Wellness Center.

Ethical Interactions Between Patients and Employees

Interactions between patients and staff are valuable to the psychiatric treatment process, and care must be taken to ensure that relationships developed are appropriate, ethical, and clinically based. While patients may seek to form relationships with staff, staff must always maintain a consistent and professional demeanor. Staff members have ethical standards to which they must adhere as members of their profession or as a matter of regulation, law, and Hospital policies. If patients or family members have questions regarding staff/patient interactions, please contact a Client Service Representative or speak with a Treatment Team member.

Family Programs

Family Connection Meetings

Family Connection Meetings are held on a quarterly basis (at a minimum) at each Hospital. Invitations are sent to all listed patient contacts and the National Alliance of Mental Illness (NAMI) affiliates, NAMI NJ, and patients' families are contacted by the hospital. The agenda includes information regarding new initiatives and changes occurring within the hospital as well as items of interest that were identified by families who attended previous meetings. Hospital leadership is present and there is a question-and-answer period to allow families the opportunity to convey specific concerns. Check with the Coordinator of Family Services

of the specific hospital or the hospital administration for dates and times of the meetings.

Family Partnership Program

The Hospitals welcome the assistance of Family Partners, who because of their unique viewpoint can provide valuable information about conditions observed during unannounced tours of the Hospital. This information is shared with hospital administration. Recruitment efforts for monitors are continuous. Family Partners are trained family members/friends of current or former patients who have elected to volunteer and make unannounced but prearranged tours of hospital areas to provide constructive feedback to the administration. Family Partners serve to improve living conditions and enhance the quality of life for patients at the Hospital. Contacts between Family Partners and Hospital staff promote effective communication and understanding. As an additional but nonetheless important benefit, family members who participate as partners become advocates for the hospital and for the improved treatment of patients in the hospitals. Contact the Coordinator of Family Services at the hospital for more information.

Intensive Family Support Services

Intensive Family Support Services are a range of supportive activities designed to improve the overall functioning and quality of life of families with a mentally ill loved one. These support activities may include psycho-education groups, single family consultation, respite services, family support groups, systems advocacy, and referral/linkage. Services may be delivered in the family's home, at an agency or at a community location convenient to the family. The Social Worker assigned to the care of your loved one will provide information regarding the Intensive Family Support Services program in your county and services can begin at any time to support the family.

Concerns

Staff are here to help you. You can arrange to discuss any individual problem, any time, with any member of your treatment team and general problems at Life Management

Meetings held daily on all units, and they will work to assure that the concern/complaint is promptly addressed by the appropriate person. Your family may have questions regarding progress and treatment, and these may be directed to any member of the Treatment Team. It is important to remember that the social worker serves as the liaison between your family member and the treatment team. The social worker can help family members in obtaining answers to any questions they may have and can also advise family members regarding needed support services.

A treatment team member can assist in filing a formal grievance using the Patient/Patient Representative Grievance Form (see addendum section) if the issue is not resolved. When concerns about patient care and/or safety have not been addressed, hospital administration is available. If the concern cannot be resolved, you may contact the Joint Commission's Office of Quality Monitoring (1-800-994-6610 or complaint@jointcommission.org) to report concerns or register complaints.

If patients or family members still have a concern or believe that their rights have been violated, a procedure for handling concerns/complaints/grievances is posted on each unit. This procedure includes telephone numbers for the following:

- Client Services Representatives;
- The Patient Services Compliance Unit (1-888-490-8413) and the Hospital's Risk Management Department both receive and investigate complaints of alleged patient abuse, neglect, and professional misconduct;
- Disability Rights of New Jersey may be reached at 1-800-922-7233 regarding alleged abuse, neglect, or violations of rights;
- The Ombudsman for the Institutionalized Elderly receives/investigates complaints on behalf of patients 60 years of age and older. The Ombudsman may be reached at 1-877-582-6995. You can go to their website to find out more information or to file a complaint. <https://www.nj.gov/ooie/>
- The office of the Ombudsman for Individuals with Intellectual or Developmental Disabilities and Their Families may be reached at 609-984-7764 to address concerns or 1-800-832-9173 extension 1 to report suspected abuse, neglect, or exploitation;
- For issues involving discrimination based on race, color, national origin, disability, age, sex (gender), or religion, the Federal Office for Civil Rights can be contacted at 212-264-3313;
- The Public Defender's Office provides representation at court hearings.

- Information regarding these agencies is posted on each unit; and
- Each hospital also has a mechanism for reporting safety/environmental concerns;
 - A hospital shall not take or threaten to take retaliatory or disciplinary action of any kind against a patient legal guardian or concerned individual who uses the grievance process.

National Alliance on Mental Illness (NAMI) New Jersey

NAMI New Jersey is a statewide, non-profit organization focused on improving the lives of individuals and families affected by mental illness. NAMI also provides education, support, and advocacy to empower families and persons with mental illness. Local affiliate self-help and grassroots advocacy groups are available in each county. Some services (English and Spanish) offered include emotional support, information about treatment and community resources, and advocacy.

NAMI NEW JERSEY

1562 Route 130, North Brunswick, NJ 08902
Phone: (732) 940-0991 Fax (732) 940-0355
www.naminj.org

A link to your county NAMI affiliate can be found at <http://naminj.org/affiliates.html>

Confidentiality

The hospitals take seriously the privacy of patients' medical records, personal health information (PHI), and adhere to all applicable laws. New Jersey Statute 30:4-24.3 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule are two (2) primary legal authorities which serve to protect New Jersey Statute 30:4-24.3 and the Health Insurance Portability and Accountability Act of the confidentiality of patient medical records. The Hospitals may use or disclose protected health information with the patient's written authorization and/or as permitted by law. HIPAA includes exceptions which allow the Hospitals to disclose patients' protected health information under very specific circumstances to only very specific people in the event of an emergency or when the patient is incapacitated and not available to give authorization for disclosure. For more information on confidentiality of patients' medical records, please view the DOH/DBHS

Notice of Privacy Practices. (See attached privacy notice in addendum)

Privacy of Patient Information Disclosed

Out of respect for, and sensitivity to the privacy concerns of your family member, you are expected to keep confidential anything you might know about the patient's medical or psychiatric treatment or condition. If you have copies of any records or documentation generated at a hospital, you should not share the records or information without the consent of the patient unless a court orders you to produce the records. Information about patients and psychiatric treatment should be kept private due to misperceptions and prejudices that affect patients. If you have access to information about a patient's hospitalization, we recommend you only communicate it to professionals who have legitimate reasons to have the information. However, if you have information that might help us treat your family member, we encourage you to share that information with the hospital, especially when it is in the best interests of the patient who is your family member.

Patient Bill of Rights

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 (5) days of admission, every patient shall receive written notice of the rights to which they are entitled. If a patient cannot read, these rights are to be read aloud to them. 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 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 under any circumstance. Other rights will only be denied for reasons having to do with recovery or treatment. Questions or complaints

about rights may be directed to the treatment team, Client Services Representatives, an attorney, or Disability Rights of New Jersey.

The Patient Bill of Rights

1. 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;
2. You have an absolute right not to be subjected to experimental research, shock treatment, sterilization, or psychosurgery without your express and informed written consent after consultation with an attorney or advocate;
3. 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;
4. You have an absolute right not to be hit, kicked, or otherwise physically punished by staff;
5. 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 (1) to represent you;
6. 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;
7. 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); and
8. 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, and 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):

1. To privacy and dignity;
2. To the least restrictive conditions necessary to achieve the purpose of treatment;
3. 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;
4. To have access to individual storage space for your private use;
5. To see visitors each day;
6. To have reasonable access to and use of telephones both to make and receive confidential calls;
7. To have ready access to letter-writing materials, including stamps, and to mail and receive unopened correspondence;
8. To regular physical exercise several times a week;
9. To be outdoors at regular and frequent intervals, so long as your medical conditions permit;
10. To suitable opportunities for interaction with members of the opposite sex, with adequate

supervision;

11. To practice the religion of your choice or to abstain from religious practice;
12. To receive prompt and adequate medical treatment for any physical ailment;
13. 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;
14. 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 authorization or the order of a court;
15. 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; and
16. 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 Client Services Representative or your attorney.

Patient Responsibilities

Staff realize that the treatment focus must emphasize the skills, behaviors, and responsibilities, which will enable patients to return to successful community living. In order for people to successfully live and work together in any community setting, they need to be treated and to treat each other with respect and dignity. Patients have rights that are respected during the hospitalization, and they also have the responsibility to respect the rights of others. Patients and families also have certain responsibilities regarding ongoing health care needs.

Treatment teams will explain the rules, procedures, and responsibilities of the hospital community to each patient and how they relate to patient rights. Responsibilities that patients are expected to adhere to include:

1. To maintain the basics of personal hygiene (bathing and good grooming daily);
2. To dress in a neat and weather-appropriate manner;
3. To maintain clothing and other personal belongings in a clean and neat condition;
4. To keep one's own bedroom area tidy, make the bed daily, and cooperate with the changing of linens and the cleaning of nightstands and closets;
5. Assist in keeping the unit clean and decorated;

6. Maintain good safety habits by following hospital safety policies;
7. Cooperate with the treatment team in developing a meaningful treatment plan;
8. Attend and participate in Life Management meetings and all scheduled programs as outlined on one's own treatment plan;
9. Participate in recommended treatment such as program attendance, taking of medication, etc.;
10. Refrain from smoking or using tobacco products;
11. Abstain from the use of alcoholic beverages, non-prescribed or illegal drugs either on or off the hospital grounds. Report to staff when there are drugs/alcohol on the grounds;
12. Follow the terms of the hospital curfew policy and comply with the terms of the assigned "Level of Supervision";
13. Will not bring into the hospital, accept from others, or possess, items that are prohibited because they could be harmful to self or others;
14. Maintain respect for the rights of other individuals and staff in all areas of the hospital by treating other individuals in the same way you would like to be treated;
15. Refrain from taking financial advantage of other patients by profiteering activities (such as loan sharking, selling cigarettes, coffee, etc.);
16. Behave in a socially appropriate manner, especially by not exploiting or taking advantage of others in any respect, sexually or otherwise;
17. Understand that violation of a hospital rule, such as exhibiting assaultive behavior could result in a loss of privileges, restitution, or other modification of treatment, as well as possible civil penalties or criminal charges; and
18. Understand that damage or destruction of State property is unacceptable and that any such damage or destruction will result in the monetary reimbursement for the damaged or destroyed property by the individual.

Support System/Family Involvement

The involvement of a patient's family and/or support system can lead to more complete and successful treatment. With the patient's permission, families and / or support system can be contacted by a member of the clinical staff to obtain information that helps plan for a patient's treatment.

Ways you can help:

1. **Provide Information** –The patient and family are able to provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters related to the patient's health. Patients are responsible for reporting perceived risks in their care. Patients are also responsible for reporting unexpected changes in their condition to their treatment team;
2. **Ask Questions** – Be sure to ask questions when you do not understand what you have been told about patient care and what the patient is expected to do;

3. **Follow Treatment Plan** – Be sure to follow the treatment plan developed by the patient and treatment team. Patients should express any concerns they have about their ability to follow the proposed course of treatment. The team, in turn, will make every effort to adapt the treatment plan to the patient’s specific needs and limitations;
4. **Follow Hospital Rules and Regulations** – The patient and family are responsible for following the hospital’s rules and regulations concerning the patient care and conduct; and
5. **Act with Consideration and Respect** – The patient and family are expected to be considerate of other patients and hospital staff by not making unnecessary noise, smoking in buildings, or causing distractions. The patient and family are responsible for respecting the property of other persons and that of the Hospital.

The hospital’s practices are guided by policies. If you have questions about any of the content of this booklet, please see the treatment team or contact your Coordinator of Family Services.

Ancora State Psychiatric Hospital 301 Spring Garden Road, Hammonton, NJ 08037 609-561-1700	Ann Klein Forensic Center PO Box 7717 1609 Stuyvesant Avenue West Trenton, NJ 08628 609-633-0900
Greystone Park Psychiatric Hospital 59 Koch Avenue Morris Plains, NJ 07950 973-538-1800	Trenton State Psychiatric Hospital 100 Sullivan Way Trenton, NJ 08628 609-633-1500

IMPORTANT NUMBERS

	Name	Phone Number/Extension
Social Worker		
Program Coordinator		
Medical Doctor		
Psychiatrist		
Registered Nurse		
Psychologist		
Clinical Nutritionist		
Co-Occurring/Substance Use Clinician		
Chaplain		
Unit Nursing Station		
Section Chief/Unit Administrator		
Patient Advocate/Client Services Representative		
Business Office/Patients' Accounts		
Main Number/Operator		
Coordinator of Family Services		
Other:		

ADDENDUM:
**NJ DEPARTMENT OF HEALTH: NOTICE
OF PRIVACY PRACTICES**
Effective Date: January 28, 2021

This Notice applies to individuals receiving services from the Department of Health's (DOH's), Division of Behavioral Health Services and does not require your response. **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT**

CAREFULLY. This Notice complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. (45 C.F.R. Parts 160, 162, and 164) The Department of Health's (DOH's), Division of Behavioral Health Services (DBHS) includes the following: Ancora Psychiatric Hospital, Ann Klein Forensic Center, Greystone Park Psychiatric Hospital and Trenton Psychiatric Hospital.

YOUR RIGHTS

- **Right to see and copy your records.** In most cases, you have a right to view or get copies of your records. You must make your request in writing. We will provide a response to your request within thirty (30) days. You may be charged a fee for the cost of copying your records.
- **Right to an electronic copy of your medical records.** If your information is maintained in an electronic format, you may request that your electronic records be transmitted to you or another individual or entity. We will respond to your request within thirty (30) days.
- **Right to correct or update your records.** You may ask us to correct your health information if you think there is a mistake. You must make your request in writing and explain what information in your medical record is incorrect.
- **Right to choose how we communicate with you.** You may ask us to share information with you in a certain way. For example, you can ask us to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain a reason for the request. We may deny unreasonable requests.
- **Right to get a list of disclosures.** You have a right to ask us for a list of disclosures made after April 14, 2003. You must make a request in writing. This will not include information shared for treatment, payment, or health operation purposes. We will provide one accounting a year free of charge but may charge a cost for additional lists provided within the 12-month period.
- **Right to get notice of a breach.** You have a right to be notified upon a breach of any of your protected health information.
- **Right to request restrictions on uses or disclosures.** You have a right to ask us to limit how your information is used or shared with others. You must make the request in writing and indicate what information should be limited. We are not required to agree to a requested restriction. If you paid out-of-pocket expenses in full for a specific item or service, you have a right to ask that your information with respect to that item or service not be disclosed. We will always honor that request.
- **Right to revoke authorization.** If we ask you to sign an authorization to use or disclose your information, you can cancel that authorization at any time. You must make that request in writing. Your request will not affect information that has already been shared.
- **Right to get a copy of this notice.** You have a right to ask for a paper copy of this notice at any time

- **Right to file a complaint.** You have a right to file a complaint if you do not agree with how we have used or disclosed your information.
- **Right to choose someone to act for you.** If someone has been legally designated as your personal representative, that person can exercise your rights and make choices about your health.

OUR DUTIES

The DOH's, DBHS, functions as a health care provider for you. Consequently, we must collect information about you to provide these services. We are required to protect and secure your information according to federal and state law and will abide by the terms of this notice. We may use and disclose information without your authorization for the following purposes:

- **Treatment Purposes.** We may use or disclose your information to health care providers who are involved in your health care.
- **Payment.** We may use or disclose your information to get payment or pay for health care services you received or will receive.
- **Health Care Operations.** We may use or disclose your information in order to manage our business, improve your care and contact you when necessary.
- **As Required by Law.** We will disclose information to a public health agency that maintains vital records, such as births, deaths, and some diseases.
- **Abuse and Neglect Investigations.** We may disclose your information to report all potential cases of abuse and/or neglect.
- **Health Oversight Activities.** We may use or disclose your information to respond to an inspection or investigation by government officials.
- **Government Programs.** We may use and disclose your information for the management and coordination of public benefits under government programs.
- **To Avoid Harm.** We may use and disclose information to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Research.** We may use and disclose your information for studies and to develop reports. These reports will not specifically identify you or another person.
- **Business Associates.** We may use and disclose your information to our business associates that perform functions on our behalf, if necessary, to complete those functions.
- **Organ and Tissue Donation.** If you are an organ donor, we may use and disclose your information to organizations engaged in procuring, banking or the transportation of organs, eyes, or other tissues to facilitate organ transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose your information to the appropriate military authority.
- **Workers Compensation.** We may use or disclose your information for worker's compensation or

similar programs providing benefits for work-related injuries or illnesses.

- **Data Breach Notification Purposes.** We may use or disclose your information to provide legally required notices of unauthorized access or disclosure of your health information.
- **Lawsuits and Disputes.** We may use or disclose your information in response to a Court or Administrative Order, subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may disclose your information to law enforcement if the information: 1) is in response to a court order, subpoena, warrant or similar process; 2) limited to identify or locate a suspect, fugitive, material witness or missing person; 3) about a victim of a crime under very limited circumstances; 4) about a death potentially resulting from a crime; 5) about criminal conduct on any DOH property or; 6) is needed in an emergency to report a crime or facts surrounding a crime.
- **Coroner, Medical Examiners and Funeral Directors.** We may disclose your information to a Coroner or Medical Examiner to identify a deceased person or determine the cause of death. We may release your information to a Funeral Director as necessary for their duties.
- **National Security and Intelligence.** We may disclose your information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose your information to authorized federal officials so that they can provide protection to the U.S. President; other authorized persons or foreign heads of state, or to conduct special investigations.
- **Inmates or Individuals in Custody.** If you are an inmate, we may release your information to a correctional institution if that information would be necessary for the institution to: 1) provide you with health care; 2) protect your health and safety or the health and safety of others or: 3) for the safety and security of the correctional institutions.
- **Disclosure to Family, Friends and Others.** We may disclose your information to your family members, friends or other persons who are involved in your medical care. You may object to the sharing of this information. We may also share your information with someone legally designated as your personal representative.
- **Hospital Directory.** Unless you notify us that you object, we may include certain information about you in the hospital directory in order to respond to inquiries from friends, family, clergy, and others who inquire about you when you are a patient in the hospital.

Other Uses and Disclosures that Require Your Written Authorization

- **For All Other Situations.** We will ask for your written authorization before using or disclosing information for any other purpose than what is mentioned above. Special circumstances that require an authorization include most uses and disclosures of your psychotherapy notes, certain disclosures of your test results for the human immunodeficiency virus or HIV, uses and disclosures of your health information for marketing purposes and for the sale of your health information with some exceptions. If you give us authorization, you can withdraw this written authorization at any time. To withdraw your authorization, please contact us at the number below. If you revoke your authorization, we will no longer use or disclose your health information as allowed by your written authorization, except to the extent that we have already relied on your authorization.

- **As Required by Other Laws.** We will ask for your written authorization to comply with other laws protecting the use and disclosure of your information.

FILING A COMPLAINT

You may use the contact information below if you want to file a complaint or to report a problem regarding the use or disclosure of your health information. Treatment or services being provided to you will not be affected by any complaints you make. The DOH opposes any retaliatory acts resulting from participation in a HIPAA investigation.

New Jersey Department of Health
Office of Legal and Regulatory Compliance HIPAA Privacy Officer
25 South Stockton Street, 2nd Floor
P.O. Box 360
Trenton, NJ 08625-0360
(609) 567-7352 Extension 7802

U.S. Department of Health and Human Services Office of Civil Rights
200 Independence Ave S.W. Room 509F, HHH Building Washington DC, 20201
Phone: 800 368-1019 / TDD 800 537-7697
www.hhs.gov/ocr

Department of Health or the Division of Behavioral Health Services will respond to your communication within thirty (30) days.

CHANGES TO THIS NOTICE

In the future, DOH may change its Notice of Privacy Practices. Any change could apply to medical information we already have about you, as well as information we receive in the future. A copy of a new notice will be posted in our facilities/offices and provided to you as required by law. You may ask for a copy of our current notice or get it online on our website.

**Department of Health
Division of Behavioral Health Services
Psychiatric Hospital
PATIENT / PATIENT REPRESENTATIVE GRIEVANCE FORM**

pP

Patient Name: _____ **Case #:** _____ **Unit:** _____

(# to be entered by Client Services Rep)

OR Representative: _____ **Date of Grievance:** _____

- Please give a detailed description of the grievance you would like the hospital to address.
- Include any specific names, times, dates, places, or other details that will help us resolve your concerns.
- If you need more room, please attach any additional pages.

STEP I GRIEVANCE - Program coordinator will meet with patient/patient representative within 2 business days. Grievances at this step are resolved within five business days (M-F, except holidays)

I WISH TO MAKE THE FOLLOWING GRIEVANCE:

(Attach additional pages if necessary)

PATIENT'S / PATIENT REPRESENTATIVE'S RECOMMENDATION TO RESOLVE GRIEVANCE:

Patient/Representative Signature

Program Coordinator/Team Leader Signature

To be Completed by Program Coordinator/Treatment Team Member:

PERSON INVOLVED	CATEGORY OF GRIEVANCE	
<input type="checkbox"/> Clinical Staff	<input type="checkbox"/> Action/Behavior/Conduct	<input type="checkbox"/> Difficulty in Reaching Staff
<input type="checkbox"/> Food Service	<input type="checkbox"/> Activity Restrictions	<input type="checkbox"/> Discharge Recommendation
<input type="checkbox"/> Maintenance/Housekeeping	<input type="checkbox"/> Allegation	<input type="checkbox"/> Medication
<input type="checkbox"/> Nursing Staff	<input type="checkbox"/> Food	<input type="checkbox"/> Type of Treatment
<input type="checkbox"/> Other Patient	<input type="checkbox"/> Money/Funds	<input type="checkbox"/> Visitation/Brief Visit
<input type="checkbox"/> Rehab/Recreation	<input type="checkbox"/> Property Damage	<input type="checkbox"/>
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Property Loss	<input type="checkbox"/>
<input type="checkbox"/> Therapist	<input type="checkbox"/> Other, explain:	<input type="checkbox"/>
<input type="checkbox"/> Other, explain:		

SUMMARY OF RESOLUTION/ACTION:

Completed By:

Program Coordinator/Treatment Team Member Signature

Date

Patient/Representative Signature

Date

Satisfied? Yes No

Unresolved by 5th Business Day, refer to Step II Date Referred: _____

**Department of Health
Division of Behavioral Health Services
Psychiatric Hospital
PATIENT / PATIENT REPRESENTATIVE GRIEVANCE FORM**

Patient Name: _____ Case #: _____ Unit: _____

OR Representative: _____ Date of Original Grievance: _____

STEP II GRIEVANCE - grievances at this step are resolved within 10 business days and heard by Conflict Resolution Team, as applicable.

Date Received by Client Services Representative: _____

SUMMARY OF RESOLUTION:

Client Services Representative Signature Date

Program Coordinator/Treatment Team Member Signature Date

Patient/Representative Signature Date Satisfied? Yes No

Unresolved by 10th Business Day, refer to Step III Date Referred: _____

STEP III GRIEVANCE - grievances at this step are immediately forwarded to the Patient Advocate. The Pt. Advocate reviews the grievance with the CEO/designee within 1 business day. The CEO/designee evaluates the grievance and steps taken to resolve it and renders a decision by the 20th Business Day from initial response provided in Step 1.

DECISION OF THE CEO/designee, IF REFERRED OR ACTION DEEMED NECESSARY:

Chief Executive Officer or 's Signature Date

Decision Reviewed and Discussed with Patient/Representative Satisfied? Yes No If No, explain:

Patient/Patient Representative Signature: _____ Date: _____

IF unable or unwilling to sign, the CSR will make a notation on the form.

CSR Signature: _____ Date: _____

Effective Date: ____ / ____ / ____

