

AN INTERACTIVE GUIDE TO THE CONNECTICUT PATIENT BILL OF RIGHTS

AS WELL AS OTHER RIGHTS PEOPLE HAVE WHEN RECEIVING SERVICES FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS

This guide is meant as a resource regarding the CONNECTICUT PATIENT BILL OF RIGHTS and some other rights people have. Links were active when this guide was published. This guide is not intended as advice, legal or otherwise. If you have questions about your rights contact a statewide advocacy organization or seek legal advice.

Connecticut Patient Bill of Rights

People's rights are protected by federal law, Connecticut General Statutes and court rulings. The Connecticut Patient Bill of Rights are Connecticut General Statutes (CGS) Sections 17a-540 through 17a-550 which protect the rights of people receiving services from all Connecticut inpatient and outpatient psychiatric facilities and to ensure they are treated in a humane and dignified manner free from physical or mental abuse or harm with dignity and respect.

The Connecticut Patient Bill of Rights (CPBOR) apply to any Connecticut hospital, clinic or facility which provides diagnosis, observation or treatment of persons with psychiatric disabilities (and substance use disorders) including but not limited to all Department of Mental Health and Addiction Services (DMHAS) operated facilities and DMHAS funded providers ([CGS § 17a-540](#)).

The CPBOR includes the right to:

- Treatment in a humane and dignified manner at all times with full respect dignity and privacy ([CGS § 17a-542](#))
- Not be deprived of personal, property or civil rights while hospitalized including the right to vote, hold or convey property, enter into contracts

except in accordance of due process of law or after having been declared incapable of exercising those rights according to CGS Sections [45a-644 to §45a-662](#) with a finding stating which civil or personal rights the person is incapable of exercising ([CGS §17a-541](#))

- Humane and Dignified Treatment.
 - Every patient will receive humane and dignified treatment with respect for their personal dignity and right to privacy.
 - Every patient has the right to participate in the development of a written specialized treatment plan that includes a discharge plan which identifies both the plan of discharge and appropriate aftercare and to make sure the facility provides the person reasonable notice of an impending discharge. ([CGS § 17a-542](#))
- Be informed of options for treatments and services, and give consent to changes, request a change and/or refuse medication or treatment except when limited by a legally authorized procedure or when a delay in providing treatment is determined to be medically harmful. ([CGS § 17a-543 a-f](#))
- Seek help from an advocate, especially when a psychiatric facility seeks to administer involuntary medication or other involuntary services, or if a facility is determining an individual is not competent to make decisions for themselves ([CGS §17a-543d](#))
- Request treatment by prayer alone in accordance to principles and practices of the individual's church or religious denomination ([CGS § 17a-543 i](#))
- Have freedom of movement to the greatest degree possible while being treated in an inpatient psychiatric facility ([CGS §17a-541](#); [CGS §17a-542](#))
- Be free from involuntary restraint and seclusion while treated in an inpatient psychiatric facility unless there is imminent physical danger to self or others and the restraint or seclusion is ordered by a physician with such orders written according to standards of practice and included in the individual's clinical record within 24 hours. ([CGS §17a-544](#))
- To be examined by a psychiatrist within 48 hours of being hospitalized and at least once every six months thereafter and to receive a physical examination within five days of being hospitalized and at least once a year thereafter. Reports are to be signed by the examining physician and recorded in the person's charts. ([CGS §17a-545](#))

- To Send and receive mail inpatient without being intercepted or censored. To have access to writing materials and postage, and access to a Public telephone except when limited due to clinical and/or safety concerns as documented in the person's clinical record. ([CGS §546](#))
- Receive visitors during scheduled visiting hours. Except when the head of the hospital restricts visitor, privileges after determining it is medically harmful for the patient and the patient's family and other visitors are informed. ([CGS §17a-547](#))
- Meet privately with an attorney, paralegal or clergy at a reasonable time. ([CGS §17a-547](#))
- Wear one's own clothes, as well as keep and use personal possessions; to have personal storage within space limitations of the facility or living arrangement. ([CGS § 17a-548a](#))
- Access one's own money for personal purchases. ([CGS § 17a-548a](#))
- Access to one's own medical records in accordance with the regulations related to confidentiality and the release of these records. ([CGS §17a-548 b](#))
- Be informed of patient rights where psychiatric services are provided. ([CGS § 17a-548c](#))

All DMHAS operated facilities, programs and funded providers post a copy of "[Your Rights as Client or Patient](#)" in treatment units, wards, lobbies and other service locations along with a copy of the "[DMHAS Client Grievance Procedure and Fair Hearing Summary](#)"

- Be free from discrimination in employment, housing or obtaining due to present or past history of mental illness or disability. ([CGS §17a-549](#))
- To petition superior court to seek legal remedies to rights violations. ([CGS §17a-550](#))

Additionally, persons receiving services or seeking services from DMHAS state operated or DMHAS funded direct service providers of mental health or substance use disorders have the right under Connecticut statutes to have grievances addressed under a [Fair Hearing](#) process when services are denied, involuntarily reduced or involuntarily terminated by a DMHAS facility or DMHAS

funded provider of direct mental health and substance use disorder services. ([CGS §17a-451u](#))

For information on the DMHAS Client Grievance Procedure go to: www.ct.gov/dmhas/crg

NOTE: Psychiatric facilities not operated by DMHAS or contracted by DMHAS should designate an individual or department to address patient complaints. For more information contact the hospital, clinic or facility providing treatment. Complaints about healthcare providers may be directed to the Connecticut Department of Public Health (www.ct.gov/dph) and Joint Commission (www.jointcommission.org)

Other Rights:

Along with the "CONNECTICUT PATIENT BILL OF RIGHTS" other state statutes, federal law and case law protect people's rights including but not limited to:

- **Confidentiality and Privacy Rights:**
 - [CGS§ 17a-500](#); [CGS§ 17a-688](#); [CGS§ 52-146\(f\)](#).
 - Privacy and confidentiality rights concerning treatment for a substance use disorder: United States Code of Federal Regulations [42 CFR part 2](#).
 - [Health Insurance Portability and Accountability Act of 1996](#)
- **Rights under the Americans with Disabilities Act:**
 - Employment: [ADA Title I](#)
 - Local and State government (including DMHAS): [ADA Title II](#)
 - Places of public accommodation: [ADA Title III](#)
- **Effective Communication:**
 - Persons with disabilities: the Americans with Disabilities Act (ADA): [US DOJ ADA Requirements: Effective Communication](#).
 - Persons with Limited English Proficiency, Section 1557 of the Affordable Care Act : [US HHS Civil Rights ACA 1557](#).
- **Protection from discrimination:**
 - Connecticut General Statutes: [CGS§46a-54-200 through §46a-54-207](#)

inclusive

- Connecticut General Assembly: [Public Act 16-16](#)
- Affordable Care Act : [US HHS Civil Rights ACA 1557](#)
- [Section 504 of the Rehabilitation Act of 1973 45 CFR Part 84.](#)

- **Treatment Rights:**

- The right to participate the development of a specialized treatment plan: United States Code: [42 U.S. Code § 9501](#).
- The right to a discharge plan: [CGS § 17a-484c](#), [CGS § 17a-542](#) and [42 U.S. Code § 9501](#).
- Rights regarding hospitalization due to Emergency Certificates: [CGS §17a-502](#).
- Right of a voluntary patient to request a probable cause hearing within three days of being admitted to a psychiatric facility: [CGS §17a-506](#).
- The right to have an Advance Directive which specifies the individual's choice of treatment and authorizes a health care representative to carry the person's choices in the event of a crisis: [CGS§ 19a-580f](#).

- **The right to an advocate:**

- Code of Federal Regulations regarding Protection and Advocacy for Individuals with Mental Illness [CFR 42 part 51](#)
- Regulations of State Agencies for the Department of Mental Health and Addiction Services on Fair Hearings [§§17a-451\(t\)1-\(t\)20](#)
- Connecticut court rulings including: Doe v. Hogan H88-239 and Phoebe v. Solnit 252 Conn. 68

Connecticut has three statewide advocacy organizations:

- [Advocacy Unlimited \(AU\)](#): 114 West Main Street, New Britain CT 06051
1-800-573-6929 / 860-505-7581 website: www.mindlink.org
- [Connecticut Legal Rights Project \(CLRP\)](#): PO Box 351 Silver Street
Middletown, CT 06457
1-877-402-2299 / 860-262-5030 website: <http://www.clrp.org/> email: info@clrp.org

- Disability Rights Connecticut (DRCT): 75 Charter Oak Ave. Ste 1-101
Hartford, CT 06106 Hartford, CT 06114
1-800-842-7303 /860-297-4300 website: <https://www.disrightsct.org/> email:
info@DisRightsCT.org

The CT Department of Mental Health and Addiction Services (DMHAS) complies with all applicable state statutes and federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

DMHAS does not exclude people or treat them differently because of age, color, disability, national origin, race, sex or sexual identity. DMHAS provides equal access to services and programs and effective communication to persons with disabilities or with Limited English Proficiency.

For more information see: [Advocacy and Support](#)

Alternative format and language translations of this guide are available upon request by contacting:

DMHAS Office of the Commissioner, 410 Capitol Ave.
4th Floor PO Box 341431 Hartford, CT 06134
860-418-7000 (TTY Relay 711) Confidential Fax: 860-418-6691

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