

Connecticut Department of Mental Health and Addiction Services



INTERACTIVE GUIDE TO RIGHTS

This guide includes general information on people’s rights. It is not intended to be advice, legal or otherwise. If you want to know more about your rights, contact a [statewide advocacy organization](#), or seek legal advice.

Introduction:

Rights can be described as legal, natural, or ethical entitlements which allow a person to do something or not do something, to obtain something or refuse something.

For example, freedom of speech, voting, and effective communication from a treatment provider are a few examples of people’s rights.

Rights are protected by the United States Constitution, the Connecticut Constitution, federal law, Connecticut General Statutes, and case law. Rights can be restricted in accordance with law.

For example, a probate judge may decide a person cannot pay their bills and appoint a conservator of estate.

Rights are different from privileges. Privileges can be described as special entitlements granted on a conditional basis, which can be revoked.

For example, a driver’s license is a privilege. Take home bottles of a medication for opioid use disorder is a privilege. A driver’s license may be revoked when a person violates motor vehicle laws. Take home bottle privileges may be revoked for violating rules established by the treater.

This guide identifies people’s rights, including but not limited to those rights an

individual has when they are receiving services from the Connecticut Department of Mental Health and Addiction Services (DMHAS) and other Connecticut psychiatric, and substance use disorder treatment facilities.

This guide covers the following rights:

Connecticut Patient Bill of Rights The Connecticut Patient Bill of Rights protects the rights of persons receiving mental health and substance use disorder treatment and services even when person is involuntarily in an inpatient facility or that facility is not affiliated or funded by DMHAS.

Other Rights Federal laws, state statutes and court rulings which protect such rights as: confidentiality, privacy, rights as a person with disabilities, right to effective communication, right to be protected from discrimination, treatment rights and right to an advocate.

DMHAS Policies and Procedures those policies and procedures which DMHAS and DMHAS funded providers follow.

Connecticut Patient Bill of Rights

The Connecticut Patient Bill of Rights are Connecticut General Statutes (CGS Sections 17a-540 through 17a-550) which apply to any Connecticut hospital, clinic or facility which diagnosis, observes or treats persons with psychiatric disabilities and substance use disorders including but not limited to all DMHAS operated and DMHAS funded providers ([CGS § 17a-540](#)).

The Connecticut Patient Bill of Rights (CPBOR) includes the right to:

- Be treated in a humane and dignified manner at all times with full respect dignity and privacy ([CGS § 17a-542](#)).
- To not be deprived of personal, property or civil rights when hospitalized in any public or private facility for the treatment of psychiatric disabilities including the right to vote, hold or convey property, enter into contracts except in accordance of due process of law and/or after having been declared

incapable of exercising those rights according to CGS Sections [45a-644 to §45a-662](#) with any finding stating which civil or personal rights the person is incapable of exercising ([CGS §17a-541](#)).

- 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](#)).

- Send and receive mail while inpatient without being intercepted or censored. To have access to writing materials and postage, and access to a telephone for confidential phone calls except when restricted due to clinical and/or safety concerns as documented in the person's clinical record ([CGS §546](#)).
- Receive visitors during scheduled visiting hours ([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 one's own medical records in accordance with regulations, policies and procedures ([CGS §17a-548 b](#)).
- Be informed of patient rights where psychiatric services are provided ([CGS § 17a-548c](#)).

[DMHAS operated facilities, programs and contracted 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](#)).
- Petition superior court to seek legal remedies to rights violations ([CGS §17a-550](#)).

Person who are receiving, seeking or have received services from a DMHAS operated or DMHAS funded provider have the right for their complaints to be addressed using the [DMHAS Client Grievance Procedure](#). When services are denied, involuntarily reduced or involuntarily terminated those grievances are part of a [Fair Hearing](#) process ([CGS §17a-451u](#)).

Hospitalization and Medication Rights

People in the community with psychiatric and substance use disorders have the right to refuse treatment.

Everyone has the right to be provided information by their treater to give informed consent for treatment of psychiatric disabilities and medical conditions except when limited by Connecticut General Statutes ([CGS § 17a-543a](#)).

Individuals brought to a hospital through a Physician's Emergency Certificate (PEC), Emergency Certificate (EC) or by a police officer must be examined by the hospital within 48 hours ([CGS § 17a-502a](#), [CGS § 17a-503a](#), [CGS § 17a-503c-d](#))

The person may submit a request to leave the hospital ([CGS §17a-506](#)). The hospital has three business days to file for a Probate Court Hearing, when a Judge will determine if the person needs to involuntarily hospitalized for 15 days ([CGS § 17a-543g](#)). The hospital can return to the Court to have the period extended.

People who are inpatient in a psychiatric treatment facility can be directed to take medication involuntarily through an informal medication hearing or through a Probate Court Judge's decision to appoint a conservator for medication.

- Informal Medication Hearing ([CGS § 17a-543d](#))
- Conservator for Medication ([CGS § 45a-649](#))

Psychiatric facilities not operated by DMHAS or contracted by DMHAS will have an individual or department who can address patient complaints. Inpatient facilities use the Centers for Medicare and Medicaid (CMS) grievance procedure: [CMS Grievance Procedure](#).

Complaints about licensed facilities are made to the Connecticut Department of Public Health (www.ct.gov/dph) and Joint Commission (www.jointcommission.org)

Other Rights

Federal law, state statutes, and case law protect other 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](#)
- Disability Rights:
 - 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 Patient Protection and Affordable Care Act [US HHS Civil Rights ACA 1557.](#)
- Protection from discrimination:
 - Connecticut Regulations: [CGS§46a-54-200](#) through §46a-54-207 inclusive
 - Section 1667 Patient Protection and Affordable Care Act: [US HHS Civil Rights ACA 1557](#)
 - [Americans with Disabilities Act](#)
 - [Civil Rights Act of 1964](#)
 - [Title VII of the Civil Rights Act \(Employment\)](#)
 - [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 participate in developing a discharge plan: [CGS § 17a-484c](#) 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 person's choice of treatment and authorizes a health care representative to express the person's choices when they are unable to do so.
 - [Centers for Medicare and Medicaid Services, Patient Bill of Rights](#)
 - [Federal Mental Health Bill of Rights](#)
 - [Long Term Care Patient Rights](#)
 - [Treatment Rights of persons with substance use disorders](#)
- The right to an advocate:
 - Protection and Advocacy for Individuals with Mental Illness (PAIMI) [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 such as: Doe v. Hogan H88-239 and Phoebe v. Solnit 252 Conn. 68
- [Mental Health Bill of Rights for Deaf, Deafblind and Hard of Hearing Persons.](#)
- [Whiting Forensic Hospital](#)

DMHAS Commissioner's Policies and Directives

- [Client Abuse](#)
- [Client Rights Policy](#)
- [DMHAS Client Grievance Policy](#)
- [Client Grievance Policy Implementing Procedure](#)
- [Equal Access, ADA Title II](#)
- [Individualized Treatment](#)

Website links were working at the time this guide was published. Alternative format and language translations of this guide are available upon request by contacting:

William Pierce, DMHAS Client Rights and Grievance Specialist, ADA Title II Coordinator: 860-418-7000 (william.pierce@ct.gov) (Relay 711)
DMHAS Office of the Commissioner,
410 Capitol Ave. 4th Floor PO Box 341431 Hartford, CT 06134

Links on this page were working at the time this page was published. To report an error or correction contact William Pierce, william.pierce@ct.gov

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 race, color, national origin, age, disability, or sex.

DMHAS provides equal access to services and programs and effective communication to persons with disabilities and whose primary language is not English.



DMHAS OOC: Interactive Rights Guide, Rev. March 2024