

# NORTH STAR BEHAVIORAL HEALTH SYSTEM POLICY AND PROCEDURES

**DEPARTMENT:** Patient/resident Rights **CATEGORY:** System  
**TITLE:** Guidelines for Addressing Patient/Resident/Family Grievances  
**POLICY:** RI103.06

**Formulated: 8/97**

**Revised: 5/99, 10/01, 7/02 9/02, 11/02, 12/02, 6/03, 4/05, 2/06, 6/06, 6/09, 9/11**

Reviewed: 8/97, 10/97, 6/99, 2/00, 10/01, 7/02, 9/02, 11/02, 12/02, 6/03, 2/06, 6/06

**Reviewed by MEC: 12/02, 6/03, 5/05, 3/06, 6/06**

## POLICY

**It is the policy of North Star Behavioral Health System to offer treatment free of discrimination of race, color, national origin, religion, sex, sexual orientation, ethnicity, age, disability, or sources of payment for care.**

**It is the policy of the North Star Behavioral Health System to encourage responsive and open communication with patients/residents at all levels in the facility with the objective of resolving grievances through appropriate problem solving actions. The Medical Executive Committee shall designate a Patient Advocate who will act as a liaison between the patient/resident and the facility to facilitate these problem solving actions when necessary. In the event that the Patient Advocate is unavailable, the CEO will designate an alternate Administrator (DON, DSS, RTC Administrator, DBD, and/or DQIRM) who will fulfill the duties of the Patient Advocate. All patients/residents/families will be informed of the grievance process and the availability of the Patient Advocate upon admission. It is the responsibility of each staff member to respond in a timely manner to any concern or complaint voiced by patient/resident and/or their families, no matter how trivial the complaint may appear to be. Presentation of a grievance will not, in itself, serve to compromise the patient/resident's future access to care.**

***For the purpose of this policy, a grievance is defined as a formal or informal written or verbal complaint that is made to NSBHS by the patient/resident or his/her guardian when the issue cannot be resolved by the staff present or is referred to the Patient Advocate or NSBHS Administration.***

## PURPOSE

**North Behavioral Health System will provide an effective mechanism for handling patient/resident /family grievances as an important part of providing quality care and service. All patient/residents and their families should have access to a clear process by which they may be heard if they believe their rights or other privileges have not been respected or responded to appropriately by NSBHS staff or physicians.**

## PROCEDURE

1. The Governing Body will designate, in writing, the committee (Quality Council) responsible for

the effective operation of the grievance process and for the review and resolution of grievances, as well as a Patient Advocate, who will act as a liaison between the patient/resident and the facility to facilitate problem-solving actions when necessary.

2. Patient/resident and their family members will be informed of the patient/resident's rights and responsibilities upon admission. Patient/resident and their family members will also be informed of the grievance process by which they can voice any concerns related to their rights and/or treatment. This information includes the name of the Patient Advocate and the method to access this individual, the time frame for review of the grievance, and the provision of a written response to the patient/resident within that time frame. The Patient/resident/family are also provided with the telephone number of the Department of Health Facilities Certification and Licensure – (907) 334-2482. Information regarding the option of contacting the Office for Civil Rights (Seattle Office @ 1-800-368-1019), and Disability Law Center (907-565-1002) is also given. Patients and guardians may send concerns in writing to the Joint Commission on Accreditation of Health Care Organizations Office of Quality Monitoring ([www.jointcomission.org](http://www.jointcomission.org) or Fax: (630) 792-5636.)
3. At each level of this process, the facility staff should listen to the patient/resident's grievance, consider the circumstances and the context of the grievance, assure the patient/resident that his/her concerns will be investigated and seek further information and input as needed.
4. The steps for any Patient/resident/Resident/Family to take to find resolution for a possible violation of rights concern are:
  - Step 1: The patient/resident or family is to discuss concern with physician, therapist, nursing staff, RTC Administrator, or any other North Star staff member. The Charge Nurse or Supervisor will need to be notified as soon as possible for assistance with resolution or follow-up needed.
  - Step 2: If the patient/resident/Family is not satisfied, they can either utilize the Patient/Resident's Concern Notification form, or they may call the Patient Advocate at 258-7575. If the form is used, drop it into the designated box located on each unit. The Patient Advocate will contact the patient/resident/family by the next business day after receiving the form or request for contact. If the concern is forwarded to the Patient Advocate, documentation of all previous attempts of resolution will be attached for review.
  - Step 3: The Patient Advocate will initiate an investigation that may include:
    - meeting with involved staff members,
    - reviewing pertinent medical records, and
    - talking with other patient/resident/residents as needed.This investigation will be concluded within a reasonable time frame based on the complexity of the complaint. All investigations will be concluded within 7 days of receipt. In the event there is extenuating circumstances that delay the investigation beyond 7 days, the reason for the delay must be communicated to the patient/resident/guardian with an anticipated time frame for completion (not to exceed 30 days.)
  - Step 4: The Patient Advocate will communicate the actions or resolutions to the Patient/resident/guardian no later than the business day following the conclusion of his/her investigation. This communication may be verbal, but must be accompanied

by written notice to the Patient/resident/guardian containing:

- The name of the Patient Advocate
- Steps taken to review the complaint
- Steps taken to resolve the complaint
- Date of completion

6. **After Hours/Weekend Process:** The appropriate Nurse Manager or Supervisor will investigate and address any grievance or other urgent matter within 24 hours of the time the grievance is received. If the situation cannot be resolved by the Charge Nurse/Supervisor, the Administrator on-call will be notified to determine if the issue is to be referred to the Patient Advocate, or if other measures need to be taken. Whatever the decision, the patient/resident/family will be notified during the next business day.
7. The Patient Advocate will maintain a log of all complaints received, and present a monthly report to the designated committee (Quality Council) for review and further action as necessary. Cases may be referred by the Quality Council to the Peer Review Committee or Patient Safety Council when concerns relate to quality of care or premature discharge issues
8. Any grievance received after the patient/resident is discharged from a program should be documented by the staff member receiving the complaint and forwarded to the Patient Advocate. The Patient Advocate will complete an investigation of the allegation and the subsequent steps in the process outlined above.
9. The Governing Body shall have the final authority and responsibility in resolving grievances.
10. If a grievance is received from legal counsel or regulatory authority, it should be forwarded directly to the CEO or designee and Risk Manager. The CEO will delegate investigation to the appropriate staff members.
11. The above procedures are intended to provide guidelines for patient/residents and families to express concerns and for staff to respond to these concerns. They may be modified as necessary to insure prompt and responsive action by the most appropriate staff member in any given situation.

**Attachments:**

Patient/Resident Concern Notification Form  
Patient Advocate Written Notification (Non-patient/resident)  
Patient Advocate Written Notification (patient/resident)  
Sample Patient/Resident/Family Grievance Log

### Patient/Resident Concern Notification

We strive to make every aspect of your treatment as comfortable as possible. We recognize that issues may arise that you become aware of before we do, and urge you to report any issues or concerns to a staff member. If you feel that your concerns are not addressed appropriately OR if you just feel more comfortable reporting them in writing, please use the space below. Include any individuals involved and be as specific as possible if you feel that any Patient/resident rights may have been violated.

Name (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Physician: \_\_\_\_\_

Area of Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return this to any staff member. Thank you for allowing us an opportunity to improve the quality of care we provide to our patient/residents.

\* \* \* \* \*

Disposition: (FOR STAFF USE ONLY)

Date Received: \_\_\_\_\_ Assigned To: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Pertinent Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problem Resolution/Follow Up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Addressed by: \_\_\_\_\_ Date: \_\_\_\_\_

CEO/DIR QI/RM Signature: \_\_\_\_\_

\*\*\*\* Please Forward to the Patient Advocate\*\*\*\*

**(This letter is printed on letterhead)**

**Date:**

**Dear**

**We strive to make every aspect of our patient/resident's treatment as beneficial as possible. We recognize unanticipated situations occur. We appreciate you bringing your concern(s) to our attention and allowing us the opportunity to evaluate our services and make improvements when needed.**

**Regarding your complaint, received on \_\_\_\_\_, the following was conducted regarding your concerns.**

•

**After review, the following occurred:**

•

**Thank you for allowing us an opportunity to improve the quality of care we provide to our Patient/resident.**

**Sincerely,**

---

**Patient Advocate  
North Star Behavioral Health System**

**(This letter is printed on letterhead)**

**patient/resident complaint**

Dear ,

We try to make every part of your treatment as helpful as possible. We know that sometimes situations occur. Thank you bringing your concern(s) to our attention so that we can make things better for you and all the Patient/resident here.

Here is what we did to follow up on the complaint you made on (DATE)

- 

After reviewing all the information, we did the following;

- 

Thank you for helping us to improve the care of Patient/resident at North Star.

Sincerely,

---

Patient Advocate  
North Star Behavioral Health System

## (SAMPLE) PATIENT/RESIDENT/FAMILY GRIEVANCE LOG

Please note: UHS requires all Patient Advocate data to be entered into the MIDAS system which maintains a log electronically.

### Non-patient/resident complaint

Date of Complaint	Patient/ resident Name/ MR #	Initiating- Name/Relationship to Patient/resident	Concern	Person Following -up	Actions	Admin. / Med. Director Notified	Legal	Resolution

### Lost Item Notice

#### Personal Belongings:

North Star Hospital cannot be held responsible for valuables not given to staff members for safe keeping upon admission. Furthermore, we strongly discourage you and parent(s)/guardian(s) from bringing expensive and/or valuable/sentimental items to the hospital. You will not need cash or money of any kind. You are responsible for your own belongings.

#### Labeling Your Clothing:

Parents will be asked to fill out an inventory sheet and label your personal clothing and belongings before you are admitted into the hospital. Staff may provide a sharpie marker so that they may label your clothing. If additional items are brought in after this initial inventory, parents are asked to add these items to your property sheet. To keep you from getting sick, please wear only your own clothes. At North Star we are not responsible for lost personal items

### North Star Behavioral: Patient Rights and Responsibilities

At North Star Behavioral Health System, we do many things to protect your right to privacy. Any information about you, even if you are here in the hospital, is strictly confidential which means we can't give out any information. The doctors, nurses, therapists, MHS's and all the staff here at the hospital are trained how to protect your private information. Only with your guardian or parent's written permission, will we give out your records or any information about you. The only exception to this would be if we were required by law to release information that a judge has formally requested. The management of North Star Hospital welcomes any comments, suggestions, or questions you may have. You may express your comments in writing or verbally to the Administrator's office which is on the first floor. Your floor staff can help you do this. Every effort will be made to respond to all suggestions. When you are discharged you will be given a Patient Satisfaction Survey to fill out.

*Each person in the hospital has rights (or privileges), which include, but are not limited to the following:*

- A. The right to care and treatment that respects the patient as a person.
- B. The right to privacy. This includes bathing and toileting activities unless clinically contraindicated.
- C. The right to have their medical record and treatment kept private. This information will not be released without the patient's or the parent/guardian's permission unless there is a court order.
- D. The right to move about freely on the unit as their treatment plan and unit safety allow.
- E. The right to help create an individual treatment plan.
- F. The right to see a healthcare provider and be treated if they are sick. A health care provider will examine the patient as soon as possible after admission. Additionally, the



- parent or guardian may request a second opinion at his/her own expense.
- G. The right to be informed by a physician why they are here, what problems or issues they may have and how we are going to help them.
  - H. The right to have all medications explained to them, including what they are, why they are taking them and how they will make them feel.
  - I. The right to not take medications and other treatments which are recommended unless such refusal would make the patient unsafe to self or others.
  - J. The right to help staff plan for when the patient leaves the hospital and what they will do after they leave.
  - K. The right to receive the visitors the Guardian designates, including, but not limited to another family member, or a friend (over the age of 18, or accompanied by an authorized adult.) Before patient care is provided, if possible, the Guardian shall also have the right to designate a Support Person who can exercise the patient's visitation rights in the event the Guardian is incapacitated or otherwise unable to do so. Patient Visitation Rights shall not be restricted, limited, or otherwise denied by the hospital on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors shall enjoy full and equal visitation privileges during the posted times consistent with the Guardian's preferences. NSBH may impose clinically appropriate limitations on patient visitation when visitation would interfere with the patient's care, whether the reason for limiting or restricting visitation is infection control, disruptive behavior of visitors, or the patient's or patient's roommate's need for rest or privacy. This consent for visitation can be withdrawn by the guardian at any time.
  - L. The right to not be restrained (time limited) or given emergency medications unless they are at risk of hurting themselves or others.
  - M. The right to go to any church or religious service in the hospital which the parent or guardian approves.
  - N. The right to be assessed and given medication or treatment for pain as indicated.
  - O. The right to talk to people in charge of the hospital about any problem or complaint. The appropriate avenue is outlined in the hospital policy and procedures guidelines and in the Parent Information Handbook.
  - P. The right to wear their own clothes when outside the facility, to have access to their own personal property and to keep a reasonable amount of spending money.
  - Q. The right to make private telephone calls to people on the approved telephone list unless the parent or guardian tells us otherwise.
  - R. The right to send and receive unopened mail unless the parent or guardian tells us otherwise. Packages received by patients will be opened in front of a staff member. The patient may keep what is sent to them if it is something allowed in the hospital and does not interfere with their treatment.
  - S. The right to a clean and safe unit and hospital. Patients will not be forced to do chores or other work for the hospital but will be expected to make a reasonable effort to maintain a neat and orderly milieu.
  - T. The right to know what programs are offered at North Star Behavioral Health System.
  - U. The guardian has the right to know how much treatment costs at North Star Behavioral Health System.
  - V. The right to a lawyer to help them with legal problems.
  - W. The right to receive educational support from the Anchorage School District teacher

during regular school days.

- X. The right to be told about an unexpected outcome.
- Y. The right to be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- Z. The right to have access to outdoors, i.e., patio areas, community resources, etc., unless clinically contraindicated.
- AA. The right to be provided with an environment within the facility which is suitable to their needs, i.e., furnishings, and equipment as needed. Sufficient storage space is provided for personal belongings.
- BB. The right to be provided with a room with the number of appropriate patients, based upon age, developmental level and clinical status
- CC. The right to have appropriate articles for grooming and personal hygiene readily available, based upon age, developmental level, and clinical status.
- DD. The right to have access to protective and advocacy services.

The staff at North Star Behavioral Health System will work with you to support and maintain your rights as a patient. As you are able to, you will be expected to demonstrate behavior that allows you to live in the unit's community and help the staff to give you the best care possible. We expect every patient to do their part to make North Star Hospital a safe place to be. You can help by doing the following:

*You are asked to do the following:*

1. To be honest and open about their medical history.
2. To respect the privacy of other patients by not sharing their private information with anyone.
3. To help staff make decisions about their medical care as they are able.
4. To cooperate with their peers on the unit, as well as the staff and doctors in their treatment and care.
5. To ask staff to explain things if they do not understand what is happening to them.
6. To report changes in how they are feeling to those responsible for their care and welfare.
7. To be respectful and considerate of other patients and staff, their personal possessions and their rights.
8. To tell staff about incidents that can be harmful to them or their fellow patients' treatment program.
9. To use hospital furnishings and equipment only as they are intended to be used.
10. To keep their bathroom, and assigned room neat and clean. For safety, they are asked to keep items off the floor in their room.
11. To not have drugs, alcohol or weapons in the hospital.
12. To talk to staff and the administration if they feel their rights are being violated.
13. To obey the law.

### **Telephone Guidelines**

Daily telephone contact with parents and guardians is encouraged and will be allowed as scheduled. **There are designated hours for phone calls in or out, and a time limit of five minutes per call.** Considerations will be made for special circumstances. Calls are placed and received by staff. You are expected to act and speak appropriately during calls. Calls to Social Workers, Parole Officers, Lawyers, and GALs will be coordinated to ensure access to these representatives and with minimal disruption to the unit schedule. To ensure that our environment is safe for all patients, and due to the risk of confidentiality breaches, personal cellular phones are not permitted for use in any North Star facility. If you need to make a private call, please coordinate with your Clinical Therapist.

**It is encouraged that you not make and/ or receive phone calls for the first 24 hrs. This is advised in order to help with part of the initial assessment and assist you in your adjustment to the treatment environment.**

### **Telephone Hours**

**Monday – Sunday.....Children’s Unit.....4:50-5:50**

**Monday-Friday.....Preteen Unit.....7:00-8:30**

**Saturday/Sunday.....Preteen Unit.....7:30-8:30**

**What is asked of you when using the phone:**

1. Be polite when asking to use the phone (respectful/positive tone and positive words, “please, may I, and thank you.”)
2. Be patient. We are trying our best to accommodate many patients and their phone call needs.
3. Be courteous. There are others that need to use the phone as well, please keep your phone call time to five minutes.
4. Please be respectful of NSBH property, including the phone (Do not slam the phone down when hanging up, hit it against the wall, or pull at the cord). This is part of your community, please treat it with respect.
5. When you see someone using the phone, show them respect by using an inside voice. Treat others the way that you would like to be treated.
6. When you are told that your (5 minute) time limit has ended, please respond with a respectful tone of voice and kind words. If more time is needed due to certain circumstances your therapist may approve it.
7. Immediate or Extended Family: may have approved calls (5 minutes per call).

### **Visitors**

1. All visitors must be approved by your parent/guardian prior to visiting you.
2. All visitors are required to sign the “Confidentiality Agreement” form upon arrival. Visitors are expected to abide by all facility rules and guidelines or phone calls.
3. We encourage visiting to occur in common areas, unless otherwise specified by the Unit RN or Clinical Therapist.
4. Visiting families are welcome to eat with you during mealtimes.

**(Due to limits on physical space, we encourage you to limit the number of visitors at one time).**

### **Visiting Times**

- **Lunch Time.....Monday-Friday.....Children’s Unit.....12:00-12:30**  
**Saturday/Sunday.....Children’s Unit.....11:30-12:00**  
**Monday-Sunday.....Preteen Unit.....11:30-12:00**



## Concerns Regarding Care

### Concern process:

It is the policy of North Star Behavioral Health System to treat our patients and families with respect, dignity, and equality. If you feel you or your family's rights have been violated in anyway, you are encouraged to report your concern using our grievance process. The grievance process steps are as follows.

1. Discuss your concern with your physician, therapist, nursing staff or Administrator. Possibly a Charge Nurse or Supervisor might also try to assist you with finding a resolution to your concern.
2. If not satisfied, request a Client Concerns/Problem Notification form from any staff member.
3. If using the form, complete the top section with as much detail as possible. Place form in box on your unit.
4. The Patient Advocate will contact you by the next business day of either receipt of the form or request for contact.
5. It is the responsibility of the Patient Advocate to help you find a resolution to your concerns. To do this, the Patient Advocate will meet with the involved staff members, review your medical record, and talk with other patients as needed. The Patient Advocate will communicate the actions or resolutions to you and your parent(s) within a reasonable time frame. This time frame will be no more than 7 days after receipt of the concerns unless there are extenuating circumstances. If it will be longer than 7 days, you will be notified of the anticipated time frame.
6. While using the internal grievance process as outlined above is an efficient way to address your concerns, please be aware that you do have the right to contact the State of Alaska Health Facilities Licensing and Certification office at 334-2483, or the Office for Civil Rights at 1-800-368-1019. You may send concerns in writing to the Joint Commission on Accreditation of Health Care Organizations (JCAHO) Office of Quality Monitoring:

Fax: 630-792-5636

E-Mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Mail: Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

At North Star, we want to provide you with the best treatment possible. You are critical part of treatment! Should you have any concern or not understand any part of the care provided, we want you to speak up! We welcome your questions and will answer them to be best of our ability. Any of the following areas should be brought to our attention immediately:

- Safety concerns
- Questions regarding your treatment plan
- Concerns regarding medication prescribed for you
- Difficulties communicating with staff
- Unusual events involving your child or others in our facility
- If you do not understand the discharge plan or instructions
- Sanitary concerns including staff not washing their hands when providing care

## Dear Parent/Guardian

11/19/2008 WED 13:22 FAX 907 565 1000 DLC

0003/003



**ANCHORAGE**  
3330 Arctic Boulevard  
Suite 103  
Anchorage, AK 99503  
(907) 565-1002  
FAX (907) 565-1000  
1-800-478-1234  
[www.dlcaak.org](http://www.dlcaak.org)

Dear Parent/Guardian:

This letter is to inform you that the Disability Law Center of Alaska (DLC) is planning to conduct monitoring visits to North Star Behavioral Health System's facilities over the next year. DLC is the federally mandated Protection and Advocacy System for the State of Alaska. In addition to advocating for the rights of individuals with disabilities, one of DLC's responsibilities is to conduct visits to facilities to monitor compliance with respect to the rights and safety of residents.

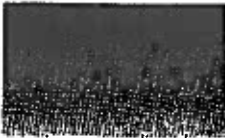
A monitoring visit means that DLC staff will be visiting and touring the facility, talking with staff and residents, and observing the general conditions and environment of the facility. During these visits, DLC staff will be available to speak with residents about their rights, and to listen to any complaints or issues the residents may have.

DLC looks forward to working with North Star to ensure the best possible care for patients. If you have any questions regarding DLC's visit to North Star and potentially speaking with your child, please feel free to contact Holly Johanknecht at (907) 565-1002.

Sincerely,  
Disability Law Center of Alaska

David C. Fleurant  
Executive Director

MEMBER OF THE  
NATIONAL  
DISABILITY  
RIGHTS  
NETWORK





### Lost Item Notice

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#### Labeling Your Clothing:

Parents will be asked to fill out an inventory sheet and will be encouraged to label your personal clothing and belongings before you are admitted into the hospital. Staff may supply your family with a sharpie marker so that they may label your clothing. If throughout your stay additional items are brought in, parents are asked to add these items to your inventory sheet. To keep you from getting sick, please only wear your own clothes. At North Star we are not responsible for lost personal items.

### North Star Behavioral: Patient Rights and Responsibilities

At North Star Behavioral Health System, we do many things to protect your right to privacy. Any information about you, even if you are here in the hospital, is strictly confidential which means we can't give out any information. The doctors, nurses, therapists, MHS's and all the staff here at the hospital are given classes in how to protect your private information. Only with your guardian or parent's written permission, will we give out your records or any information about you. The only exception to this would be if we were required by law to release information that a judge has formally requested. The management of North Star Hospital welcomes any comments, suggestions, or questions you may have. You may express your comments in writing or verbally to the Administrator's office which is on the first floor. Your floor staff can help you do this. Every effort will be made to respond to all suggestions. When you are discharged you will be given a Patient Satisfaction Survey to fill out.

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provider will examine the patient as soon as possible after admission. Additionally, the parent or guardian may request a second opinion at his/her own expense.

- G. The right to be informed by a physician why they are here, what problems or issues they may have and how we are going to help them.
- H. The right to have all medications explained to them, including what they are, why they are taking them and how they will make them feel.
- I. The right to not take medications and other treatments which are recommended unless such refusal would make the patient unsafe to self or others.
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- K. The right to receive the visitors the Guardian designates, including, but not limited to another family member, or a friend (over the age of 18, or accompanied by an authorized adult.) Before patient care is provided, if possible, the Guardian shall also have the right to designate a Support Person who can exercise the patient's visitation rights in the event the Guardian is incapacitated or otherwise unable to do so. Patient Visitation Rights shall not be restricted, limited, or otherwise denied by the hospital on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors shall enjoy full and equal visitation privileges during the posted times consistent with the Guardian's preferences. NSBH may impose clinically appropriate limitations on patient visitation when visitation would interfere with the patient's care, whether the reason for limiting or restricting visitation is infection control, disruptive behavior of visitors, or the patient's or patient's roommate's need for rest or privacy. This consent for visitation can be withdrawn by the guardian at any time.
- L. The right to not be restrained (time limited) or given emergency medications unless they are at risk of hurting themselves or others.
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- T. The right to know what programs are offered at North Star Behavioral Health System.
- U. The guardian has the right to know how much treatment costs at North Star Behavioral Health System.



- V. The right to a lawyer to help them with legal problems.
- W. The right to receive educational support from the Anchorage School District teacher during regular school days.
- X. The right to be told about an unexpected outcome.
- Y. The right to be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- Z. The right to have access to outdoors, i.e., patio areas, community resources, etc., unless clinically contraindicated.
- AA. The right to be provided with an environment within the facility which is suitable to their needs, i.e., furnishings, and equipment as needed. Sufficient storage space is provided for personal belongings.
- BB. The right to be provided with a room with the number of appropriate patients, based upon age, developmental level and clinical status
- CC. The right to have appropriate articles for grooming and personal hygiene readily available, based upon age, developmental level, and clinical status.
- DD. The right to have access to protective and advocacy services.

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5. To ask staff to explain things if they do not understand what is happening to them.
6. To report changes in how they are feeling to those responsible for their care and welfare.
7. To be respectful and considerate of other patients and staff, their personal possessions and their rights.
8. To tell staff about incidents that can be harmful to them or their fellow patients' treatment program.
9. To use hospital furnishings and equipment only as they are intended to be used.
10. To keep their bathroom and assigned room neat and clean. For safety, they are asked to keep items off the floor in their room.
11. To not have drugs, alcohol or weapons in the hospital.
12. To talk to staff and the administration if they feel their rights are being violated.
13. To obey the law.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
NSBHS Staff

\_\_\_\_\_  
Date

White – Floor

Yellow – Guardian

## Telephone Hours & Guidelines

**DAILY PHONE** contact with parents and guardians is encouraged and will be allowed as scheduled. There are designated hours for phone calls in or out, and a time limit of five minutes per call. Considerations will be made for special circumstances. Calls are placed and received by staff. You are expected to act and speak appropriately during calls. Calls to Social Workers, Parole Officers, Lawyers, and GALs will be coordinated to ensure access to these representatives and with minimal disruption to the unit schedule. To ensure that our environment is safe for all patients, and due to the risk of confidentiality breaches, personal cellular phones are not permitted for use in any North Star facility. If you need to make a private call, please coordinate with your Clinical Therapist.

- It is encouraged that you not make and/ or receive phone calls for the first 24 hrs. This is advised in order to help with part of the initial assessment and assist you in your adjustment to the treatment environment.

## Telephone Hours

**Monday – Friday .....Girls A & B & Boys A & B.....1:00-3:00**  
Social workers, parole officers, lawyers, & GALs. This will be worked around groups & activities, not during groups if possible.

**Monday – Sunday.....Girls B.....6:00-7:00**  
Family, friends, or others that are on your phone list.

**Mon-Thurs., & Sun.....Girls A.....6:30-7:30**

**Friday and Saturday.....Girls A.....5:30-6:30**

**Monday-Sunday.....Boys A & B.....6:30-7:30**  
Family, friends, or others that have been approved by your Clinical Therapist and on your phone list.

### What is asked of you when using the phone:

1. Be polite when asking to use the phone (respectful/positive tone and positive words, “please, may I, and thank you.”)
2. Be patient. We are trying our best to accommodate many patients and their phone call needs.
3. Be courteous. There are others that need to use the phone as well, please keep your phone call time to five minutes.
4. Please be respectful of NSBH property, including the phone (Do not slam the phone down when hanging up, hit it against the wall, or pull at the cord). This is part of your community, please treat it with respect.
5. When you see someone using the phone, show them respect by using an inside voice. Treat others the way that you would like to be treated.

6. When you are told that your (5 minute) time limit has ended, please respond with a respectful tone of voice and kind words. If more time is needed due to certain circumstances your therapist may approve it.
7. Phase 1 : may make a one (5 minute) call out, per day.
8. Phase 2: may make two (5 minutes) calls out, per day.
9. Immediate or Extended Family: may have approved calls (5 minutes per call).

### Visitors

**Your visitation privileges vary based on individual phase status and can be extended based on the treatment team decision.**

1. All visitors are required to sign the "Confidentiality Agreement" form upon arrival and prior to visiting. Visitors are expected to abide by all facility rules and guidelines or phone calls.
2. We encourage visiting to occur in common areas, unless otherwise specified by the Unit RN or Clinical Therapist.
3. Visiting families are welcome to eat with you.

(We encourage you to limit the number of visitors at one time).

### Visiting Times

- **Lunch Time.....Monday – Friday.....**

<b>Girls A.....</b>	<b>12:30pm-1:00 pm</b>
<b>Girls B.....</b>	<b>12:00pm-12:30 pm</b>
<b>Boys A &amp; B.....</b>	<b>12:30pm-1:00 pm</b>

<b>Saturday &amp; Sunday.....</b>	<b>Girls A.....</b>	<b>11:45am-12:15 pm</b>
	<b>Girls B.....</b>	<b>12:15pm-12:45 pm</b>
	<b>Boys A &amp; B.....</b>	<b>12:30pm-1:00 pm</b>
- **Dinner.....Monday – Sunday.....**

<b>Girls A.....</b>	<b>4:30pm-5:30 pm</b>
<b>Girls B.....</b>	<b>5:00pm-6:00 pm</b>
<b>Boys A.....</b>	<b>5:30pm-6:30 pm</b>
<b>Boys B.....</b>	<b>5:10pm-6:10 pm</b>
- **Family Night.....**

<b>Thursday.....</b>	<b>Girls A &amp; B.....</b>	<b>6:00-7:00 pm</b>
<b>Monday.....</b>	<b>Boys A &amp; B.....</b>	<b>6:00-7:00 pm</b>

### Spiritual Services

Upon request spiritual providers can be notified that you are in the hospital. In order to do so, your parent would need to add that person's name to the Release of Information with contact information provided. If you are interested in receiving spiritual services, please contact the nursing supervisor to make arrangements and with permission from parents.

## Cafeteria

All meals are provided in our cafeteria where you are expected to follow the guidelines for behavior while eating.

### Basic Cafeteria Rules:

1. You may only sit with members of your community unless otherwise authorized.
2. All food and drink must be consumed in the cafeteria.
3. When you are finished eating, please raise your hand to be excused from the table to clear your tray.
4. You are expected to clean up after yourself and your table.
5. Family will be encouraged to visit you in the cafeteria, depending on level of safety.

## Cafeteria Meal Time Schedule

<b>Breakfast Time.....Monday-Friday.....</b>	<b>Girls A</b>	<b>7:30 - 8:00 am</b>
	<b>Girls B</b>	<b>8:00 - 8:30 am</b>
	<b>Boys A &amp; B</b>	<b>7:35 - 8:20 am</b>
<b>Saturday &amp; Sunday.....</b>	<b>Girls A</b>	<b>9:00 - 9:30 am</b>
	<b>Girls B</b>	<b>8:30 - 9:00 am</b>
	<b>Boys A &amp; B</b>	<b>9:00 - 9:30 am</b>
<b>Lunch Time.....Monday-Friday.....</b>	<b>Girls A</b>	<b>12:30 - 1:00 pm</b>
	<b>Girls B</b>	<b>12:00 -12:30 pm</b>
	<b>Boys A &amp; B</b>	<b>12:30 - 1:00 pm</b>
<b>Summer Schedule.....Monday-Friday.....</b>	<b>Boys A</b>	<b>11:35 - 12:05 pm</b>
	<b>Boys B</b>	<b>12:10 - 12:45 pm</b>
	<b>Saturday &amp; Sunday.....</b>	<b>Girls A 11:45 am -12:15 pm</b>
	<b>Girls B</b>	<b>12:15 -12:45 pm</b>
	<b>Boys A &amp; B</b>	<b>12:00 - 1:00 pm</b>
<b>Dinner Time.....Monday-Sunday.....</b>	<b>Girls A</b>	<b>5:00 - 5:30 pm</b>
	<b>Girls B</b>	<b>5:30 - 6:00 pm</b>
	<b>Boys A</b>	<b>5:10 - 5:40 pm</b>
	<b>Boys B</b>	<b>5:40 - 6:10 pm</b>

## Concerns Regarding Care

### Concern process:

It is the policy of North Star Behavioral Health System to treat our patients and families with respect, dignity, and equality. If you feel you or your family's rights have been violated in anyway, you are encouraged to report your concern using our grievance process. The grievance process steps are as follows.

1. Discuss your concern with your physician, therapist, nursing staff or Administrator. Possibly a Charge Nurse or Supervisor might also try to assist you with finding a resolution to your concern.
2. If not satisfied, request a Client Concerns/Problem Notification form from any staff member.
3. If using the form, complete the top section with as much detail as possible. Place form in box on your unit.

4. The Patient Advocate will contact you by the next business day of either receipt of the form or request for contact.
5. It is the responsibility of the Patient Advocate to help you find a resolution to your concerns. To do this, the Patient Advocate will meet with the involved staff members, review your medical record, and talk with other patients as needed. The Patient Advocate will communicate the actions or resolutions to you and your parent(s) within a reasonable time frame. This time frame will be no more than 7 days after receipt of the concerns unless there are extenuating circumstances. If it will be longer than 7 days, you will be notified of the anticipated time frame.
6. While using the internal grievance process as outlined above is an efficient way to address your concerns, please be aware that you do have the right to contact the State of Alaska Health Facilities Licensing and Certification office at 334-2483, or the Office for Civil Rights at 1-800-368-1019. You may send concerns in writing to the Joint Commission on Accreditation of Health Care Organizations (JCAHO) Office of Quality Monitoring:

Fax: 630-792-5636

E-Mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Mail: Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

At North Star, we want to provide you and your child with the best treatment possible. Your participation is a critical part of treatment. Should you have any concern or not understand any part of the care provided, we want you to speak up! We welcome your questions and will answer them to the best of our ability. Any of the following areas should be brought to our attention immediately:

- Safety concerns
- Questions regarding your treatment plan
- Concerns regarding medication prescribed for you
- Difficulties communicating with staff
- Unusual events involving your child or others in our facility
- If you do not understand the discharge plan or instructions
- Sanitary concerns including staff not washing their hands when providing care.

### **Your Privacy**

All medical records are considered confidential. Information about your health is private. That is why NSBH is required by federal and state law to protect the privacy of your health information. Before any medical record information is copied and sent out from the medical record's department, written requests for records are reviewed to make certain applicable law are followed. If you want to obtain consent for Release of Information & Confidentiality you will need to talk with your parent and/or guardian, and therapist.



Dear Parent/Guardian:

This letter is to inform you that the Disability Law Center of Alaska (DLC) is planning to conduct monitoring visits to North Star Behavioral Health System's facilities over the next year. DLC is the federally mandated Protection and Advocacy System for the State of Alaska. In addition to advocating for the rights of individuals with disabilities, one of DLC's responsibilities is to conduct visits to facilities to monitor compliance with respect to the rights and safety of residents.

A monitoring visit means that DLC staff will be visiting and touring the facility, talking with staff and residents, and observing the general conditions and environment of the facility. During these visits, DLC staff will be available to speak with residents about their rights, and to listen to any complaints or issues the residents may have.

DLC looks forward to working with North Star to ensure the best possible care for patients. If you have any questions regarding DLC's visit to North Star and potentially speaking with your child, please feel free to contact Holly Johanknecht at (907) 565-1002.

Sincerely,  
Disability Law Center of Alaska

A handwritten signature in black ink, appearing to read "David C. Fleurant".

David C. Fleurant  
Executive Director

### ANCHORAGE

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Anchorage, AK 99503  
(907) 565-1002  
FAX (907) 565-1000  
1-800-478-1234  
[www.dlcak.org](http://www.dlcak.org)

MEMBER OF THE  
NATIONAL  
DISABILITY  
RIGHTS  
NETWORK

