#### **DEPARTMENT OF HEALTH SERVICES**

Division of Care and Treatment Services F-26100 (03/2019)

STATE OF WISCONSIN

Wis. Stat. § 51.61(2) Wis. Admin. Code § DHS 94.05

# CLIENT RIGHTS LIMITATION OR DENIAL DOCUMENTATION Signature of client is voluntary. If not signed, the staff will witness and document refusal. This record is filed in the client's record and is accessible to all

authorized users **INSTRUCTIONS** for completion of this form are on the back of this form or page two. Name - Client (Last, First MI) Name - County 51.42 Board which Authorized Placement Name - Agency / Institution / Facility Living Unit Date Limitation/Denial Begins Client Right to be Affected Describe what less restrictive alternatives have been considered: ☐ Phone use ☐ Storage Space ☐ Clothing, Possessions, and Laundry ☐ Visitors ☐ Privacy in Toileting and Bathing ☐ Mail (980 patient only) Describe Specific, Individualized Limitation / Denial Reason for Limitation / Denial ☐ Safety ☐ Security ☐ Treatment Explain Specific Reason for Limitation / Denial Attach Relevant Documentation

Condition for Restoring Right(s) - Explain the specific conditions required for restoring or granting the right. Signing either line is acknowledgement of receipt of form. ☐ Client unwilling or unable to sign. I DO want a hearing/meeting Date Request Signed **SIGNATURE** - Client I DO NOT want a hearing/meeting **Date Signed SIGNATURE** - Client SIGNATURE - Staff (person completing form) Title / Position **Date Signed** Date - Hearing Conducted / Meeting Held Client's Comments at Hearing / Meeting or Give Location Where Comments are Documented. Hearing / Meeting Outcome Right Restored Right / Limitation / Denial Continued Right / Limitation / Denial Modified as Follows: SIGNATURE - Person Conducting Hearing / Decision Maker Title / Position Date Signed **REVIEW SCHEDULE** This limitation/denial shall be reviewed Reasons for Choosing this Review Schedule Quarterly Daily Weekly Annually ☐ Monthly Other: STAFF SIGNATURE **REVIEW DATE OUTCOME** 

### CLIENT RIGHTS LIMITATION OR DENIAL DOCUMENTATION INSTRUCTIONS

Items that are banned per policy, such as weapons, do not have to be reviewed and it is not necessary to complete this form.

# Which client rights may be limited or denied?

In accordance with Wis. Stat. §51.61(2), **ONLY** the patient rights in Wis. Stat. §§ 51.61(1)(p) through (t), may be limited or denied "for cause." These are the rights to make **telephone calls**; to wear one's own **clothing** and use one's own **personal possessions**; to have access to secure **storage space**; to have **privacy in toileting and bathing**; and to see **visitors** daily. Only **980 patients mail** may be inspected, delayed or opened.

## What is "good cause" for a limitation or denial?

"Good cause of denial or limitation of a right exists **only** when the director or designee of the treatment facility has reason to believe the exercise of the right would create a **security problem**, adversely affect the patient's **treatment**, or seriously interfere with the **rights or safety of others**," per Wis. Admin. Code § DHS 94.05(2)(a). The "good cause" rationale must be **specifically** and **individually** documented on this form or on an attachment. **Note:** If the limitation or denial is based on a specific incident that occurred and there is an **"incident report"** or similar documentation required to be filed by internal policy, **a copy should be attached**. The original should be kept in the client's record.

#### **Procedure**

To limit or deny one of the rights above, **complete this form.** A **copy must be given to the client** or guardian **at the time of the limitation or denial**, per Wis. Admin. Code § DHS 94.05(3). The other copies should be distributed in accordance with the list at the bottom of the preceding page. Filling out the form completely will ensure that the client or guardian will be given all the information required under §§ DHS 94.05(3)(a) through (d).

### What if a limitation of some other right is considered?

Some other rights may be limited or denied for individual treatment, security, or safety reasons. **DO NOT USE THIS FORM** for those purposes. Please refer to specific Wisconsin statutes, § 51.61 or § 51.30, or Wis. Admin. Code chs. DHS 92 or 94, about these rights for procedural and documentation requirements. Note that some rights, such as the right to **send or receive mail** or to **refuse treatment or medications**, may not be limited or denied unless a **court order** is first obtained.

#### Limitation vs. denial

"Denial of a right may only be made when there are documented reasons to believe there is not a less restrictive way of protecting the threatened security, treatment, or management interests," per § DHS 94.05(2)(b). "No right may be denied when a limitation can accomplish the purpose and no limitation may be more stringent than necessary to accomplish the purpose," per § DHS 94.05(2)(c). Consideration of less restrictive alternatives MUST be documented, either on this form or on an attachment.

## What is the proper condition for restoring rights?

The condition(s) for restoring the client's rights will depend on the situation that led to their limitation or denial. **Be specific** in stating what conditions are necessary for restoration. Often, the condition will be a change the client needs to make. Sometimes, the condition may be the lifting of a court order or the consent of a third party.

# What is an informal hearing or meeting with decision maker?

Within three calendar days of the limitation or denial, the client has a right to an "informal hearing" or a "meeting with the person who made the decision to limit or deny the right," per § DHS 94.05(5). The client can request or deny a hearing by signing on the appropriate line. Informal hearings and meetings are equivalent; the only difference being who conducts it. The informal hearing is conducted by the director or designee and the meeting is conducted by the person who made the initial decision to limit or deny the right or if it was a team decision, appropriate representative of the treatment team. The informal hearing or meeting consists of presenting the individualized, specific reasons for the limitation or denial to the client and the client being given the opportunity to dispute facts or to explain their position about the matter. The client's comments at the informal hearing or meeting must either be documented on this form, which is kept in the client's record, or it must be noted on this form where in the record those comments can be found. The outcome of the hearing or meeting must also be documented on this form

## What is an appropriate review schedule?

Rights limitations or denials must be reviewed on a reasonable schedule to decide if they are still necessary. It is suggested that **all limitations or denials** be **reviewed** at least **monthly.** Exceptions to monthly review may be made where the limitation or denial is part of a client's treatment program and there is a regular review schedule, such as quarterly, for the program. The schedule for review must be noted on this form. **Rare cases**, such as a limitation on access to a possession, which may be deemed counter-therapeutic to the individual, may be reviewed annually. In no case should a review schedule be longer than annually.