

**PATIENTS’ RIGHTS DENIAL – MONTHLY TALLY**

MH 306 (01/08)

(Formerly MH 1070)

Patient I.D. Number	Month	Year
Admission Date	Discharge Date	State Hospital
Patient’s Current Legal Status		
<input type="checkbox"/> Legal Hold <input type="checkbox"/> Voluntary <input type="checkbox"/> Conservatee <input type="checkbox"/> Other _____		

General Instructions:

1. Individual Denials of Patients’ Rights MUST be documented in the patient’s record in accordance with Title 9, CAC, Sections 865.1, 865.2, and 865.4.
2. GOOD CAUSE for denial of rights shall be documented on the Doctor’s Sheet or Nurses’ Notes in the patient’s treatment record in conformity with Title 9, Section 865.3.
3. RESTORATION OF RIGHTS shall be documented in the patient’s treatment record in conformity with Title 9, Section 865.5.

SEE INSTRUCTIONS FOR USE OF THIS FORM ON REVERSE SIDE

DAY OF MONTH

RIGHT DENIED	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1																															
2																															
3																															
4																															
5																															
6																															
7																															
8																															
9																															
10																															

LEGEND

1. The right to wear one’s own clothes.
2. The right to keep and use one’s own personal possessions.
3. The right to keep and be allowed to spend a reasonable sum of one’s own money for canteen expenses and small purchases.
4. The right to have access to individual storage space for one’s private use.
5. The right to see visitors each day.
6. The right to have reasonable access to telephones, both to make and receive confidential calls or to have such calls made for them.
7. The right to have ready access to letter writing materials, including stamps.
8. The right to receive and mail unopened correspondence.

RESTRICTIONS IMPOSED

9. Seclusion. (Isolation of a patient in a locked room.)
10. Restraint. (Any physical device used to immobilize patient because of behavioral problems.)

**(Continued on Reverse Side)**

INSTRUCTIONS  
MH 306

1. This form is to be filed in the patient's treatment record as a daily record of rights denials.
2. After documenting denial as required by Title 9, place an "X" in the box under the date denial occurred on the line which corresponds to the specific right or rights denied. If denial continues beyond one day, a notation must be made for each day the right continues to be denied.
3. Recapitulate the monthly total of the days denied each right, and enter onto Form MH 307 (formerly MH 1070) next to the patient's I.D. number.
4. Submit with the completer Form MH307 to the local mental health director by the 10<sup>th</sup> day of the following month.
5. Insert a new tally sheet into the patient's treatment record.

NOTE:

Seclusions and restraints **MUST** be reported and documented because these actions imply the denial of other specific patient's rights, such as the right of access to the telephone.

These implied denials need not be documented in the patient's chart and should not be reported on this form.

If, however, the exercise of a particular right is specifically requested by the patient and denied by the staff while the patient is in restraint of seclusion, the denial of that right **MUST** be documented in the patient's record and reported on this form.