

DENIAL OF RIGHTS/SECLUSION AND RESTRAINT MONTHLY REPORT

MH 307 (4/01)
(Formerly MH 1071)

(See Instructions on Reverse Side)

Month:

Year:

Facility: _____ Program/Ward: _____

County:

Name, title & telephone No.
Of Person Preparing Report:

Date of Report:

A	B	C Number of Days Denied Each Right or Days in Seclusion/Restraint									
Patient's I.D.	No. of Days In Facility	1	2	3	4	5	6	7	8	9	10
D	Total No. of Patients in 1-10										

ONLY THE FOLLOWING RIGHTS MAY BE DENIED FOR GOOD CAUSE:

1. Right to wear one's own personal possessions WIC 5325 (a)
2. Right to keep & use one's own personal possessions WIC 5325 (a)
3. Right to keep and be allowed to spend a reasonable sum of one's own money for canteen expenses and small purchases WIC 5325
4. Right to have access to individual storage space for one's private use WIC 5325 (c)
5. Right to see visitors each day WIC 5325 (d)
6. Right to have reasonable access to telephones, both to make and receive confidential calls or to have such calls made for them WIC 5325 (d)
7. Right to have ready access to letter writing materials, including stamps WIC 5325 (e)
8. Right to mail and receive unopened correspondence WIC 5325 (f)

RESTRICTIONS IMPOSED

9. Seclusions (isolation of an involuntary patient in a locked room)
10. Restraints (any physical device used to immobilize the patient because of behavioral problems.)

INSTRUCTIONS FOR MH 307 (FORMERLY MH 1071)

COLUMN A: Patients of Hospital Number

Each patient who has been denied a right or place in seclusion/restraint by the facility during the reporting month must be listed on this form by the I.D. or hospital number.

COLUMN B: Number of Days in Facility This Month

Enter each patient's total days in the facility for the month.

COLUMN C: Number of Days Denied Each Eight or Days in Seclusion/Restraint

Enter in Columns 1 through 10 the number of days each patient was denied a right or in seclusion/restraint.

COLUMN D: Totals-Numbers of Patients Denied Each Right

Enter in Column D, the total number of patients denied each right or placed in seclusion/restraints.

(Do not count the numbers in the boxes to achieve Column D as the number of patients, not days, is needed.)

RESTRICTIONS IMPOSED

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

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

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

SUBMIT TO: The local mental health director, or your county or state hospital executive director, by the tenth of the following month.

Attach all MH 307 Denial of Rights/Seclusions—Monthly Report to this form.