

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 <input type="checkbox"/> Phone use <input type="checkbox"/> Storage Space <input type="checkbox"/> Clothing, Possessions, and Laundry <input type="checkbox"/> Visitors <input type="checkbox"/> Privacy in Toileting and Bathing <input type="checkbox"/> Mail (980 patient only)		Describe what less restrictive alternatives have been considered:	
Describe Specific, Individualized Limitation / Denial		Reason for Limitation / Denial <input type="checkbox"/> Safety <input type="checkbox"/> Security <input type="checkbox"/> 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. <input type="checkbox"/> Client unwilling or unable to sign.		
I DO want a hearing/meeting SIGNATURE – Client		Date Request Signed
I DO NOT want a hearing/meeting SIGNATURE – Client		Date Signed
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 <input type="checkbox"/> Right Restored <input type="checkbox"/> Right / Limitation / Denial Continued <input type="checkbox"/> 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	
<input type="checkbox"/> Daily	<input type="checkbox"/> Quarterly		
<input type="checkbox"/> Weekly	<input type="checkbox"/> Annually		
<input type="checkbox"/> Monthly	<input type="checkbox"/> Other:		
REVIEW DATE	OUTCOME	STAFF SIGNATURE	

DISTRIBUTION: Original – client's record; Copy – client rights specialist; Copy – county client rights specialist; for state facilities, Client Rights Office; Copy – client or guardian at time of limitation/denial

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.