

**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 side of the last ply or on page 2 if a single ply.

Name – Client (Last, First MI)	Name – County 51.42 Board which Authorized Placement
Name – Agency / Institution / Facility	Living Unit
Client Right to be Affected	Date Limitation/Denial Begins
Describe Specific, Individualized Limitation / Denial	Reason for Limitation / Denial <input type="checkbox"/> Safety / Security <input type="checkbox"/> Treatment Explain Specific Reason for Limitation / Denial Attach Relevant Documentation

Condition for Restoring Right(s) – If unknown, who will provide information and when?

Does the Client Want an Informal Hearing / Meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Date Hearing/Meeting Requested:	If NO, <b>SIGNATURE</b> – Client "I waive my right to a hearing/meeting."
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<b>SIGNATURE</b> – Person Completing Form	Title / Position
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:	
<b>SIGNATURE</b> – Person Conducting Hearing / Decision Maker	Title / Position

**REVIEW SCHEDULE**

This limitation/denial shall be reviewed <input type="checkbox"/> Daily <input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Other: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Reasons for Choosing this Review Schedule
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REVIEW DATE	OUTCOME	STAFF SIGNATURE

## 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 s.51.61(2) Stats., **ONLY** the “patient rights” in s.51.61(1)(p) through (t) Stats., may be limited or denied **“for cause”** when “medically or therapeutically contraindicated.” 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.

### 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 **right or safety of others.**” DHS 94.05(2)(a), Wis. Admin. Code. The “good cause” rationale must be **specifically** and **individually** documented on this form.

### 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.” 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.” DHS 94.05(2)(c), Wis. Admin. Code. Consideration of less restrictive alternatives **MUST** be **documented**, either on this form or on an attachment.

### Procedure

To limit or deny one of the rights enumerated above, **complete Page 1 of this form**. A **copy must be given to the client** or guardian **at the time** of the limitation or denial, DHS 94.05(3). 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), Wis. Admin. Code. 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.**

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

Within 3 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.” DHS 94.05(5), Wis. Admin. Code. “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 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 his or her position about the matter.** The client’s comments at the hearing/meeting must either be documented on the copy of this form, which is kept in the client’s records 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 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 statutes, s.51.61 or s.51.30, Stats., or rules, DHS 94 or DHS 92, Wis. Admin. Code, 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.

### 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** should 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.

### Who gets copies of this form?

The original should be kept in the client’s records. A copy must be given to the client or guardian at the time of the limitation or denial. The other copies should be distributed in accordance with the list at the bottom of the preceding page.