

YOU ARE ENTITLED TO THE FOLLOWING INFORMATION SO THAT YOU CAN MAKE AN INFORMED DECISION ABOUT TREATMENT

1. A description of the nature and seriousness of your mental condition, disorder, or behavior.
2. An explanation of the reasons for the treatment.
3. The name and type, frequency, amount, and method of dispensing the treatment, and the probable length of time the treatment will be taken.
4. A description of the likelihood of improvement, and the probable degree and duration (temporary and permanent) of improvement or remission expected with (and without) the medication.
5. An explanation of the nature, degree, duration, and probability of the side effects and interactions (with other treatment), the risks and to what extent they may be controlled, if at all.
6. An explanation of the reasonable alternative treatments available (including other medications and nonmedication-oriented treatment) and why the doctor is recommending this particular treatment.

LIMITATIONS ON THIS RIGHT

If you **do not** give informed consent to a proposed medication treatment you may only be given this medication involuntarily after specific legal procedures have been followed.

You cannot be given medication without your consent unless:

1. There is a legally-defined **emergency*** and it is properly documented,

or
2. You are determined during a Capacity Hearing or a Riese Hearing, which is a legal court hearing, to not have capacity to refuse medication.

*"Emergency" means a situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first gain consent. It is not necessary for harm to take place or become unavoidable prior to treatment.

QUESTIONS TO ASK ABOUT YOUR DIAGNOSIS AND TREATMENT

Feel free to ask your doctor or the nursing staff about your condition and treatment. **Examples of questions include:**

1. What is the diagnosis of my condition? Please explain what that means.
2. What kinds of treatment, other than medication, could be used for this condition?
3. What kind of medication are you prescribing?
4. What other kinds of medication could be prescribed for my condition?
5. Why are you prescribing this medication rather than others?
6. Why are you prescribing this medication rather than other treatment?
7. How much medication are you prescribing?
8. Why are you prescribing at this dosage?
9. Is this the normal dosage?
10. What are the common side effects of this medication? What are other possible side effects?
11. What is the likelihood of improvement with the medication?
12. What is the likelihood of improvement without the medication?
13. What will happen to me if I don't take the medication? What will the symptoms be?

California law provides that all people who receive mental health services have important rights in the treatment process. One significant right is:

**THE RIGHT TO
INFORMED CONSENT
TO TREATMENT**

This right is designed to assure that mental health patients are given appropriate information and the opportunity for participation in the treatment process. The principles of informed consent apply to all forms of treatment, including hospitalization, placement, services and medication.

Informed consent means that, after being provided adequate information about your condition and proposed treatment, you knowingly and intelligently, without duress or coercion, clearly and explicitly give your consent to the proposed treatment.

Informed consent **applies to all medications** used to treat symptoms of severe mental and emotional conditions.

Your consent must be documented in writing.

Your consent is also required when the medication dosage is increased or your medication is changed from one type to another.

You have the right to revoke consent at any time for any reason.

If you would like more information regarding your right to give or refuse consent to treatment, call:

PATIENTS' RIGHTS OFFICE
P.O. BOX 7549
Riverside, CA 92513-7549

(951) 358-4600
(800) 350-0519

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Please visit us at:
www.rcdmh.org

This information is available in alternative formats upon request. Please contact the Office of Patients' Rights at (951) 358-4600 or (800) 350-0519.

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**PATIENTS' RIGHTS
ADVOCACY
PROGRAM**

**YOU HAVE
THE RIGHT**

- to an explanation of your diagnosis
- to information about your treatment
- to give or refuse your consent for treatment

