

NOTICE OF PRIVACY PRACTICES
Acknowledgement of Receipt

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt of the Notice of Privacy Practices by signing this form. The Notice of Privacy Practices provides information about how Behavioral Health and Recovery Services may use or disclose protected health information about me. I was encouraged to read the document in full.

This Notice of Privacy Practices is subject to change. I understand I can obtain a copy of the revised notice at one of the programs or sites of Behavioral Health and Recovery Services or from the Privacy Officer or other ways explained in the Notice I received.

I acknowledge receipt of the Notice of Privacy Practices of Stanislaus County Behavioral Health and Recovery Services.

Signature: _____

(client/patient/parent/conservator/guardian)

Date: _____

4/17/2014

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signed acknowledgement of receipt is obtained. If it is not possible to obtain the individual's acknowledgement, indicate the reason why the acknowledgement was not obtained.

- ☐ Refused to sign
☐ Unable to sign

Signature of provider representative: _____

Date: _____

4/17/2014

<p style="text-align: center;">STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES</p> <p style="text-align: center;">NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT (FILE IN CONSENT SECTION)</p>	<p style="text-align: center;">ALL SOC'S</p>	<p>NAME: _____</p> <p>PROGRAM: _____</p> <p>MR#: _____</p>
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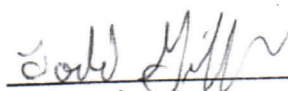


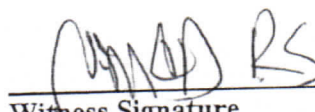
Telecare Stanislaus Psychiatric Health Facility
Patient Rights

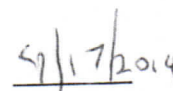
Each person admitted voluntarily or involuntarily as a psychiatric patient has the following rights:

- To wear your own clothes
 - To keep and use your own personal possessions including toilet articles and to keep and to be allowed to spend a reasonable sum of money for small purchases
 - To have access to individual storage space for private use
 - To see visitors every day
 - To have reasonable access to telephones-both to make and receive confidential calls
 - To have ready access to letter-writing materials including stamps- to mail and receive unopened correspondence
 - To dignity, privacy and humane care
 - To be free from excessive physical restraint, isolation, abuse and neglect
 - To see and receive services of a patient-advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services
 - All other rights as provided by law or regulation as specified in sections 5325 and 5325.1 of the welfare and institutions code
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- If you believe that any of your rights were denied without just cause you may call your county advocate who must investigate your complaint

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- Usar su propia ropa
 - Guardar Y usar articulos personales incluyendo articulos de tocar, Y guardar Y que se le permite gastar una suma modica de dinero para compras pequenas
 - Tener acceso a espacio de almacenaje pare su uso personal
 - Recibir visitantes cada dia
 - Tener acceso razonable al uso de telefonos pare hacer Y recibir llamadas confidenciales
 - Tener acceso facil a mariales para escribir cartas, incluyendo estampillas, Y recibir correspondencia sin abrir
 - A la dignidad, a sitio de retiro, Y al cuidado humano
 - Ser libre de restriccion fisica excesiva, aislamiento, abuso, Y descuido
 - Ver Y recibir los servicios de un defensor de pacientes que no tenga responsabilidad, directa o indirecta, de proveer servicios clinicos o administrativos a la persona recibiendo servicios de salud mental
 - Cualquier otro drecho proveido por la ley o regulacion asi como especificado en las secciones 5235 Y 5235.1 del codigo de bienestar e instituciones
-
- Si usted cree que se la ha negado cualquier de sus derechos, puede llamar al defensor de derechos ubicado en su condado. El defensor debe investigar su queja.


Patient signature


Witness Signature


Date

**COMMUNITY RULES
FOR
STANISLAUS PSYCHIATRIC HEALTH FACILITY**

As a client of Telecare Stanislaus Psychiatric Health Facility, you belong to a Community. Clients have mutual responsibility for making the facility safe, comfortable, and therapeutic. The benefit of all can be ensured when each individual accepts and implements the following rules:

1. Show respect for the rights of others, for yourself, and for hospital property.
2. Respect the privacy of others by not entering another patient's room.
3. Do not harm yourself or others.
4. Participate in all required activities and interact cooperatively and appropriately with clients, staff, and others (visitors, etc.).
5. Do not use non-prescribed drugs and/or alcohol on the premises, nor should drugs be stored on the premises.
6. Coffee and food is not to be left in your room overnight. No supplies for making coffee and/or tea may be kept in your room at any time.
7. No Smoking.
8. Maintain personal hygiene and appropriate appearance.
9. Perform your own housekeeping tasks (in your room) and those on the unit (in the dayroom).
10. No business transactions of any kind. No borrowing, lending, trading, or selling of cigarettes, money, or personal items with anyone.
11. No lighters or matches on premises.
12. No aluminum cans are allowed in the facility.
13. No SEXUAL ACTIVITY with others.

I, Todd Giffen agree to abide by the above Community Rules. I have received a copy of the Community Rules.

Todd Giffen
Client Signature

4/17/2014
Date

(IMC) RB
Witness Signature

4-17-2014
Date

NURSING DISCHARGE SUMMARY & MEDICATION TEACHING

Discharge Date/Time: 4/17/14
Discharge Address: 3921 Weston Way Modesto 95356
Contact Number: 503 967 5202
Discharge with: ☒ Self ☐ Parent/Guardian ☐ Probation Office ☐ Ambulance ☐ Other
Discharge to: ☐ Home ☐ Board and Care ☐ Shelter ☐ IMD ☒ Other Mother
Transportation: ☐ Own ☒ Taxi/Bus ☐ Facility Transport ☐ Ambulance ☐ Other

Nursing Discharge Risk Assessment:

- ☒ Patient assessed and is not to be an imminent danger to SELF.
☒ Patient assessed and is not to be an imminent danger to OTHERS.

Returned to patient: ☐ Patient Specific Medication ☐ Own medications brought from home
☒ Belongings & Valuables

Patient received: ☐ Discharge Meds ☐ Scripts ☐ Medication Teaching ☒ AfterCare Plan

NURSING DISCHARGE NOTES: Understands follow-up

Signature/Title: JM Date/Time: 4/17/14 1345

DISCHARGE MEDICATION INSTRUCTIONS

Name of Medication and Dosage	How Much Medication to take	When to Take Medication	Medication is For
NONE			

Patient Signature: Todd Giffen Date: 4/17/2014
Patient Family Member/Representative: _____

RN Signature: JM Date/Time: 4/17/14 1348

Telecare Stanislaus County PHF
Nursing Discharge Summary & Medication Teaching
Rev 12/1/2013

Original Copy-Medical Record

Copy - To Patient

Patient Label/Information
4656194
Todd Giffen
Age: 29
04/16/14
Male
MediCal
3/13/85

DISCHARGE ORDER AND AFTERCARE PLAN

Discharge Date: 4/17/14

Type of Discharge: ☒ Routine ☐ AMA ☐ AWOL ☐ Transfer

2. Discontinue all special precautions and 5150/5250, as applicable.

3. Discharge to: ☒ Self ☐ Parent/Guardian ☐ Probation Officer ☐ Ambulance ☐ Other

4. Discharge Risk Assessment

☒ Patient evaluated and determined not to be an imminent danger to self or others.

☐ Issue of access to firearms considered and addressed.

5. Diet: REGULAR DIET

6. Activity: _____

7. Condition on Discharge: ☐ Improved ☐ Minimally Improved ☒ Unchanged ☐ Worsened

8. Prognosis: ☐ Good ☐ Fair ☒ Guarded ☐ Poor

Medication	Dose	Frequency	Indication for Use	Medication	Dose	Frequency	Indication for Use
NONE							

Physician Signature: [Signature]

Date/Time: 4/17/14 1345

RN Note Order: [Signature]

Date/Time: 4/17/14 1345

AFTERCARE PLAN

Discharge Mode of Transportation: ☐ Private car ☐ Taxi ☒ Public ☐ Ambulance ☐ Other

Accompanied by: Mother: Stacey

Contact Number: (503) 947-5202

Discharge Address: 3921 Weston Wy. Modesto, CA 95350

Follow-up Appointment(s)

Appointment/s	Address/Telephone Number	Date/Time
Aspen Medical Group	2501 McHenry Ave. Ste F Modesto, CA 95354 (209) 522-9054	
M.A.T. to connect to Health Services mental	1-888-376-6246	
24 hr. warm-line	(209) 558-4600	

Social Worker Signature: [Signature]

Date/Time: 4/17/14 1125

Patient Signature: [Signature]

or Patient Family Member: _____

Stanislaus County PHF
2250 Soquel Avenue
Ceres, CA 9503

Telephone: 209-300-8800

4656194
Todd Giffen
Age: 29
04/16/14

MediCal
Male
3/13/85

Copy - Patient/Family member
Original - signed copy in patient's medical record.



BUREAU OF FIREARMS
PATIENT NOTIFICATION OF FIREARMS PROHIBITION
AND RIGHT TO HEARING

CONFIDENTIAL



PROHIBITION ADVISEMENT

Please be advised that as a result of having been taken into custody, assessed, and admitted to a mental health facility pursuant to Welfare and Institutions Code sections 5150, 5151, and 5152 as a danger to self or others you are prohibited from owning, possessing, controlling, receiving, or purchasing any firearm or ammunition for a period of five years from your date of discharge. If you were held involuntarily in the facility for more than three days, then federal law may prohibit you from owning or possessing firearms or ammunition for a longer period of time. Accordingly, you must relinquish all firearms and ammunition currently in your possession. For your convenience the following relinquishment options are provided:

1) You may sell or transfer your firearms to a non-prohibited third party using a licensed California firearms dealer pursuant to Penal Code section 28050; or 2) In accordance with Penal Code section 29810 you may utilize the Power of Attorney for Firearms Relinquishment, Sale, or Disposal (BOF 110) to relinquish your firearms. BOF 110 can be found on the Attorney General's Bureau of Firearms website at <http://oag.ca.gov/firearms/forms>. Please feel free to consult private legal counsel for other firearms and ammunition relinquishment options.

HEARING REQUESTED AT DISCHARGE

Pursuant to Welfare and Institutions Code section 8103, subdivisions (f) and (g), you may request a hearing by the Superior Court to provide relief from the firearms prohibition. Upon discharge from this facility, you will be provided with a Request for Hearing for Relief from Firearms Prohibition (BOF 4009C).

If you request a hearing at the time of discharge, the completed BOF 4009C will be forwarded by this mental health facility to the Superior Court in your county of residence unless you elect to submit the form yourself.

HEARING REQUESTED AT DISCHARGE: ☐ YES ☐ NO

HEARING REQUESTED AFTER DISCHARGE

If you do not request a hearing at the time of discharge from this mental health facility, a single request may be made to the Superior Court in your county of residence at any time during the five year prohibition period.

To obtain a Request for Hearing for Relief from Firearms Prohibition (BOF 4009C), please visit our website at <http://oag.ca.gov/firearms/forms>.

PATIENT/FACILITY INFORMATION

<u>Todd Giffen</u> Patient's Printed Name	<u>Todd Giffen</u> Patient's Signature	<u>4/17/14</u> Date of Notification
<u>Jane MH Meyer</u> Discharge Person's Printed Name	<u>Jane MH Meyer</u> Discharge Person's Signature	<u>RN</u> Discharge Person's Title
<u>(209) 300-8800</u> Discharge Person's Phone Number	<u>Stanislaus B/F</u> Facility Name	<u>4/17/14</u> Discharge Date