



OUR MISSION

Moccasin Bend Mental Health Institute shall provide quality psychiatric services to individuals with severe and persistent mental illness. Working together with the people we serve, the staff seek to foster and promote the recovery of individuals entrusted to its care, and their successful return to home and community.

OUR VALUES

COMPASSION
COMPETENCE
INTEGRITY
RESPECT

OUR VISION

To be EXCEPTIONAL in all that we do.

COMMENTS & SUGGESTIONS

We welcome your comments and suggestions regarding your hospital stay at Moccasin Bend. When you are provided a Patient Satisfaction Survey, please feel free to write down your comments and suggestions on how we can serve you better.

PATIENT COMPLAINT AND GRIEVANCE PROCEDURE

The intent of this procedure is to:

1. assure a speedy, fair and just response to your complaint and
2. have the complaint resolved at the lowest administrative unit

All MBMHI staff members, regardless of position or title, are required to listen to patient or patient representative complaints and take immediate action to correct or resolve the concern to the patient's or patient representative's satisfaction if possible.

If the complaint cannot be resolved at the time or the patient or patient representative wishes to file a complaint in writing, the issue then becomes a grievance.

Grievance forms are available on each patient unit or may be obtained from the Patient Rights Advocate. All completed grievance forms are submitted to the Patient Rights Advocate.

Note: If the grievance alleges abuse, neglect, or mistreatment, the Hospital Investigator shall be contacted immediately by the Nursing Shift Supervisor or the Patient Rights Advocate. The Investigator shall also receive a copy of the grievance.

Contact information for the Patient Rights Advocate:

Phone (423) 785-3301 You may reach the Patient Rights Advocate between the hours of 9:00 AM – 7:00 PM, Monday, Tuesday, Thursday and Friday

Phone (423) 785-3462 8:00 AM – 5:00 PM on Wednesday

Fax (423) 785-3333

Send a letter by US Mail: Patient Rights Advocate
Moccasin Bend Mental Health Institute
100 Moccasin Bend Road, Chattanooga, TN 37405

Response:

Within seven (7) days of receiving the grievance, MBMHI will respond to you about your grievance.

If MBMHI cannot respond to your grievance within seven (7) days, you will be informed in a letter of the actions we are taking to resolve your grievance and within thirty (30) days we will let you know the resolution to your grievance.

Moccasin Bend Mental Health Institute
100 Moccasin Bend Road
Chattanooga, Tennessee 37405
Phone: 423-265-2271
Fax: 423-785-3333

<http://tn.gov/mental/mhs/MoccasinBendMHI.html>

Moccasin Bend Mental Health Institute

Tennessee Department of Mental
Health & Substance Abuse Services



Patient Rights & Responsibilities Guide



WELCOME!

HELLO and welcome to Moccasin Bend Mental Health Institute.

Our goal is to provide exceptional service for you and your family, and we want you to be completely satisfied with all aspects of your care.

This GUIDE provides specific information for you about your responsibilities as a patient here at Moccasin Bend, and also your rights. If you have any questions at all, or if you have suggestions on how we could better serve you, please contact your Charge Nurse, or the Moccasin Bend Patient Rights Advocate at 423-785-3301.

On behalf of the entire staff of Moccasin Bend Hospital, we wish you a speedy recovery. Thank you for the opportunity to provide for your health care needs.



PATIENT RIGHTS

1. You have the right to access services at this hospital, if you meet admission criteria, without regard to race, color, national origin, ethnicity, culture, language, religion, sex, sexual orientation, gender identity, age, disability, military service, socioeconomic status, or financial resources. Room assignments and transfers are made based on clinical reasons and in a non-discriminatory manner.
2. Unless you have been determined by a court to be incompetent, you maintain the right to dispose of property, execute instruments, make purchases, enter into contractual relationship, give informed consent to treatment, and vote. These rights cannot be taken away from you based solely on your admission to this hospital.
3. You have the right to be treated with consideration, respect, and dignity.
4. You have the right to humane care and treatment including recognition and protection of your personal dignity, receiving medical care and other professional services.
5. You have the right to personal privacy. There may be times when staff will need to assist you with personal hygiene activities or during medical/nursing treatments.
6. You have the right to be accorded privacy and freedom for the use of bathrooms at all hours (with staff presence when there is a safety concern).
7. You have the right to safe care in a safe environment. If you identify any safety concerns, please notify staff immediately.
8. You have the right to be protected from neglect; from harassment; from physical, verbal, & emotional abuse; from corporal punishment; & from all forms of exploitation.
9. You have the right to refuse to work for or on behalf of the hospital.
10. You have the right to be free from seclusion and restraints imposed as a means of coercion, discipline, convenience, or retaliation by staff. Any use of seclusion or restraint will be determined by a physician, nurse practitioner, or physician assistant. Seclusion or restraint will be utilized only when necessary to protect your safety or the safety of others.
11. You have the right to confidentiality of information in your medical record and of communications by you to staff.
12. You have the right to limit the release or disclosure of information about you.
13. You have the right to access your medical record, unless access is restricted or prohibited by law or it is determined that your having access to it puts you or another person at substantial risk of serious harm.
14. You have the right to request that your medical record be amended. If the hospital does not agree with your request, you have a right to file a concise statement of the reasons for your disagreement with the record.

15. You have the right to participate in the development and review of your treatment plan.
16. You have the right to receive information about proposed and alternative treatment interventions and goals. You have the right to question and expect an answer regarding any concerns you have related to your treatment.
17. You have the right to be informed about your health status, diagnosis, prognosis, and the course of treatment.
18. You have the right to receive information needed in order for you to make informed decisions regarding your treatment.
19. You have the right to make informed decisions regarding your treatment, unless you have been determined to lack the capacity to make these decisions. You also have the right to refuse treatment in accordance with applicable law and regulations.
20. You have the right to formulate, review, and revise your advance directives. Please note that you cannot formulate a Declaration for Mental Health Treatment while you are hospitalized.
21. You have the right to hospital staff to comply with your advance directives. Please note that a Treatment Review Committee (TRC) may authorize mental health treatment that is different from your Declaration for Mental Health Treatment and that a physician may authorize treatment that is different in an emergency situation.
22. You have the right to pain management. Please inform unit staff if you are experiencing pain. Work collaboratively with the physicians and nursing staff to evaluate options for managing your pain.
23. You have the right to have free use of common areas in the facility in accordance with your privilege level, with due regard for privacy, personal possessions, and the rights of others.
24. You have the right to receive visitors of your choice during regular visiting hours. You can also decide that you don't want visitors. Any limitation on your ability to have visitors must be approved by your psychiatrist and addressed in your treatment plan.
25. You have the right to have a family member or other person of your choice and your physician notified of your admission.
26. You have the right to communicate orally with your family, attorney, personal physician, minister, and the courts. You have the right to associate and communicate privately with persons of your choice, including receiving visitors at regular visiting hours.
27. You have the right to send and receive uncensored mail with your family, attorney, personal physician, minister, and the courts. All other incoming mail or parcels may be read or opened before being delivered, if the chief executive officer believes the action is necessary for your physical or mental health or may otherwise be harmful. Mail or other communication that is not delivered to you shall be returned immediately to the sender.
28. You have the right to effective communication, receiving information in a manner you understand.
29. You have the right to receive information about the staff responsible for and providing your care, treatment, and services.

30. You have the right to religious expression. If you need religious or other spiritual services, please inform your treatment team.
31. You have the right to give or withhold consent to produce or use recordings, films, or other images of yourself for purposes other than your care. Please note that this hospital utilizes cameras in public areas, including public areas on the patient care units. The use of these cameras is a part of our efforts to provide a safe environment for staff and patients. Access to the recordings from these cameras is limited to staff designated by the chief executive officer.
32. You have the right to request cessation of the production of the recordings, films, or other images and the right to rescind consent before the recording, film, or image is used.
33. You have the right to be fully informed and to give informed consent prior to participating in a research project or clinical trials. You also have the right to refuse to participate in research or clinical trials, without affecting your treatment in any way.
34. You have the right to privacy, confidentiality, and safety in regard to any participation in research or clinical trials.
35. You have the right to voice complaints to hospital staff. Hospital staff will review your complaints and attempt to resolve your issues in a timely manner. The process to follow to file a complaint is attached.
36. You have the right to voice complaints to outside agencies. You can contact the Joint Commission by calling 1-800-994-6610, e-mailing complaint@jointcommission.org or accessing the Joint Commission's web site at http://www.jointcommission.org/report_a_complaint.aspx. You can contact the Disability Rights Tennessee (DRT) by calling 1-800-342-1660 or via e-mail at GetHelp@disabilityrightstn.org. You may also file a complaint with the Department of Mental Health and Substance Abuse Services (the agency that licenses this hospital) by either calling 1-800-560-5767, by e-mailing OCA.TDMHSAS@tn.gov, or by writing the Department at 500 Deaderick Street, Nashville, TN 37243.
37. You have the right to access protective and advocacy services. Contact information is posted on each hospital unit.
38. You have the right to be assisted in the exercise of your civil rights. Please ask staff to notify the Patient Rights Advocate (PRA) if you need assistance.

PATIENT RESPONSIBILITIES

1. Be direct, honest and provide accurate and complete information to the treatment team about your health history and treatment needs or concerns.
2. Provide information to your treatment team re: how to contact family or other persons in the community who have information or resources which will assist them in providing the best possible care for you.
3. Participate in treatment planning and work with your treatment team to adapt your treatment plan to meet your specific needs. Your input is very important in developing a treatment plan that will work for you..

4. Work cooperatively with your treatment team in their efforts to provide care, treatment, and services that will allow you to be discharged as soon as possible. You are responsible for your own actions if you refuse treatment or do not follow your treatment team's instructions.
5. Give us feedback about your treatment plan, services, unexpected changes in your condition, & any additional needs you may have.
6. Understand your health situation, both medical and psychiatric. Please ask questions if you do not understand your care or what you are expected to do.
7. Comply with the rules and policies of the hospital and abide by the laws and rules of the State of Tennessee.
8. Be considerate of other patients and respect their rights, including their right to privacy.
9. Respect the property of other patients, as well as the property of staff members and of the hospital.
10. Conduct your behavior in a **safe** manner. If you see a safety/health hazard in another person's behavior or in the environment, promptly report this to unit staff.
11. If you are afraid of anyone or any situation, it is your responsibility to ask for the charge nurse.
12. You & your family are urged to communicate concerns about safety issues that occur before, during, and after care is received at this hospital. Immediate safety issues should be reported to unit staff for intervention. Further concerns about safety issues may be reported to the Patient Rights Advocate or the treatment team.
13. This hospital seeks to recognize and respond as soon as a patient's condition appears to be worsening. Should you or your family member have concerns about your condition or another patient's condition, please inform a nurse. The nurse will assure that the patient's condition is assessed & provide appropriate care.
14. Refrain from making unreasonable demands upon the staff caring for you.
15. Communicate with staff and other patients in a respectful manner, maintaining civil language.
16. Provide information necessary for insurance processing & be prompt about asking questions you may have concerning your bill.
17. You are expected to provide adequate physical care for yourself (such as grooming, bathing, and dressing).
18. You are expected to carry out such normal housekeeping tasks as would be appropriate if you were at home (such as making your bed and keeping your belongings neat).
19. Inform the hospital as soon as possible if you believe any of your rights have been violated, if you believe you have been treated unfairly, or if there is any situation that causes you to feel unsafe or threatened in any manner. Talk to unit staff, your treatment team, or the Patient Rights Advocate (PRA). You may also file a complaint. (The process to follow to file a complaint is attached.)
20. If you believe you are a victim of neglect or abuse you may contact the Facility Investigator (see number posted on the unit). Or you may talk with unit staff, your treatment team, or the Patient Rights Advocate (PRA), who will then notify the Facility Investigator.

