

As a PeaceHealth patient, you (and other persons at your request) have the right to:

- Participate in formulating your individualized treatment plan and to participate in the evaluation process as much as possible. This includes:
 - Your counsel
 - Your guardian
 - A mental health professional previously engaged in your care outside of the evaluation facility or designated treatment facility,
 - A representative of your choice
 - A person you have designated as your agent or surrogate with regard to mental health treatment decisions under AS 13.52 and
 - The adult designated under AS 47.30.725.
- At a minimum to the extent of requesting specific forms of therapy, inquiring why specific therapies are or are not included in the treatment program and being informed as to your present medical and psychological condition and prognosis.
- If you are capable of giving informed consent, you have the right to give and withhold consent to medication and treatment in all situations that do not involve a crisis or impending crisis as described in AS 47.30.838(a)(1). This shall follow the procedures required under AS 47.30.836 — 47.30.839 before administering psychotropic medication.
- A locked quiet room, or other form of physical restraint, may not be used unless you are likely to physically harm yourself or others unless restrained. The form of restraint used shall be in your best interest and constitutes the least restrictive alternative available. Nothing in this section is intended to limit the right of staff to use a quiet room at your request or with your knowing concurrence when considered in your best interests. If you are placed in a quiet room or other physical restraint, you will be checked at least every 15 minutes or more often if good medical practice so indicates. While in a quiet room, you will be visited by a staff member at least once every hour and given adequate food and drink and access to bathroom facilities. At no time may you be kept in a quiet room or other form of physical restraint against your will longer than necessary to accomplish the purposes set out in this subsection. All uses of a quiet room or other restraint shall be recorded in your medical record, the information including but not limited to the reasons for its use, the duration of use, and the name of the authorizing staff member.
- If you are capable of giving informed consent, you have the absolute right to accept or refuse electroconvulsive therapy or aversion conditioning. If you lack substantial capacity to make this decision this therapy or conditioning cannot be given without a court order unless you expressly authorized that particular form of treatment in an advance health care directive properly executed under AS 1.352 or has an authorized agent or surrogate under AS 13.52 to make this decision and the agent or surrogate consents to the treatment on your behalf.
- In no event may treatment include psychosurgery, lobotomy, or other comparable form of treatment without specific informed consent from you. This applies to minors unless the minor is clearly too young or disabled to give an informed consent in which case the consent of the minor's legal guardian is required. In addition, this treatment may not be given without a court order after hearing compatible with full due process.
- When, in the written opinion of your attending physician, a true medical emergency exists and a surgical operation is necessary to save your life, physical health, eyesight, hearing, the professional person in charge, or that person's professional designee, may give consent to the surgical operation if time will not permit obtaining the consent of the proper relatives or guardian or appropriate judicial authority. However, an operation may not be authorized if you are not a minor and knowingly withhold consent on religious grounds.
- Upon discharge, you will be given a discharge plan specifying the kinds and amount of care and treatment you should have after discharge and such other steps you might take to benefit your mental health after leaving the facility. You have the right to participate, as far as practicable, in formulating your discharge plan. A copy of the plan will be provided to you, and or your guardian, an adult designated in accordance with AS.47.30.725, the court if appropriate, and any follow up agencies.
- Ask questions about charges on your bill. Call Patient Financial Services at 1-877-202-3597.

If you have been detained for evaluation under AS 47.30.660-47.30.915, you have the right to:

- Communicate immediately with your guardian, if any, or an adult designated by you and your counsel or legal representative of your choice.
- Be notified orally and in writing, in a language you understand, of your rights under the law.
- Be entitled to a court hearing to be set for not later than the end of the 72-hour period to determine whether there is cause for detention after the 72 hours have expired for up to an additional 30 days.
- Be represented by an attorney, to present evidence, and to cross-examine witnesses who may testify against you at the hearing.
- Be free of the effects of medication and other forms of treatment to the maximum extent possible before a 30-day commitment hearing, unless under prescription by a licensed physician or by a less restrictive alternative of your preference if, in the opinion of the providers of your care the treatment is necessary to 1) prevent bodily harm to you or other, 2) prevent such deterioration of your mental condition that subsequent treatment may not enable you to recover, or 3) allow you to prepare for and participate in the proceedings.

You have the right to make complaints or concerns about your care either verbally or in writing and receive a timely response according to established policies. You can freely voice complaints and recommend changes without fear of retaliation, without being subject to coercion, discrimination, retribution or unreasonable interruption of care, treatment and services. You may report your complaint or grievance by asking to speak to the charge nurse, department manager or by contacting one of PeaceHealth's Patient Relations team members at the phone number provided below.

PeaceHealth Ketchikan Medical Center 3100 Tongass Avenue Ketchikan, AK 99901 907-225-5171 Patient Relations Team 1-844-749-8817	Alaska Department of Health and Social Services (Clearly mark envelope as "Confidential") Health Facilities Licensing & Certification 4501 Business Park Blvd. Ste 24, Bldg. L Anchorage, AK 99503 Phone: 907-334-2483 Email: complaintcoordinator@alaska.gov
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