

DCFS Children's Mental Health Programs

LIST OF STATUTORILY DEFINED CLIENT'S RIGHTS

1. Unless a court has specifically adjudicated a person incompetent, children and youth have the right to do the following:
 - a. Dispose of property
 - b. Marry, if 18 or older or legally emancipated as an adult
 - c. Execute instruments, if 18 or older or legally emancipated as an adult
 - d. Make purchases
 - e. Enter into contractual relationships, if 18 or older or legally emancipated as an adult
 - f. Vote, if 18 or older or legally emancipated as an adult
 - g. Hold a driver's license, if 18 or older or legally emancipated as an adult
2. Right to habeas corpus unimpaired (NRS 433.464)
3. Rights concerning admission and discharge (NRS 433.471)
 - a. Right not to be admitted to the facility under false pretenses;
 - b. The right to receive a copy, upon request, of the criteria upon which the agency makes admission and discharge decisions.
4. Rights concerning involuntary commitment (NRS 433.472)
 - a. Right to request and receive a second evaluation by a psychiatrist or psychologist who does not have a financial interest in the agency.
 - b. Right to receive a copy of the procedure of the facility regarding involuntary commitment and treatment.
 - c. Right to receive a list of rights concerning involuntary commitment
5. Personal Rights of Children and Youth (433.482)
 - a. To wear his or her own clothing
 - b. To keep and use his or her own personal possessions, including toilet articles, unless those articles may be used to endanger the child/youth's life or others' lives, and to keep and be allowed to spend a reasonable sum of his/her own money for expenses and small purchases.

Children and youth served in DCFS program may not keep contraband. The child/youth, family and/or the legally responsible person is required to sign the DCFS Contraband Form (Attachment H: DCFS Contraband Form; see DCFS CMH CRR-2 Child and Youth Rights and Responsibilities Policy).
 - c. To have access to individual space for storage for his or her private use.
 - d. To see visitors each day.
 - e. To have reasonable access to telephones, both to make and receive confidential calls.
 - f. To have ready access to materials for writing letters, including stamps, and to mail and receive unopened correspondence, but for the purposes of this subsection, packages are not considered as correspondence and correspondence identified as containing a check payable to a consumer may be subject to control and safekeeping

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by the administrative officer of that facility or the administrative officer's designee, so long as the consumer's record of treatment documents the action.

- g. To have reasonable access to an interpreter if the child, youth, family and/or the legally responsible person does not speak English or is hearing impaired.
 - h. To designate a person who must be kept informed by the facility of the child/youth's medical and mental condition, if the family and/or the legally responsible person signs a release allowing the facility to provide such information to the person.
 - i. Except as otherwise provided, to have access to the child/youth's medical records denied to any person other than a member of the staff of the facility or related medical personnel, as appropriate, a person who obtains a waiver by the family and/or the legally responsible person of his or her right to keep the medical records confidential or a person who obtains a court order authorizing the access.
 - j. Other personal rights as specified by regulation of the Commission.
6. Rights concerning care, treatment and training (NRS 433.484)
- a. Right to medical, psychological, and rehabilitative care and treatment and training, including prompt and appropriate medical treatment and care.
 - b. The right to provide express and informed consent in writing before instituting a service plan, plan of care, or treatment plan (please refer to the DCFS CMH CRR-3 Consent to Treatment Policy).
In the absence of expressed and informed consent, a licensed and qualified physician may render emergency medical care or treatment to any child or youth who has been injured in an accident or who is suffering from an acute illness, disease, or condition, if within a reasonable degree of medical certainty, delay in initiation of emergency medical care or treatment would endanger the health of the child/youth. The treatment is then immediately entered into the child/youth's record of treatment.
 - c. Right to be free from abuse, neglect, and aversive interventions, including "Conversion Therapy".
 - d. Right to transfer from one facility to another except when the Administrator of the Division of Child and Family Services or the Administrator's designee, may order a transfer to be made whenever conditions concerning care, treatment or training warrant it. If the child/youth, family and/or the legally responsible person in any manner objects to the transfer, the person ordering it must enter the objection and a written justification of the transfer in the child/youth's record of treatment and immediately forward a notice of the objection to the Administrator who ordered the transfer, and the Commission shall review the transfer in a closed meeting, pursuant to NRS 433.534.
 - e. Right to an individualized written plan of care, service plan, or treatment plan that provides for the least restrictive treatment that may reasonably be expected to benefit the child/youth; the plan is current and modified when indicated by the child/youth's

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change in circumstances, and thoroughly reviewed at least every ninety (90) days. The plan must designate the individual that is in charge of implementing the plan. (NRS 433.494)

- f. Right to participate in decisions about his/her care.
 - g. The right to be free from the application of any physical, chemical, and/or mechanical restraint, except if prescribed by a physician. If so prescribed, the restraint must be removed whenever the condition justifying its use no longer exists, and any use of a mechanical restraint, together with the reasons therefore, must be made part of the client's record of treatment pursuant to the DCFS CMH CRR-1 Seclusion and Restraint Policy.
 - h. Other rights concerning care, treatment and training as may be specified by regulation of the Commission.
7. Right to information (NRS 433.504)
- a. A child, youth, family and/or the legally responsible person must be permitted to inspect his/her records.
 - b. A child/youth, family and/or the legally responsible person must be informed of his/her clinical status at reasonable intervals but not less than every ninety (90) days and in a manner appropriate to his/her clinical condition and developmental status.
 - c. Unless a psychiatrist has made a specific entry to the contrary in a child/youth's records, a child, youth, family and/or the legally responsible person is entitled to obtain a copy of the child/youth's facility records at any time upon notice to the administrative officer of the facility and payment of the cost of reproducing the records.
8. Rights concerning suspension or violation of rights (NRS 433.531)
- Child and youth rights are statutorily guaranteed and must not be denied except in those situations required to protect the child/youth's health and safety or to protect the health and safety of others or both.
- Children, youth, families and/or the legally responsible person have the:
- a. Right to receive a list of child/youth rights
 - b. Right to receive a copy of the policy of the facility that sets forth clinical or medical circumstances under which the child/youth rights may be suspended or violated.
 - c. Right to receive a list of clinically appropriate options available to the child/youth, family and/or the legally responsible person to remedy an actual or a suspected suspension/denial or violation of his/her rights.
 - d. Right to receive the procedure on how to report violations or denial of rights. Right to have all policies of the facility regarding rights of the child/youth prominently posted in the facility.