

Policy and Procedure Concerning Individual Rights
Appendix B
RIGHTS RESTRICTION FORM

1. Name: _____ Date of Referral: _____

2. Right Restricted: _____

3. Reason for Restriction: _____

4. Other methods discussed and/or implemented prior to the rights restriction: _____

5. Reason for eliminating other methods from consideration: _____

6. Plan for reinstating the right: _____

7. Has the person and/or guardian consented to the rights restriction?
_____ Yes _____ No If yes, list date: _____

8. Interim Approval from Due Process Committee Chair (if needed):

(Chairperson of Due Process Committee) (Date)

9. Date of Due Process Committee review: _____
Was rights restriction approved? _____ Yes _____ No
Committee recommendations: _____

10. Interim Approval from Human and Legal Rights Committee Chair (if needed):

(Chairperson of Human & Legal Rights Committee) (Date)
Recommendations: _____

11. Final Approval from Human and Legal Rights Committee
Was rights restriction approved? _____ Yes _____ No

(Chairperson of Human & Legal Rights Committee) (Date)
Committee recommendations: _____

Please attach a copy of the IPP, documentation supporting the restriction, and supplemental information if needed

Policy and Procedure Concerning Rights of Individuals Served

Appendix B

Instructions for Completion of Rights Restriction Form

The Rights Restriction Form will be completed as follows:

1. Name: document the person's name
Date Of Referral: document the date the form is submitted to the Human and Legal Rights Committee
2. Right Restricted: document the specific right that is being limited, modified or denied
3. Reason for Restriction: document the rationale for the limitation, modification or denial of the right
4. Other methods discussed and/or implemented prior to the rights restriction: document the previously used or proposed methods of addressing the issue that do not involve limiting, modifying or denying the right
5. Reason for eliminating other methods from consideration: document the rationale for eliminating each of the methods in # 4
6. Plan for reinstating the right: describe the plan to reinstate the right, as quickly as possible
7. Has the person and/or guardian consented to the rights restriction? check "yes" and document the date if the person and/or guardian consented to the rights restriction or check "no" if consent was not granted
8. Interim Approval from Due Process Committee Chair (if needed): the chair of the Due Process Committee chair will sign and date the form if interim approval is given
9. Date of Due Process Committee review: document the date that the Due Process Committee reviewed the rights restriction,

Was rights restriction approved? check "yes" if approval was given from the Due Process Committee or check "no" if approval was not given

Committee recommendations: document any recommendations from the Due Process Committee
10. Interim Approval from Human and Legal Rights Committee Chair (if needed): the chair of the Human and Legal Rights Committee chair will sign and date the form if interim approval is given

Recommendations: The chair of the Human and Legal Rights Committee will document any recommendations

11. Final Approval from Human and Legal Rights Committee - Was rights restriction approved? The chair of the Human and Legal Rights Committee will check “yes”, sign and date the form if approval was given or check “no” , sign and date the form if approval was not given

Committee recommendations: The Human and Legal Rights Committee will document any recommendations

The following information should be attached to the rights restriction when submitting it to the Due Process Committee and the Human and Legal Rights Committee:

- IPP authorizing the rights restriction
- Documentation supporting the restriction
- Any associated staff objective, intervention plan and/or support program

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