

## DENIAL OF RIGHTS MONTHLY FACILITY REPORT

Facility Name: _____ Facility's Licensed Name: _____ Unit #/Name: _____ Bed Capacity: _____ Total Patient Days (by unit): _____	Month/Year: ____/____/____ County: _____ Date of Report : ____/____/____
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\_\_\_\_\_  
 Name/Title/Phone # of Person Preparing Report

PATIENT'S I.D. (I)	GENDER (II)			AGE (III)			ETHNIC ORIGIN CODE (IV)	NUMBER OF DAYS EACH RIGHT DENIED (V)							
	M	F	T	<b>&lt;18</b>	<b>18-59</b>	<b>60+</b>		1	2	3	4	5	6	7	8
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
<b>Totals</b>															

**RIGHTS LEGEND**

1. Wear ones own clothes
2. Keep/use own personal possessions
3. Keep/spend reasonable sum of one's own money
4. Access to own storage space
5. See visitors each day
6. Receive/make confidential phone calls
7. Access to letter writing materials/stamps
8. Receive/mail unopened correspondence

**ETHNIC ORIGIN CODE**

- |                  |              |
|------------------|--------------|
| 1 = White        | 5 = Asian    |
| 2 = Hispanic     | 6 = Islander |
| 3 = Black        | 7 = Other    |
| 4 = Amer. Native |              |

*\* Keep instructions for completing this form on the reverse side when duplicating*

## **Instructions – MH 307**

### **Facility Name:**

Enter the public name of the facility

### **Licensed Name:**

Enter the name the facility is licensed under

### **Total Patient Days:**

Enter the facility's total number of patient days for the reporting month. Total patient days is the numerical count of patient census at midnight every day.

### **Month/Year:**

Enter the month and year for the reporting month.

### **County:**

Enter the county where the facility is located.

### **Date of Report:**

Enter the date the report is transmitted to the local mental health department designee.

### **Name/Title/Phone # of Person Preparing the Report:**

Enter information for the facility staff person completing the report

### **Patient's I.D.:**

Enter the facility identification number (not the name) of each patient who had one or more rights denied in the reporting month.

### **Gender:**

Enter the patient's gender by placing a √ in the appropriate gender box (M = Male, F = Female, T = Transgender).

### **Age:**

Enter the patient's age by place a √ in the appropriate age column.

### **Ethnic Origin:**

Enter the patient's ethnic origin using only the "Ethnic Origin Code" on the front side.

### **Number of Days Denied Each Right:**

Using the "Rights Legend" on the front side of the form, enter the number of **days** the patient was denied a right in the appropriate column number (1-8).

### **Totals:**

Enter the total number of patients listed in the "Patient I.D." column; enter the total of each patient gender from the "Gender columns"; enter the total for each age group from the "Age" columns; disregard the Ethnic Origin column; and enter the total that each right was denied at the bottom of columns 1-8.

**Submit To: The local mental health director/designee  
by the tenth of the following month.**