

PATIENTS' RIGHTS – AUDIT FORM
PART I – MEDICAL RECORD REVIEW

DATE: _____ P.R.A. NAME: _____

FACILITY NAME: _____

CHART/CASE #: _____

FORM/DESCRIPTION OF DOCUMENTATION REQUIRED	STATUTE OR REGULATION	IN CHART Y/N	COMMENTS
1. NOTIFICATION OF PATIENTS' RIGHTS DATE DOCUMENTED: _____	WIC 5325		
2. PATIENTS' RIGHTS HANDBOOK DISTRIBUTED DATE DOCUMENTED: _____	WIC 5325 (I)		
3. VOLUNTARY ADMISSION AGREEMENT SIGNED: Y / N DATED: _____	WIC 602		
4. ADVISEMENT OF RIGHT TO DISCHARGE SELF (VOLUNTARY):	CAC 865 (d)		
5. CONSENT FOR ANTI-PSYCHOTIC MEDICATION: A. MEDICATION: _____ DATE: _____ PATIENT SIGNATURE: Y / N B. MEDICATION: _____ DATE: _____ PATIENT SIGNATURE: Y / N C. MEDICATION: _____ DATE: _____ PATIENT SIGNATURE: Y / N	CAC 851		
6. CONSENT TO NOTIFY OF ADMISSION OR RELEASE SIGNED: Y / N DATED: _____	WIC 5328 (b)		
7. APPLICATION FOR 72 HOUR EVALUATION AND TREATMENT: A. NOTICE TO LAW ENFORCEMENT OR AGENCY WHO INITIATED 5150:	WIC 5150		
	WIC 5152.1		

FORM/DESCRIPTION OF DOCUMENTATION REQUIRED	STATUTE OR REGULATION	IN CHART Y/N	COMMENTS
8. NOTICE OF ADVISEMENT AT DETENTION (ON 5150):	WIC 5157 (a)		
9. INVOLUNTARY PATIENT ADVISEMENT LEGAL CRITERIA CHECKED: Y / N	WIC 5157 (c & d)		
10. CERTIFICATION FOR INTENSIVE TREATMENT: A. NARRATIVE UPHOLDS CRITERIA MARKED: Y / N B. TWO SIGNATURES PRESENT: Y / N DATE: _____ C. WAS VOLUNTARY STATUS OFFERED: Y / N D. # OF DAYS ON VOLUNTARY: _____ E. CREDIT GIVEN: Y / N	WIC 5250		
11. CERTIFICATION REVIEW HEARING RESULT PATIENT PRESENT: Y / N RESULT: _____	WIC 5256.7		
12. WRIT OF HABEAS CORPUS REQUEST:	WIC 5275		
13. WITHDRAWAL OF WRIT:	WIC 5276.2		
14. 5150 & 5250 MAXIMUM PERIOD OF TIME ANY TIME LAPSE: Y / N	WIC 5258		
15. ADDITIONAL INTENSIVE TREATMENT OF SUICIDAL PERSONS-2 ND 14 DAY HOLD DATE PATIENT NOTIFIED: _____	WIC 5262		
16. WRIT OF HABEAS CORPUS REQUEST:	WIC 5275		
17. WITHDRAWAL OF WRIT:	WIC 5276.2		

FORM/DESCRIPTION OF DOCUMENTATION REQUIRED	STATUTE OR REGULATION	IN CHART Y/N	COMMENTS
18. INTENSIVE TREATMENT CERTIFICATION PERSON SERVING 14 DAY HOLD: ADDITIONAL 14 DAY HOLD SUICIDAL PERSONS:	WIC 5253 WIC 5363		
19. 180-DAY POST CERTIFICATION IMMINENTLY DANGEROUS:	WIC 5301		
20. LPS CONSERVATORSHIP RECOMMENDATION DOCUMENTATION:	WIC 5352		
21. LPS T-CON ESTABLISHMENT:	WIC 5352.1		
22. COPY OF LETTERS & ORDERS OF CONSERVATORSHIP:	WIC 5350		
23. RIESE PETITION: REISE VS ST. MARY'S: A. DATE FILED: _____ B. HEARING DATE: _____ C. DATE PATIENT INFORMED _____ D. MEDICATION REFUSALS DOCUMENTED: Y / N COURT OREDERED MEDICATION: A) _____ B) _____ C) _____ EFFECTIVE DATES: _____			
24. SECLUSION AND/OR RESTRAINT A. DR'S ORDERED SIGNED/DATED: _____ B. TYPE OF RESTRAINTS: _____ C. DENIAL OF RIGHTS FORM: _____	MH 306		

FORM/DESCRIPTION OF DOCUMENTATION REQUIRED	STATUTE OR REGULATION	IN CHART Y/N	COMMENTS
D. LENGTH IN S/R: _____ E. REASON FOR S/R: _____ F. ALTERNATIVE METHOD USED: _____ G. PRIOR/SUBSEQUENT INCIDENTS: _____			
25. EMERGENCY MEDICATIONS: _____ A. DR'S ORDERS SIGNED & DATED: _____ B. REASON FOR EMEGENCY MEDS: _____ C. LESS RESTRICTIVE/ ALTERNATIVE METHOD USED: _____ D. MEDICATION NAME & ROUTE USED: E. PRIOR/SUBSEQUENT INCIDENTS: _____			
26. FIREARMS SIGNED/ WAIVER IN CHART: Y / N	WIC 8100		
27. ADVANCE DIRECTIVES NOTIFICATION TO CONSUMER: ___ NO ___ YES EXECUTED: ___ NO ___ YES			

COMMENTS:
