

Patient Guide, Rights, and Responsibilities



Moccasin Bend Mental Health Institute

Tennessee Department of Mental Health & Substance Abuse Services

100 Moccasin Bend Road, Chattanooga, Tennessee 37405

Phone: 423-265-2271

<https://www.tn.gov/behavioral-health/hospitals/moccasin-bend>



GENERAL INFORMATION

Moccasin Bend Mental Health Institute (MBMHI) is a fully Joint Commission accredited facility, operated by the Tennessee Department of Mental Health and Substance Abuse Services. Serving Tennessee since 1961, MBMHI is a community resource for inpatient psychiatric services for the citizens of 52 counties in East Tennessee.



OUR MISSION

Bringing hope of recovery to individuals with severe and persistent mental illness.

OUR VALUES (HEARTS)

HOPE
EMPATHY
ADVOCACY
RESPECT
TRUST
SAFETY

OUR VISION

A healing environment for every patient; a life lived in recovery.

IF YOU ARE ADMITTED

You will be assigned to a patient care unit and a Treatment Team. The members will work with you to design a plan based on your specific needs. A Treatment Team consists of a psychiatrist, nurse, social services staff, psychiatric technician, and adjunctive therapist.

Personal articles: We recommend that any valuables, such as jewelry or important papers, be left with your family and not brought to the hospital. Personal hygiene items, such as toothbrush, toothpaste, comb, and shampoo, will be provided on your unit. Any items brought by your family must be processed through Security.

Clothing: Your needs will vary according to your length of stay, and it may be best to have your family bring or mail what is needed. Casual clothing is needed for daytime wear, and pajamas are desirable for nighttime wear. Patient laundry facilities are available in each unit. Please limit clothing to three (3) changes. All items brought into the hospital must be checked by staff to assure safety and appropriateness.

Meals: Though the schedule for the cafeteria can vary slightly depending on the assigned unit, the schedule is generally:

Breakfast 7:20 a.m. – 8:45 a.m.

Lunch 11:15 a.m. – 12:45 p.m.

Dinner 4:30 p.m. – 5:45 p.m.

When necessary, meals will be served on individual units.

Visiting hours: As visitation is subject to change, please contact the hospital for current visiting days and times.

Telephone services: Available in each unit. Each unit has designated phone times for use by the patients to make personal calls. A video relay service is available for patients hard of hearing who use American Sign Language to make personal calls.

Tobacco: MBMHI is a tobacco-free facility. Tobacco use is NOT allowed anywhere on campus by patients, staff, or visitors.

Televisions: Are provided in the dayroom in each unit for all patients. Hours of TV operations are designated for use not to conflict with other therapeutic activities being offered.

Procedure at discharge: Social Services staff will provide you information about your aftercare, including follow-up appointment. A nurse will meet with you to review discharge instructions, including medications for use after discharge. As part of the discharge process, you will be given the opportunity to tell us what you think about our services. A staff member on your unit will provide a short Inpatient Consumer Survey for your comments and can also assist you with this form. Please return this form to the staff before you are discharged.

HEALTHCARE PROFESSIONALS

Psychiatrist: Your doctor will direct and manage your treatment, including prescribing medications.

Medicine Clinic Staff: Available to assess and treat any physical needs that should arise. You may be transferred temporarily to a medical hospital if your condition warrants it.

Nursing Staff: Nursing staff will work with you daily on your unit to carry out the treatment plans defined with you and your Treatment Team.

Social Services Staff: Will gather necessary information from you and your family that will assist with your treatment planning. They will assist you with community resources for outpatient treatment, housing, and other community support services, and be the primary contact person for family members.

Case Manager: If you have a community case manager, your case manager may come to talk with you and your treatment team while you are in the hospital. If you do not have a case manager, you may be referred for this service.

Patient Rights Advocate: The Patient Rights Advocate is here to represent your interests and to protect your rights. If you have a concern regarding your treatment and cannot get it resolved through the treatment team staff, you can take it to the Patient Rights Advocate.

TREATMENT MALL

The Treatment Mall provides a variety of treatment groups for all MBMHI patients. Groups are designed to assist patients through education, awareness, and recovery, for overall fitness, and a healthy lifestyle.

PATIENT COMPLAINT AND GRIEVANCE PROCEDURE

The intent of this procedure is to:

1. assure a speedy, fair, and just response to your complaint
2. have the complaint resolved by the area or department involved in the complaint as much as possible and
3. provide a process for addressing unresolved complaints or complaints not resolved to the patient's satisfaction

All MBMHI staff members, regardless of position or title, are required to listen to patient or patient representative complaints and take immediate action to correct or resolve the concern to the patient's or patient representative's satisfaction if possible.

If the complaint cannot be resolved at the time or the patient or patient representative wishes to file a complaint in writing, the issue then becomes a grievance.

Grievance forms are available on each patient unit or may be obtained from the Patient Rights Advocate. All completed grievance forms are submitted to the Patient Rights Advocate.

Note: If the grievance alleges abuse, neglect, or mistreatment, the Hospital Investigator shall be contacted immediately by the Nursing Shift Supervisor or the Patient Rights Advocate. The Investigator shall also receive a copy of the grievance.

Contact information for the Patient Rights Advocate:

- Phone (423) 785-3301 You may reach the Patient Rights Advocate between the hours of 8:00 AM – 4:30 PM, Monday through Friday
- Send a letter by US Mail:
- Patient Rights Advocate Moccasin Bend Mental Health Institute, 100 Moccasin Bend Road, Chattanooga, TN 37405

Response to a written grievance: Within seven (7) days of receiving the grievance, MBMHI will respond to you about your grievance.

If MBMHI cannot respond to your grievance within seven (7) days, you will be informed in a letter of the actions we are taking to resolve your grievance and within thirty (30) days we will let you know the resolution to your grievance.

PATIENT RIGHTS

1. You have the right to access services at this hospital, if you meet admission criteria, without regard to race, color, national origin, ethnicity, culture, language, religion, sex, sexual orientation, gender identity, age, disability, military service, socioeconomic status, or financial resources. Room assignments and transfers are made based on clinical reasons and in a non-discriminatory manner.
2. Unless you have been determined by a court to be incompetent, you maintain the right to dispose of property, execute instruments, make purchases, enter into contractual relationship, give informed consent to treatment, and vote. These rights cannot be taken away from you based solely on your admission to this hospital.
3. You have the right to be treated with consideration, respect, and dignity.
4. You have the right to humane care and treatment, including recognition and protection of your personal dignity, receiving medical care, and other professional services.
5. You have the right to personal privacy. There may be times when staff will need to assist you with personal hygiene activities, or during medical/nursing treatments.
6. You have the right to be accorded privacy and freedom for the use of bathrooms at all hours (with staff presence when there is a safety concern).
7. You have the right to safe care in a safe environment. If you identify any safety concerns, please notify staff immediately.
8. You have the right to be protected from neglect; from harassment; from physical, verbal, and emotional abuse; from corporal punishment, and from all forms of exploitation.
9. You have the right to refuse to work for or on behalf of the hospital.
10. You have the right to be free from seclusion and restraints imposed as a means of coercion, discipline, convenience, or retaliation by staff. Any use of seclusion or restraint will be determined by a physician, nurse practitioner, or physician assistant. Seclusion or restraint will be utilized only when necessary to protect your safety or the safety of others.
11. You have the right to confidentiality of information in your medical record and of communications by you to staff.
12. You have the right to limit the release or disclosure of information about you.
13. You have the right to access your medical record, unless access is restricted or prohibited by law, or it is determined that your having access to it puts you or another person at substantial risk of serious harm.
14. You have the right to request that your medical record be amended. If the hospital does not agree with your request, you have a right to file a concise statement of the reasons for your disagreement with the record.
15. You have the right to participate in the development and review of your treatment plan.
16. You have the right to receive information about proposed and alternative treatment interventions and goals. You have the right to question and expect an answer regarding any concerns you have related to your treatment.
17. You have the right to be informed about your health status, diagnosis, prognosis, and the course of treatment.

18. You have the right to receive information needed in order for you to make informed decisions regarding your treatment.
19. You have the right to make informed decisions regarding your treatment, unless you have been determined to lack the capacity to make these decisions. You also have the right to refuse treatment in accordance with applicable laws and regulations.
20. You have the right to formulate, review, and revise your advance directives. Please note that you cannot formulate a Declaration for Mental Health Treatment while you are hospitalized.
21. You have the right for hospital staff to comply with your advance directives. Please note that a Treatment Review Committee (TRC) may authorize mental health treatment that is different from your Declaration for Mental Health Treatment and that a physician may authorize treatment that is different in an emergency situation.
22. You have the right to pain management. Please inform unit staff if you are experiencing pain. Work collaboratively with the physicians and nursing staff to evaluate options for managing your pain.
23. You have the right to have free use of common areas in the facility in accordance with your privilege level, with due regard for privacy, personal possessions, and the rights of others.
24. You have the right to receive visitors of your choice during regular visiting hours. You can also decide that you don't want visitors. Any limitation on your ability to have visitors must be approved by your psychiatrist and addressed in your treatment plan.
25. You have the right to have a family member or other person of your choice and your physician notified of your admission.
26. You have the right to communicate orally with your family, attorney, personal physician, minister, and the courts. You have the right to associate and communicate privately with persons of your choice, including receiving visitors at regular visiting hours.
27. You have the right to send and received uncensored mail with your family, attorney, personal physician, minister, and the courts. All other incoming mail or parcels may be read or opened before being delivered, if the Chief Executive Officer believes the action is necessary for your physical or mental health or may otherwise be harmful. Mail or other communication that is not delivered to you shall be returned immediately to the sender.
28. You have the right to effective communication, receiving information in a manner you understand.
29. You have the right to receive information about the staff responsible for and providing your care, treatment, and services.
30. You have the right to religious expression. If you need religious or spiritual services or accommodation, please inform your treatment team.
31. You have the right to give or withhold consent to produce or use recordings, films, or other images of yourself for purposes other than your care. Please note that this hospital utilizes cameras in public areas, including public areas on the patient care units. The use of these cameras is a part of our efforts to provide a safe environment for staff and patients. Access to the recordings from these cameras is limited to staff designated by the Chief Executive Officer.
32. You have the right to request cessation of the production of the recordings, films, or other images and the right to rescind consent before the recording, film, or image is used.
33. You have the right to be fully informed and to give informed consent prior to participating in a research project or clinical trials. You also have the right to refuse to participate in research or clinical

trials, without affecting your treatment in any way.

34. You have the right to privacy, confidentiality, and safety in regard to any participation in research or clinical trials.
35. You have the right to voice complaints to hospital staff. Hospital staff will review your complaints and attempt to resolve your issues in a timely manner. The process to follow to file a complaint is attached.
36. You have the right to voice complaints to outside agencies. You can contact the Joint Commission by calling 1-800-994-6610, e-mailing patientsafetyreport@jointcommission.org or accessing the Joint Commission's website at <https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/>. You can contact the Disability Rights of Tennessee by calling 1-800-342-1660 or via the website www.disabilityrightstn.org. To file a patient quality of care complaint with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), the agency that licenses this hospital, please call 800-560-5767 or email OCA.TDMHSAS@tn.gov. To report a life safety and/or environmental complaint with TDMHSAS, please call 866-797-9470 or email LicensureInv.Fax@tn.gov.
37. You have the right to access protective and advocacy services. Contact information is posted on each hospital unit.
38. You have the right to be assisted in the exercise of your civil rights. Please ask staff to notify the Patient Rights Advocate (PRA) if you need assistance.
39. You have the right to have a family member, friend, or other individuals be present with you for emotional support during your hospitalization unless the individual's presence infringes on other's rights, safety, or is medically or therapeutically contraindicated to you or others who are receiving treatment at this facility. Visitation hours are subject to change during unusual circumstances, such as in response to COVID-19 or other emergencies. Requests for visitation outside these hours is generally limited to extraordinary circumstances, as determined by your Treatment Team and the facility administration. Requests for visitation outside normal hours must be made to and approved by the Treatment Team. All restrictions on visitation imposed by the RMHI are necessary to provide a safe and therapeutic environment and are intended to optimize treatment conditions for all patients.

PATIENT RESPONSIBILITIES

1. Be direct, honest and provide accurate and complete information to the treatment team about your health history and treatment needs or concerns.
2. Provide information to your treatment team re: how to contact family or other persons in the community who have information or resources which will assist them in providing the best possible care for you.
3. Participate in treatment planning and work with your treatment team to adapt your treatment plan to meet your specific needs. Your input is very important in developing a treatment plan that will work for you.
4. Work cooperatively with your treatment team in their efforts to provide care, treatment, and services that will allow you to be discharged as soon as possible. You are responsible for your own actions if you refuse treatment or do not follow your treatment team's instructions.
5. Give us feedback about your treatment plan, services, unexpected changes in your condition, and any additional needs you may have.
6. Understand your health situation, both medical and psychiatric. Please ask questions if you do not understand your care or what you are expected to do.
7. Comply with the rules and policies of the hospital and abide by the laws and rules of the State of Tennessee.
8. Be considerate of other patients and respect their rights, including their right to privacy.
9. Respect the property of other patients, as well as the property of staff members and of the hospital.
10. Conduct your behavior in a safe manner. If you see a safety/health hazard in another person's behavior or in the environment, promptly report this to unit staff.
11. If you are afraid of anyone or any situation, it is your responsibility to ask for the charge nurse.
12. You and your family are urged to communicate concerns about safety issues that occur before, during, and after care is received at this hospital. Immediate safety issues should be reported to unit staff for intervention. Further concerns about safety issues may be reported to the Patient Rights Advocate or the treatment team.
13. This hospital seeks to recognize and respond as soon as a patient's condition appears to be worsening. Should you or your family member have concerns about your condition or another patient's condition, please inform a nurse. The nurse will assure that the patient's condition is assessed and provide appropriate care.
14. Refrain from making unreasonable demands upon the staff caring for you.
15. Communicate with staff and other patients in a respectful manner, maintaining civil language.
16. Provide information necessary for insurance processing and be prompt about asking questions you may have concerning your bill.
17. You are expected to provide adequate physical care for yourself (such as grooming, bathing, and dressing).
18. You are expected to carry out such normal housekeeping tasks as would be appropriate if you were at home (such as making your bed and keeping your belongings neat).

19. Inform the hospital as soon as possible if you believe any of your rights have been violated, if you believe you have been treated unfairly, or if there is any situation that causes you to feel unsafe or threatened in any manner. Talk to unit staff, your treatment team, or the Patient Rights Advocate (PRA). You may also file a complaint. (The process to follow to file a complaint is attached.)
20. If you believe you are a victim of neglect or abuse, you may contact the Facility Investigator (see number posted on the unit). Or you may talk with unit staff, your treatment team, or the Patient Rights Advocate (PRA), who will then notify the Facility Investigator.