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INDIANA

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# **DISABILITY RIGHTS**

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Equality Through Advocacy

## **Know Your Rights**

### Adults Receiving Inpatient Mental Health Treatment in Indiana

Date: 10.31.2025

## **Additional Space**

## **Mission**

To uphold, promote, and advance the rights of individuals with disabilities through empowerment and advocacy to achieve a more equitable society.

## **Vision**

To live in a fully accessible, equitable society where people with disabilities are free from abuse and neglect, are free to be effective advocates, and are free to fully exercise their civil, legal, and human rights, ensuring full inclusion.



Indiana Disability Rights is the service arm of the Indiana Protection & Advocacy Services (IPAS) Commission.

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Image 1 by Keenyam via Pixabay

Speak your mind, even if  
your voice shakes.

--Maggie Kuhn

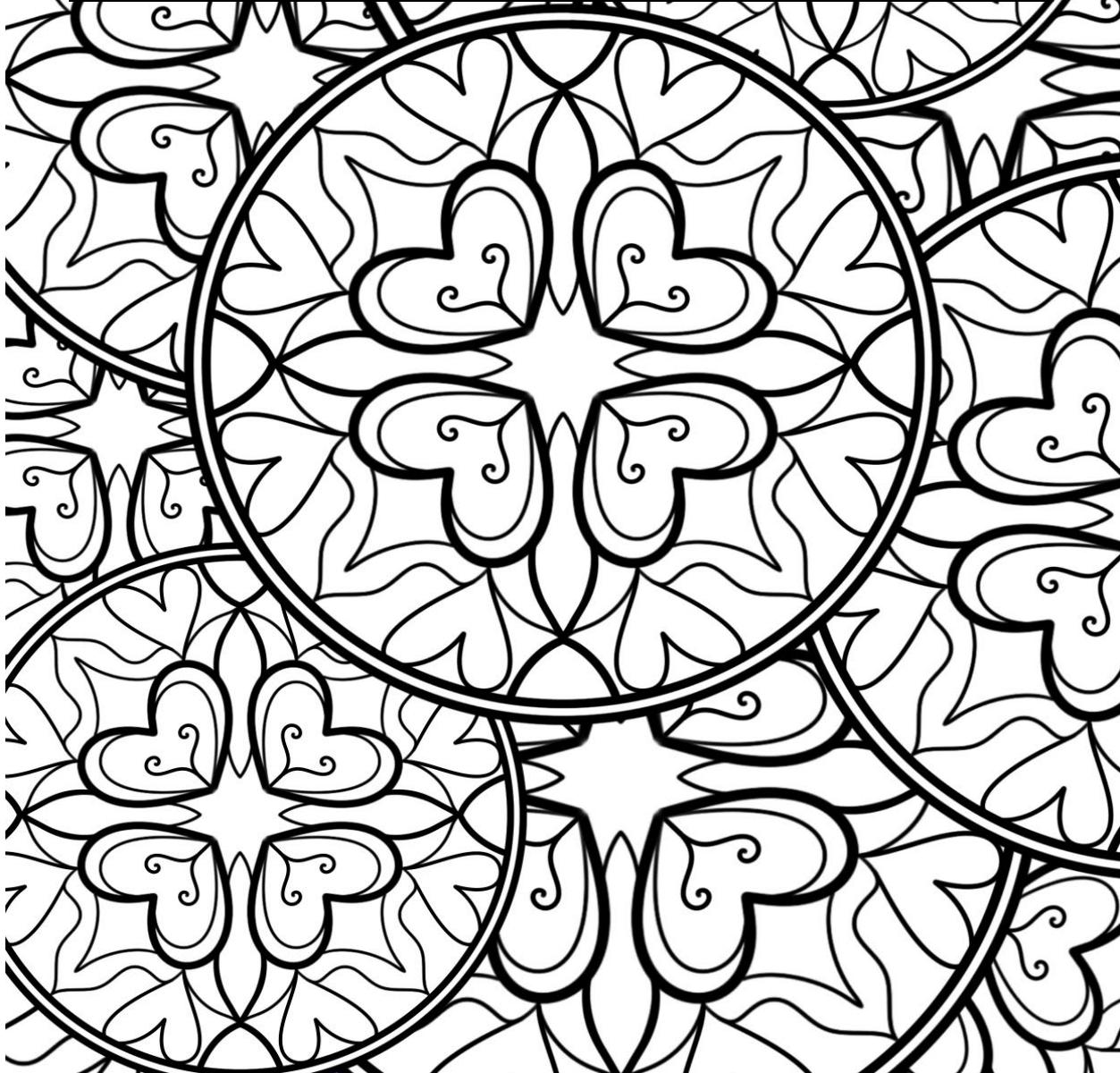


Image 2 by Thai Three Studio / Teachers Pay Teachers

# Our Goal for this Book

It is our goal to provide adults receiving inpatient treatment with information about their rights. We hope this book will be a useful resource to help you advocate for yourself.

The information contained in this book does not include all the rights of adults receiving treatment.

If you have further questions about your rights, you may contact Indiana Disability Rights for additional information. The phone number is (800) 622-4845.

While this book provides basic information, it is not legal advice, nor is it intended to substitute talking to an attorney. While every attempt has been made to ensure the information is accurate, you should direct questions concerning your specific situation to an attorney of your choice. This book does not provide an exhaustive list of your rights and does not cover everything the previous “Purple Book” addressed. For more information on your rights, please visit our website at <https://www.in.gov/idr/rights-handbooks/>.

Throughout this book, look for the magnifying glass icon  for helpful hints on where to learn more about each topic. **Bold words** or phrases are found in the glossary.



# This book belongs to

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## My Treatment Team



	Name	Phone Number
<b>Hospital</b>		
<b>Social Worker</b>		
<b>Doctor</b>		
<b>Psychiatrist</b>		
<b>Psychologist</b>		
<b>Nurse</b>		
<b>Attorney</b>		
<b>Other</b>		
<b>Other</b>		

# Individual Rights

Individual rights are rights for all people.

## Right to File a Complaint

You have the right to advocate for yourself. Every hospital has a process or way to file a grievance or complaint. You can talk to direct care staff, a social worker, or your treatment team to learn how to do this.

If you have a grievance, you should try to resolve the issue with the staff. If you are unable to resolve the issue or are unhappy with the result, follow the steps on the “How to File a Grievance” Flow Chart on the following page.



**To learn about agencies you can contact for help filing a grievance, please see page 59.**

Staff cannot punish you or give you consequences for making a complaint. If you feel that a staff member has punished you for filing a complaint, you can file another complaint regarding the retaliation or contact IDR for help.

### Information to include in your grievance

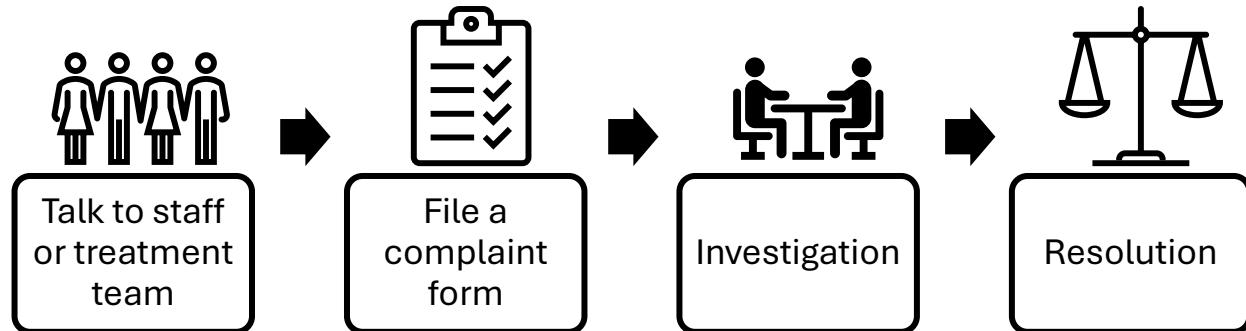


- Name
- Your Unit/Room Number
- Date
- Summary of events

Include as much information as possible like:

- Who was involved
- Where it happened
- What happened
- Who you reported it to
- Any actions that were taken when you reported it

# How to File a Grievance



## Complaint or Grievance Tracker

Date of complaint	Notes	Date of response



To continue tracking complaints and grievances please see page 53.

# Treatment Rights

## Appropriate Mental Health and Health Care Services

You have the right to receive mental health and health care services according to a set standard of professional practice. Professional practice means individualized and appropriate care based on your needs.

## Participation in your Treatment Team

You have the right to attend and participate in your treatment team meetings. Your **treatment plan** may be drafted, updated, or changed during your treatment team meetings.



To track more team meetings please see page 54.

## Treatment Plan Word Search

T	V	H	E	Q	D	I	S	C	H	A	R	G	E	L
R	L	N	O	T	I	F	I	E	D	C	D	J	K	U
E	I	B	H	Y	K	M	Z	M	F	Z	G	S	K	U
A	M	R	X	P	G	N	G	E	K	F	R	Q	T	G
T	I	E	P	E	L	C	H	D	D	J	E	C	Y	O
M	T	F	L	F	Y	G	I	I	C	O	U	C	M	A
E	A	U	Z	I	C	J	D	C	V	N	F	X	T	L
N	T	S	X	T	H	E	R	A	P	Y	B	P	G	S
T	I	A	V	I	C	M	H	T	K	L	E	H	D	I
Y	O	L	P	L	A	N	N	I	N	G	N	T	J	D
X	N	C	B	N	G	P	R	O	G	R	E	S	S	T
A	B	Y	A	L	T	E	R	N	A	T	I	V	E	S
M	I	R	E	S	T	R	I	C	T	I	O	N	S	V
G	A	T	E	K	E	E	P	E	R	P	I	W	Q	R

ALTERNATIVES  
DISCHARGE  
EFFECTS  
GATEKEEPER  
GOALS

LIMITATION  
MEDICATION  
NOTIFIED  
PLANNING  
PROGRESS

RESTRICTIONS  
REFUSAL  
THERAPY  
TREATMENT  
TYPE

## Notes



## **Additional Space**

## Notes



## Protection from Harm

You have the right to be free from mental or physical harm caused by abuse or neglect by staff or peers.



**If you would like more information about agencies where you can report abuse or neglect, please see page 59.**

## Dignity and Respect

You have the right to be treated kindly and with respect. Staff should not, among other things:

- Curse at or insult you.
- Harass you or single you out.
- Mock or be rude to you.
- Humiliate or pick on you.

## Religion

You have the right to practice your religion.

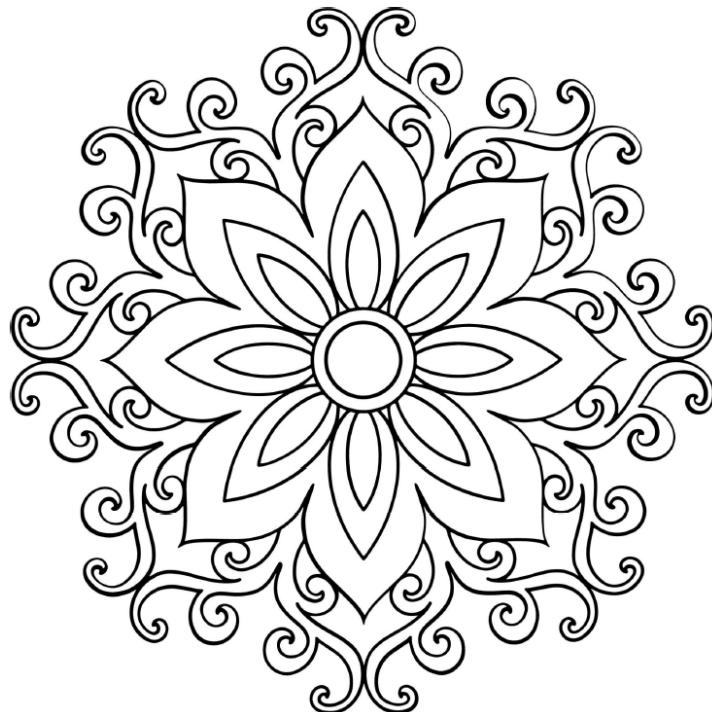


Image 3 designed by Freepik

## Dignity and Respect Word Search

A	W	O	R	T	H	Y	X	H	O	P	E	F	U	L
C	N	D	E	X	Z	H	Y	U	F	A	B	O	M	X
O	L	J	S	G	V	X	J	O	R	M	I	H	A	A
M	H	O	P	A	I	N	S	P	I	R	E	N	I	P
F	E	V	E	E	L	C	E	R	E	S	P	E	N	P
O	G	T	C	A	P	S	H	N	N	I	A	S	T	R
R	A	I	T	C	O	N	S	I	D	E	R	A	T	E
T	R	H	F	C	L	S	H	A	L	N	A	S	T	C
I	U	A	U	K	I	N	D	N	Y	I	T	S	A	I
N	O	U	L	B	T	R	E	Y	G	J	O	I	N	A
G	C	A	H	E	E	L	I	K	R	A	D	S	E	T
N	N	N	V	C	Y	K	D	B	A	Z	X	T	P	S
H	E	A	R	T	F	E	L	T	C	G	H	U	T	Y
S	U	P	P	O	R	T	I	V	E	C	W	Q	Q	L

APPRECIATE

FRIENDLY

POLITE

ASSIST

GRACE

RESPECTFUL

COMFORTING

HEARTFELT

SUPPORTIVE

CONSIDERATE

HOPEFUL

WORTHY

ENCOURAGE

INSPIRE

# Restraint and Seclusion

You have the right to be free from **restraint** or **seclusion** except:

- When you are an **immediate danger** to yourself or others; or
- When it is part of your **treatment plan**.

If necessary, a hospital may use **restraints** or **seclusion** to prevent injury to you or others.

## Restraint

There are three types of **restraint**: **chemical**, **physical**, and **mechanical**. These can only be used if you are a threat to yourself or others. Other options must be attempted before using a **restraint**. There are time limits on **restraints**. Some examples of **restraint** are:

- Someone holding your arms, legs, midsection, or upper body;
- Being kept in a chair or bed where you are unable to move your arms or legs; or
- Masks or other items of clothing that prevent or restrict your movement.

**Restraint** may be used as a part of therapeutic treatment. **Restraint** must be conducted using safe techniques and in the least restrictive manner.

# Seclusion

**Seclusion** is the use of a space where you are prevented from leaving. You may only be placed in **seclusion** if you are a danger to yourself or others. Staff must check on you while you are in **seclusion** and there are time limits on how long you can be in **seclusion**.

# Notes

## Time limits for restraint or seclusion

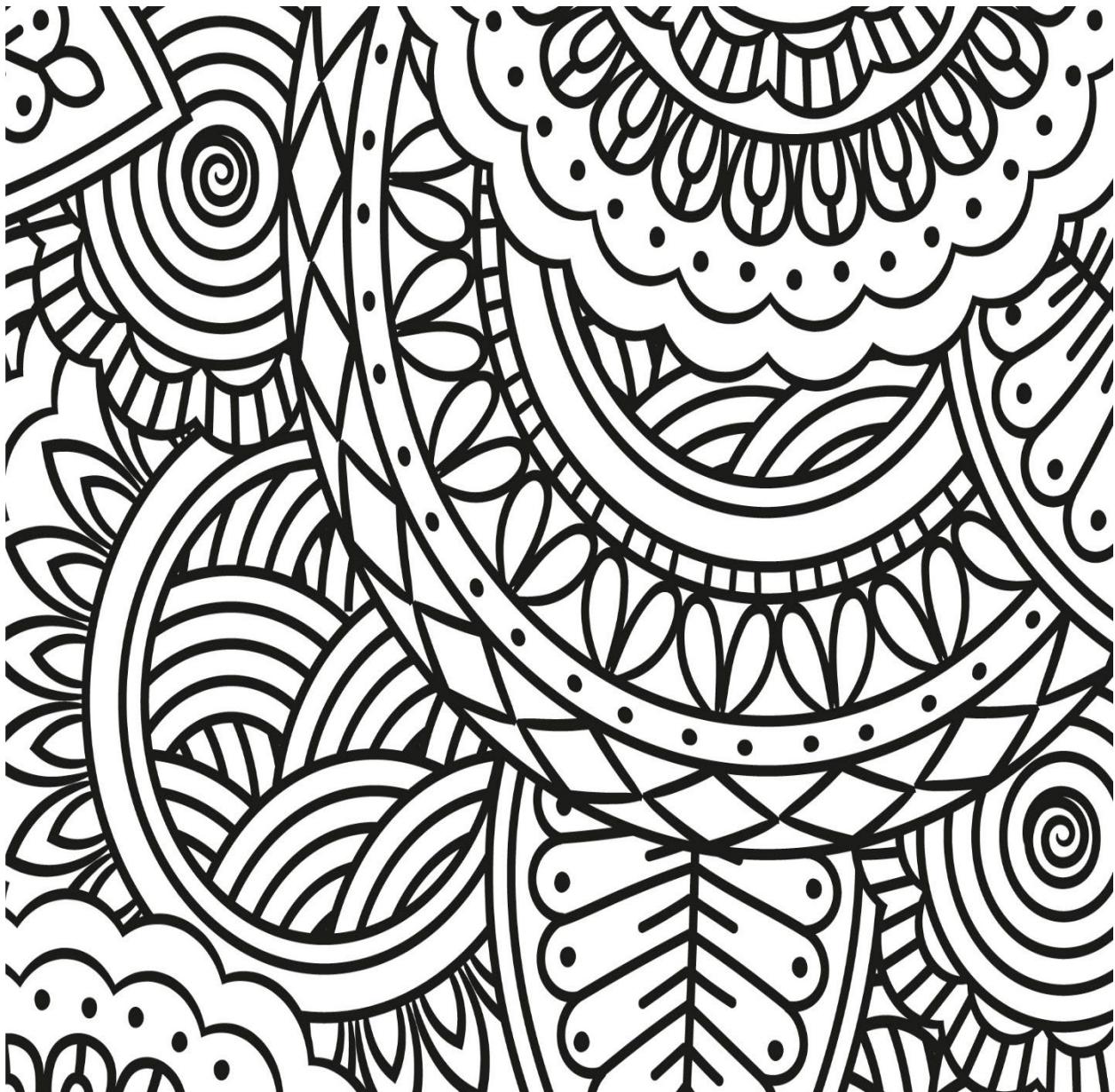
**Restraints or seclusion** may be ordered for up to four (4) hours. If you continue to be unsafe, a physician or licensed practitioner may write a new order for an additional four (4) hours. If you are restrained or secluded:

1. You must be seen and evaluated by a physician or licensed practitioner like a psychiatric nurse practitioner within one (1) hour of the start of the **restraint or seclusion**.
  - a. If you are released from the **restraint or seclusion** before the end of the order, you must be evaluated by a physician or licensed practitioner in-person within one (1) hour.
2. After assessing you, a physician or licensed practitioner can issue a new order after the initial four (4) hours to continue the **restraint or seclusion** if you are still not safe.

You have a right to file a grievance or complaint if you feel you were improperly put in a **restraint, seclusion**, or injured during the **restraint**.



**If you would like to learn more about how to file a grievance/complaint, please see page 10.**



Never bend your head. Always hold it high. Look the world straight in the eye.

--Helen Keller

# Civil Rights

## Freedom from discrimination

You have the right to be free from **unlawful discrimination**. This means you cannot be discriminated against based on your race, color, national origin, disability, age, religion, and **sex**.

## Rights information

You should receive information about your rights when you are admitted to the hospital. This information should be given in a way you understand and should be reviewed with you throughout your stay.

## Confidentiality

You have the right to keep your medical information private. Information about you and your treatment cannot be given to others except as required by law.

You or your **legal representative** (example: **guardian, health care representative, attorney-in-fact**) can consent (give permission) in writing to share your information with others.

 If you would like to learn more about legal representatives, please see the glossary on page 50.

## Professional consultation

You have the right to see a doctor of your choice at your own expense.

You have the right to seek services from an attorney at your own expense unless a court has ordered that one be provided to you.

## Voting

You have the right to vote if you are a registered voter unless you are currently serving a sentence for a felony conviction. You have the right to vote even if you have a **guardian** or a **legal representative**. You have the right to use the hospital address or your permanent address as your location for purposes of registering to vote. Your treatment team can help you update your registration. If you want to register or want to check your registration status, your treatment team can help you.

You have the right to vote for the candidate(s) you want.

I vote because

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## Freedom from discrimination word search

D	H	F	E	S	C	X	O	H	L	P	D	W	N	Q	J
I	C	B	E	K	O	C	V	I	E	X	A	I	O	Z	H
S	K	J	R	A	C	E	D	C	B	Y	G	B	I	R	N
A	C	G	S	H	C	J	E	K	O	I	E	Z	G	G	O
B	S	A	C	N	B	G	O	D	R	F	K	V	I	S	I
I	O	O	V	B	C	O	L	O	R	R	R	Y	L	C	T
L	A	T	I	M	I	S	L	S	M	M	M	S	E	T	A
I	K	Y	B	O	L	A	G	N	A	A	U	B	R	S	T
T	P	R	E	G	N	A	N	C	Y	H	I	O	P	E	N
Y	R	C	A	O	P	E	R	M	I	A	H	J	O	J	E
O	L	E	I	V	I	N	A	O	H	D	R	O	S	C	I
K	Y	T	I	T	N	E	D	I	R	E	D	N	E	G	R
K	A	D	I	L	C	K	J	H	L	B	O	R	X	T	O
N	X	N	J	E	U	I	S	S	H	S	E	X	U	A	L

RACE

SEX

COLOR

NATIONAL ORIGIN

DISABILITY

PREGNANCY

AGE

RELIGION

# Conditional Rights

**Conditional rights** may be restricted (limited or taken away) if you become unsafe.

**Conditional rights** can, however, only be restricted for good cause and when defined in the **treatment plan**.

You must be notified when your rights are limited.

## Personal items

You may be restricted on what you can have at the facility based on the safety needs of yourself and others. See your patient handbook for items that might be restricted at admission and items that you are allowed to bring. In general, unless your right has been restricted:

- You have the right to wear your own clothing.
- You have the right to keep and use personal possessions.
- You have the right to keep and use personal money.
- You have the right to store a limited amount of personal items.

## Employment

You may be able to work while receiving treatment.

If you want to work, the hospital may have a **vocational rehabilitation** program to help you.

If you choose to work at the facility, you must be paid. The money you earn cannot be used toward the cost of your treatment.

## Communication

You have the right to a reasonable means of communication with people outside the hospital.

## Mail

You have the right to receive and send unopened mail. At your request, the hospital staff can provide you with a reasonable amount of writing materials and postage.

Your mail may be screened by staff if it is a part of your **treatment plan**.

## Telephone

You have the right to make phone calls at your own expense.

## In-person visitors

You have the right to visit with family and friends at reasonable times. Restrictions on who may visit you and when should be part of your **treatment plan**.

## Privacy

You may request to communicate privately by talking to your social worker.

## Internet

Internet access may not be available to you while receiving inpatient treatment. The hospital is not required to provide you with internet access.

# Types of Commitment

There are two primary ways that people can be admitted to a mental health hospital: voluntary admission and involuntary commitment. A commitment may also be the result of involvement in a criminal case. It is important to understand that the type of commitment can change during your stay at a hospital.

## Voluntary Admission

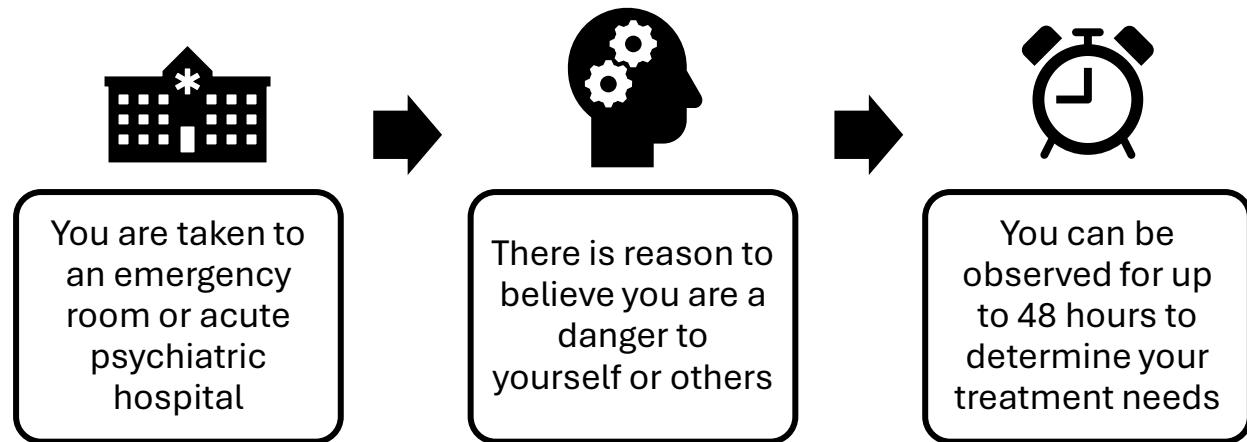
You sign a consent for treatment indicating your willingness to be in the hospital.

## Involuntary Commitment

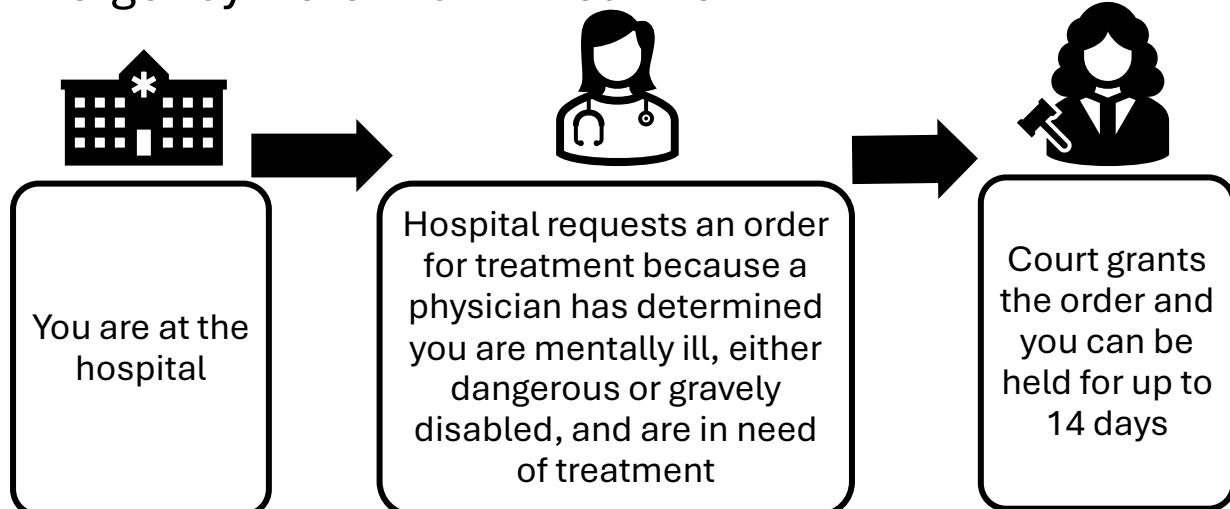
A law enforcement officer, mental health professional, or a court has ordered you to receive treatment in a hospital. You are not able to leave treatment without the approval of your treatment team or a court order.

There are four types of involuntary commitment:

### Emergency Detention - Observation

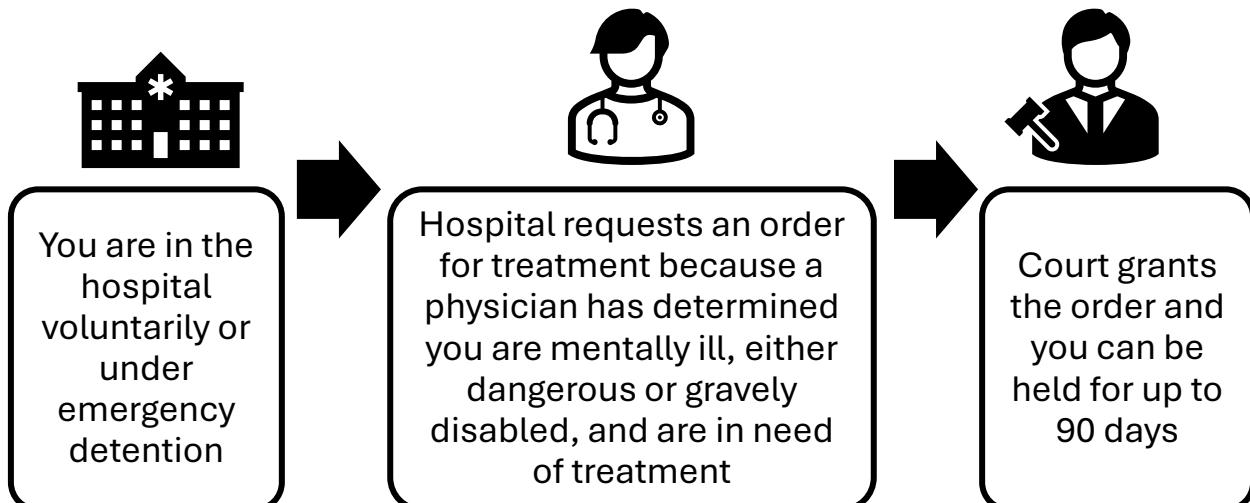


## Emergency Detention – Treatment

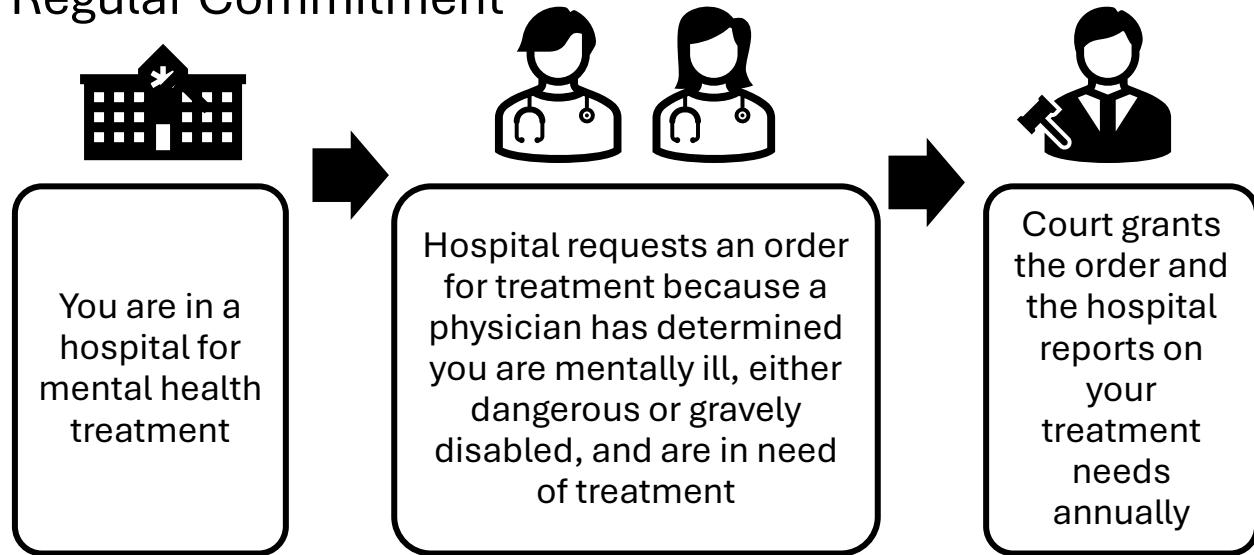


You have the right to legal counsel. If you are unable to get an attorney, you may request representation by a public defender. However, you cannot choose which public defender is assigned to your case. During an emergency detention, a court may order that you must receive treatment, including medication.

## Temporary Commitment



## Regular Commitment



For more information about the detention procedures, please talk to your attorney.

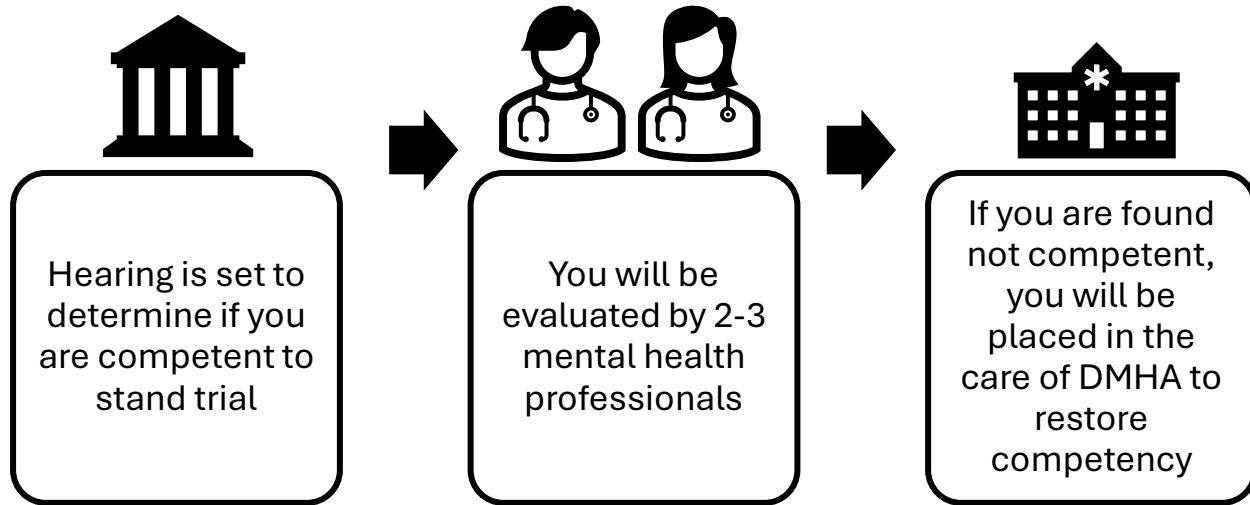
## Criminal Justice Commitment

### **Incompetent to Stand Trial (ICST)**

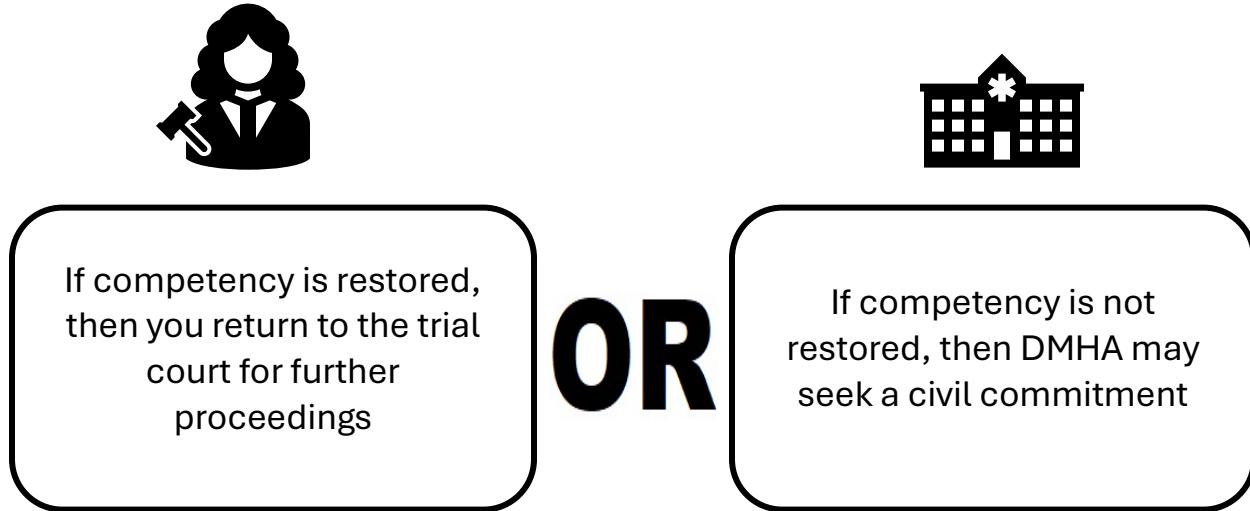
You may be receiving treatment at a mental health hospital because a court reasonably believes you will not be able to understand the proceedings or help with your defense, and you were found ICST.

If you cannot stand trial, the trial will be delayed, and you will be placed in the care of the **Division of Mental Health and Addiction (DMHA)** until you have the skills necessary to stand trial at a later date. The services you receive are paid for by the county.

If you are not restored to competency after six (6) months, DMHA may file for regular commitment. If you are restored to competency, your criminal case will resume.



## Competency Evaluation



For more information on ICST contact your attorney or social worker.

## Not Guilty by Reason of Insanity (NGRI)

If you were charged with a crime and found not guilty by reason of insanity (also known as not responsible by reason of insanity) at the time of the crime, you are likely under a regular commitment. The prosecuting attorney for your case requested a commitment hearing and a court followed regular commitment rules.

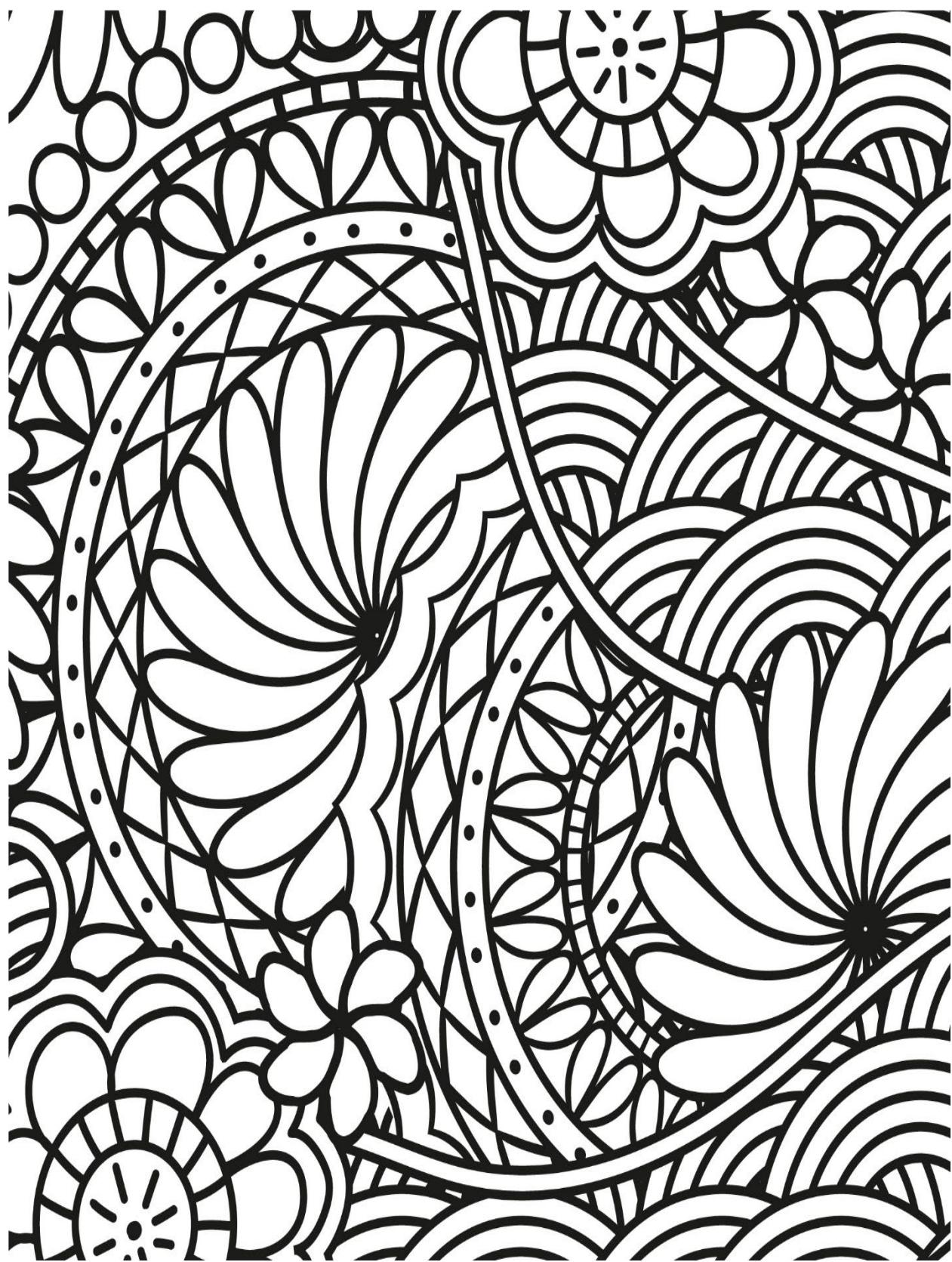


Image 5 designed by Freepik

## Outpatient Commitment

You may be under an outpatient commitment upon discharge from an inpatient treatment program or as an alternative to inpatient treatment. This will allow you to live in the community, as long as you follow any restrictions and requirements placed on you by the court.

### Assisted Outpatient Treatment (AOT) Program

AOT is a type of court-ordered civil commitment to help people with serious or severe mental illness maintain and engage in treatment. An AOT program is built around a court order, which includes having an active and involved treatment team and additional court monitoring of your treatment progress. AOT programs offer additional monitoring, support, and resources. Not everyone is eligible for an AOT Program so you should talk to your treatment team about whether it might be an option for you.



**If you would like to learn more about court ordered outpatient treatment, please go to page 40.**

## Important Things to Know About Commitment

- An emergency detention can become a temporary or regular commitment after you have seen a judge. Based on the information given at a hearing, the judge may decide that it would be best to issue a temporary or regular commitment.
- A voluntary admission can become an emergency, temporary, or regular commitment if you want to leave the hospital but your treatment team believes you need additional treatment and a judge agrees.
- Weekends and holidays do not count toward the 48 hours, 72 hours, or 14 days of emergency detention.
- If you have health insurance, companies, including those that cover Medicaid participants, must pay for medical services that you receive while under emergency detention or regular commitment, provided the services are considered medically necessary.

## Notes



## Right to Refuse Treatment

Your right to refuse treatment depends upon your commitment status.



**For more information on types of commitment, please see page 27.**

# Voluntary Admission

If you are voluntarily admitted, meaning a judge has not ordered you to be at the hospital, you have the right to refuse treatment, including medication.

## **Involuntary Commitment**

## Emergency Detention

If you are under an emergency detention, you have the right to object to treatment to the court that granted the emergency detention order. However, once the court has ordered treatment, you cannot refuse treatment. Once you have contacted the court to object to treatment, your treatment team will decide whether it is appropriate to continue treatment until the hearing on your objection.

I am under this type of admission/commitment:



Voluntary

**Involuntary**

My next hearing date is: \_\_\_\_\_

## NOTES

## Regular and Criminal Commitment

If you are involuntarily committed and a court has ordered medication or treatment, you do not have the right to refuse that treatment.

If you are involuntarily committed, meaning that a court has ordered you to stay at the hospital, and your treatment team proposes a medication or treatment not included in the court's order, then you have the right to refuse that treatment. If your treatment team requests that a court include a specific medication or treatment in your **treatment plan**, then you cannot refuse the medication or treatment.

You have the right to contact the court and ask that a specific treatment or medication be removed from your **treatment plan**. Your social worker is the person responsible for helping you with contacting the court.

## Asking the Court to Change Your Treatment Plan

You have the right to ask the court to consider removing a treatment or medication from your **treatment plan**. Use the example below to help you get started.

Case Number:

Name:

### Motion for Treatment Exception

I, \_\_\_\_\_, am committed for treatment at \_\_\_\_\_ under a/an  voluntary commitment/  involuntary commitment.

My treatment team is currently providing me (name of treatment or medication):

---

---

I would like this treatment to discontinue because (reasons you want the treatment to stop):

---

---

---

I request that this court order a treatment exception that discontinues the above-mentioned treatment and orders my treatment team to remove it from my treatment plan.

Sincerely,

---

Signature

Date:



A blank Motion for Treatment Exception letter is on page 55.

# Discharge

## Information on discharge process

You and your treatment team will establish discharge criteria at the beginning of your treatment. Before you are eligible for discharge, you must meet the discharge criteria in your treatment plan. Your discharge criteria can change depending on your current needs.

You are not allowed to leave the hospital unless you meet discharge criteria, your treatment team believes you can be discharged, and your **gatekeeper** believes you can be discharged.

You may have to wait until appropriate community services are available before you are discharged.

My Discharge Criteria:

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## Annual review

You have the right to an **annual review** of your commitment by the court each year. You can request one (1) additional review of your commitment by the court each year.

You can be discharged before your annual review if you meet discharge criteria.

## Voluntary request for discharge

If you meet discharge criteria and are waiting on the “discharge ready” list, you can request the court order your discharge from treatment. However, your assigned **gatekeeper** should still locate appropriate community services for you.

# Gatekeeper

While receiving treatment at a State Psychiatric Hospital, you will be assigned a **gatekeeper** – a Community Mental Health Center, the Bureau of Disability Services, or the **Division of Mental Health and Addiction** – that will work with your treatment team to find appropriate community services once you are ready for discharge.

If you are unable to work with your current **gatekeeper**, you have a right to request a change in your **gatekeeper**. However, your current **gatekeeper** and potential **gatekeeper** must both agree to the change for it to move forward.

If you have any concerns about your **gatekeeper**, you can reach out to IDR for help.

## My Gatekeeper's Information



Organization: \_\_\_\_\_ 

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Meeting Dates: \_\_\_\_\_

## Questions for my gatekeeper

## Outpatient Commitment and Assisted Outpatient Treatment (AOT) Programs

Upon discharge, you may be ordered into **outpatient treatment** in the community. This may include Outpatient Commitment or Assisted Outpatient Treatment (AOT) orders to take certain medications or participate in counseling or therapeutic programs, or substance abuse programs. The order may state how long you must follow it and what monitoring or follow up is necessary. If you do not follow the terms of this order, you may be involuntarily committed to inpatient treatment.

Some courts have AOT programs. AOT programs differ from Outpatient Commitment by the types of services and supports that are available and the level of court-monitoring involved. Not everyone is eligible for an AOT program so it is important to discuss your options for treatment after discharge with your treatment team.

## ICST Discharge

If you are restored to competency, you will be returned to jail or the Department of Corrections to continue your criminal case.

If you are not restored to competency within six (6) months, the hospital may pursue an involuntary commitment for treatment.

## Other Information

You can find information on guardianship, commitment, and social security on the following pages.



Image 6 designed by Freepik

## Guardianship

Even if you have a court appointed **guardian**, you can still have a voice in the decision-making process for your care.

The court can grant one of the following types of guardianship:

1. Limited guardianship: A court can specify what your **guardian** may decide. There are two common types of limited guardianships: Guardian of the Person and Guardian of the Estate. However, a court can specify what a guardian is and is not allowed to oversee.
  - a. **Guardian** of the Person: Your **guardian** handles your living, medical, and other treatment decisions.
  - b. **Guardian** of the Estate: Your **guardian** handles your money, assets, and property.
2. **Full Guardian**: Your **guardian** handles living, medical, and other treatment decisions AND your money, assets, and property. This might also be called a guardianship of the person and estate or a plenary guardianship.
3. Temporary guardianship: In an emergency, a court can appoint a **guardian** who may consent to appropriate care and services. This lasts no more than 90 days or, with a court's permission for good reason, no more than 180 days.

You have the right to be informed of limitations placed on your decision-making ability.

You have the right to participate in a hearing to appoint a guardian unless your treatment team and the court agree it is not safe for you to participate.

You have the right to object (disagree) with the appointment of a guardian. You have the right to be represented in a hearing to appoint a guardian. You can request that the court appoint an attorney for you, however, there is no requirement that an attorney be provided to you at no cost.

# Supported Decision-Making

## What is it?

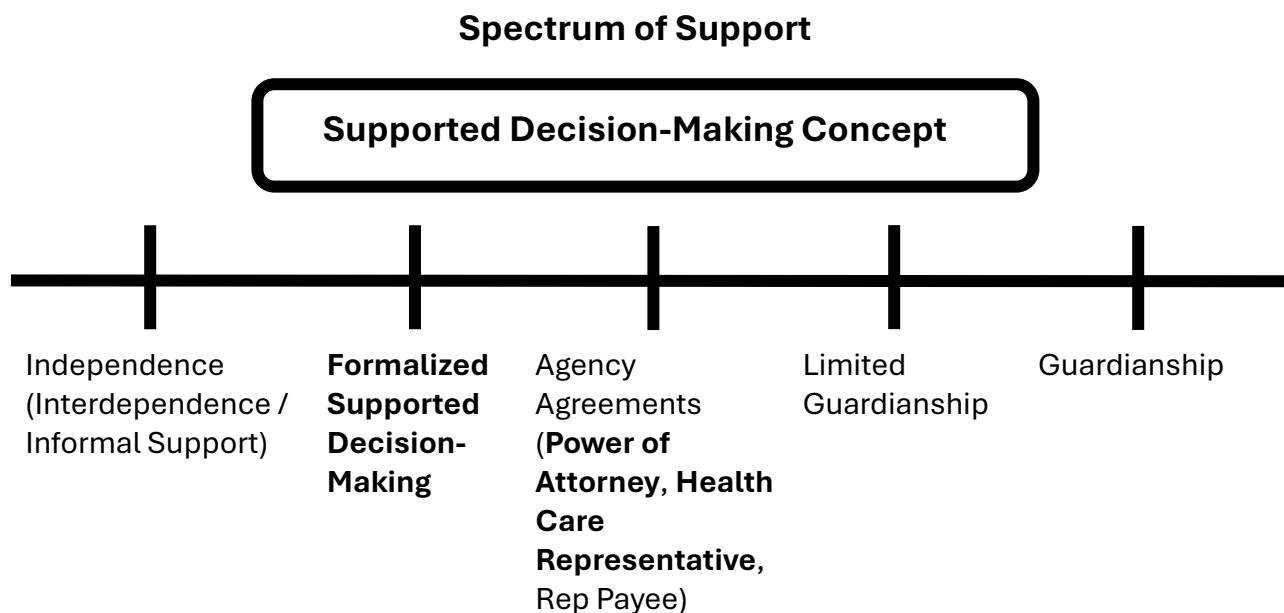
Supported Decision-Making (SDM) is a way to support and accommodate the decision-making process. In SDM, you choose supporters to help you make decisions, but you make the final decision. Your supporters and the type of support you need are included in a **supported decision-making agreement** (SDMA).

## How does SDM differ from guardianship?

Guardianship requires a court order, but SDMA does not need court approval. You can change a SDMA at any time to promote your own independence, support your goals, and express your wishes. A guardianship transfers your right to make decisions to another person. With SDM, you have the ability to make decisions yourself using the supports you need.

## How can I learn more?

Contact Indiana Disability Rights to learn more about SDM.



## Psychiatric Advanced Directive

A **psychiatric advanced directive** (PAD) is a tool you can create when you are no longer receiving court ordered inpatient treatment. Your treating physician must follow your PAD provided your treatment preferences are in your best interest, and you are not involuntarily committed.

You can create a PAD if you have a serious mental health condition. This document expresses your preferences for mental health treatment when you are declared incompetent by a physician. To create a PAD, as a first step you must speak with your treating physician to start the process, you will need to designate a **health care representative** who will carry out your decisions or preferences that are in your best interests.

Your PAD can include your preferences regarding:

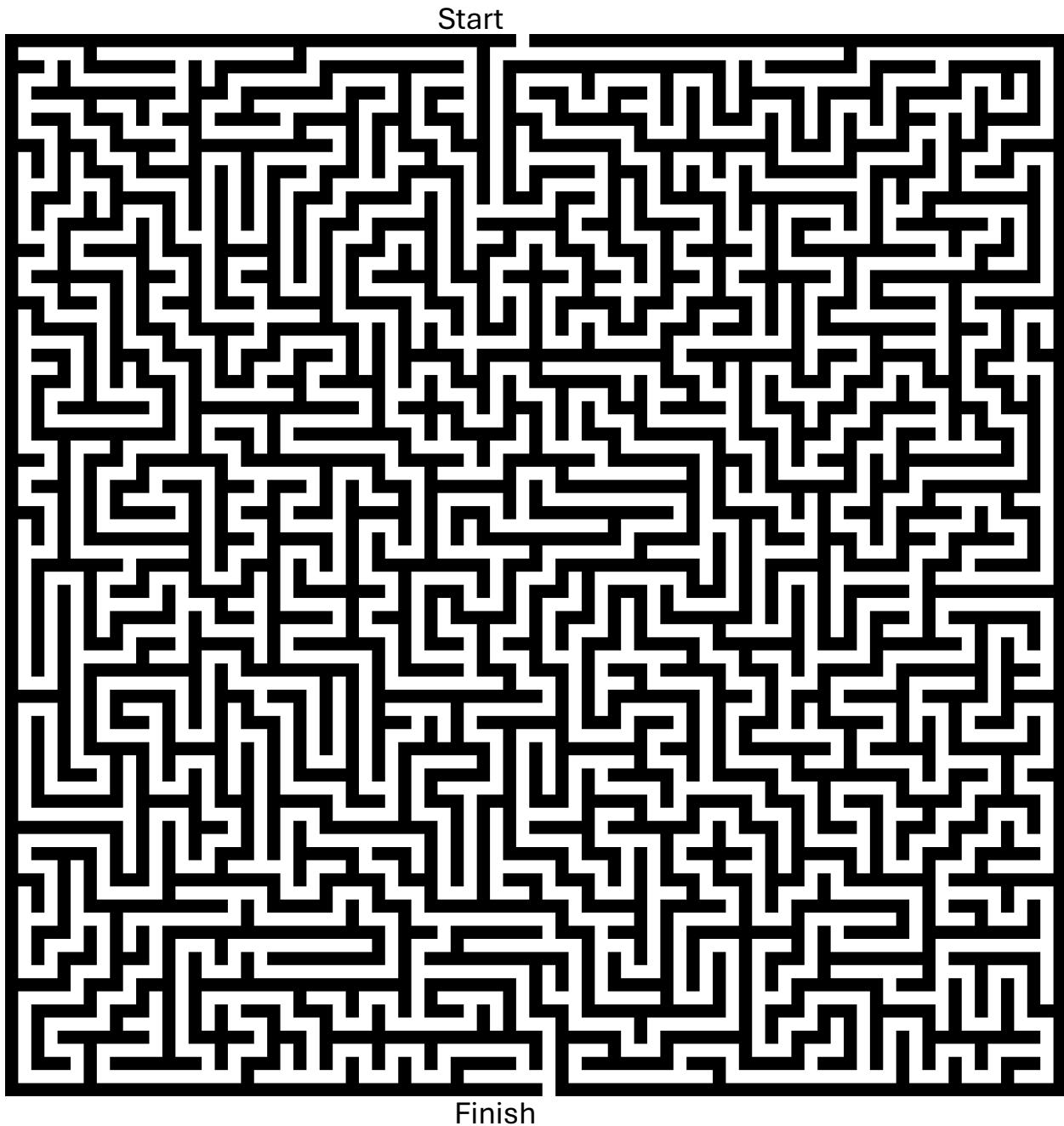
- Admission to a hospital;
- Use of **restraint** or **seclusion**;
- Electroconvulsive therapy; or
- Mental health counseling.

You must work with your psychiatrist, and you may work with an attorney to create a PAD.

Your treating physician determines if your treatment preferences are in your best interest. If they are not in your best interest or you are involuntarily committed, they are not required to follow your PAD.

## Social Security

If you have received Social Security benefits in the past, you can get more information by calling Social Security at (800) 772-1213 or by speaking with your social worker.



# Appendices

Appendix A	Topic Area and Legal Citations
Appendix B	Glossary
Appendix C	Forms
Appendix D	List of Resources
Appendix E	Puzzle Answer Key



Image 7 - Designed by Freepik

## Appendix A: Topic Areas and Legal Citations

Section	Rights / Topic Area	Citation(s)
Treatment Right	Right to file a complaint	Ind. Code § 12-27-9-5; 42 U.S.C. § 10841
Treatment Right	Right to receive mental health and health care services according to a set standard of professional practice.	Ind. Code § 12-27-2-1(1); 42 U.S.C. § 10841
Treatment Right	Right to attend and participate in your treatment team meetings.	Ind. Code § 12-27-2-1(1); 42 U.S.C. § 10841
Treatment Right	Right to refuse treatment	Ind. Code § 12-27- 5-1; Ind. Code §12-27-5-2; 42 U.S.C. § 10841
Treatment Right	The right to contact the court to ask if a specific or medication to be removed from the treatment plan.	Ind. Code §12-27-5-2; 42 U.S.C. § 10841.
Treatment Right	Right to be free from mental or physical harm caused by abuse or neglect by staff or peers.	Ind. Code § 12-27-2-1(2); 42 U.S.C. § 10841
Treatment Right	Right to be treated kindly and with respect.	Ind. Code § 12- 24-17-3; 42 U.S.C. § 10841
Treatment Right	Right to practice your religion.	Ind. Code § 12-27-2-1(3); 42 U.S.C. § 10841

<b>Section</b>	<b>Rights / Topic Area</b>	<b>Citation(s)</b>
Treatment Right	Right to be free from restraint or seclusion.	Ind. Code § 12-27-4-1; 42 U.S.C. § 10841; 42 U.S.C. § 482.13
Civil Right	Right to freedom from unlawful discrimination.	29 U.S.C. § 794; 42 U.S.C. § 2000d, 6101, 12182, and 18116
Civil Right	Right to keep information confidential.	Ind. Code § 12-27-9-2
Civil Right	Right to see a doctor of your choice at your own expense.	Ind. Code § 12-27-2-1(4); 42 U.S.C. § 10841
Civil Right	Right to seek the services of an attorney at your own expense.	Ind. Code § 12-27-2-1(4); 42 U.S.C. § 10841
Civil Right	Right to vote.	Ind. Code § 12-26-2-8(a)(1)(F); 42 U.S.C. § 10841
Conditional Right	Right to wear your own clothing.	Ind. Code § 12-27-3-3(1)
Conditional Right	Right to keep and use your personal belongings.	Ind. Code § 12-27-3-3(2)
Conditional Right	Right to keep and use personal money.	Ind. Code § 12-27-3-3(3)
Conditional Right	Right to store a limited amount of personal items.	Ind. Code § 12-27-3-3(4)
Conditional Right	Right to reasonable means of communication.	Ind. Code § 12-27-3-3(5)

<b>Section</b>	<b>Rights / Topic Area</b>	<b>Citation(s)</b>
Conditional Right	Right to send and receive unopened mail.	Ind. Code § 12-27-3-1(2)
Conditional Right	Right to make phone calls at your own expense.	Ind. Code § 12-27-3-1(4)
Conditional Right	Right to visit with family at reasonable times.	Ind. Code § 12-27-3-1(1)
Discharge	Right to have court review care and treatment annually.	Ind. Code § 12-26-15-1
Discharge	Gatekeeper responsibilities to clients	440 Ind. Adm. Code § 4.1-3-2; 440 Ind. Adm. Code § 5-1-3.5; 440 Ind. Adm. Code § 9-2-6
Discharge	Court's authority to order outpatient therapy for you	Ind. Code § 12-26-14-1
Discharge	DMHA's duty to start involuntary commitment if you cannot be restored to competency and are receiving treatment at a state psychiatric hospital	Ind. Code § 35-36-3-4
Other Information	Requirements to create a supported decision-making agreement	Ind. Code § 29-3-14
Other Information	Requirements to create a psychiatric advanced directive	Ind. Code § 16-36-1.7

## Appendix B: Glossary

<b>Annual Review</b>	Each year the superintendent or attending physician of the hospital must files a review of your care or treatment. A court can order reviews be given more often.
<b>Conditional Rights</b>	A right or privilege that can be legally limited or restricted for safety or to support recovery goals
<b>Division of Mental Health and Addiction (DMHA)</b>	DMHA operates all state psychiatric hospitals and sets care standards for mental health and addiction services to Hoosiers. DMHA also certifies all community mental health centers and addiction treatment services providers
<b>Gatekeeper</b>	The community mental health center that facilitated your entry into a state psychiatric hospital
<b>Gravely Disabled</b>	Because of a mental illness you are in danger of harm because you are unable to get food, clothing, shelter, or otherwise provide for your needs; or you have a serious mental illness leading to poor judgement, reasoning, or behavior resulting in the inability to care for yourself
<b>Guardian</b>	A person appointed by a court to make decisions for you when you are not able to make them for yourself
<b>Health Care Representative</b>	A person you designate to assist you in making health care decisions or to make those decisions if you are unable to do so

<b>Immediate Danger</b>	A substantial likelihood that harm to you or another will occur
<b>Mental Health Crisis</b>	An event where your mental health impairs your thinking, feeling, behavior, and ability to function, making you unsafe
<b>Outpatient Treatment</b>	An order by the court for you to get mental health or medication treatment in the community
<b>Power of Attorney</b>	A document that specifies a person as your “attorney-in-fact” and can make health care decisions you included when you created this document and that are in your best interest
<b>Psychiatric Advanced Directive</b>	A document of your preferences and consents for treatment of specific mental health conditions when you are unable to make decisions or become incapacitated that must be signed by your treating psychiatrist
<b>Restraint</b>	A medication, physical hold, or device that restricts your freedom of movement for the purpose of keeping you and others safe
<b>Chemical restraint</b>	A medication used to restrict your freedom of movement or for staff convenience which is prohibited if it is not a part of your treatment plan
<b>Physical restraint</b>	Another person uses their hands, arms, and/or body to restrict your freedom of movement
<b>Mechanical restraint</b>	A mechanical device, material, or equipment used to restrict your freedom of movement
<b>Seclusion</b>	Confinement to a room or area alone and you are physically prevented from leaving

<b>Sex</b>	Discrimination based on your sex, such as treating men differently than women. Not intimate activity
<b>Supported Decision-Making Agreement</b>	A legal document that allows you to make choices about your own life with support from a team of people you choose. A less restrictive alternative to guardianship
<b>Treatment Plan</b>	A guide to your treatment that is created by you and your treatment team based on your individual needs and goals.
<b>Vocational Rehabilitation</b>	A program that helps people with disabilities overcome barriers to accessing, keeping, or returning to employment

## Appendix C: Forms

Patient rights complaint or grievance tracker		
Date of complaint	Notes	Date of response

# Team Meeting Notes



My next team meeting is: \_\_\_\_\_

## I Want to Talk About:

## Motion for Treatment Exception

Case Number:

Name:

### **Motion for Treatment Exception**

I, \_\_\_\_\_, am committed for treatment at \_\_\_\_\_ under a/an  voluntary commitment/  involuntary commitment.

My treatment team is currently providing me (name of treatment or medication):

---

---

---

I would like this treatment to discontinue because (reasons you want the treatment to stop):

---

---

---

---

---

I request that this court order a treatment exception that discontinues the above-mentioned treatment and orders my treatment team to remove it from my treatment plan.

Sincerely,

---

Signature

Date:

# Court Hearing Notes



I am under this type of admission/commitment:

Voluntary

Involuntary

My next hearing date is: \_\_\_\_\_

## NOTES

## My Discharge Criteria



# My Gatekeeper's Information



Organization: \_\_\_\_\_ 

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Meeting Dates: \_\_\_\_\_

## Questions for my gatekeeper

## Appendix D: State and Advocacy Organizations

### State Psychiatric Hospitals

Name (Former Name)	Phone	Address
<b>Evansville State Hospital</b>	812-469-6800	3400 Lincoln Avee Evansville, IN 47714
<b>Logansport State Hospital</b>	574-722-4141	1098 S State Road 25 Logansport, IN 46947
<b>Madison State Hospital</b>	812-265-2611	711 Green Rd Madison, IN 47250
<b>NeuroDiagnostic Institute and Advanced Treatment Center (LaRue Carter)</b>	317-941-4000	5435 16 <sup>th</sup> St Indianapolis, IN 46218
<b>Richmond State Hospital</b>	765-966-0511	498 N.W. 18 <sup>th</sup> St Richmond, IN 47374

### Community Mental Health Centers

Name (Former Name)	Crisis (C) Phone Office (O) Phone Website	Counties Served
<b>4C Health (Four County Comprehensive Mental Health Centers)</b>	800-552-3106 (C) 574-722-5151(O) 4chealthin.org	Cass; Fulton; Miami; Pulaski
<b>Adult &amp; Child Mental Health Center, Inc.</b>	877-882-5122 (C) 317-882-5122 (O) Adultandchild.org	Johnson; Marion
<b>Aspire Indiana, Inc.</b>	800-560-4038 (C) 317-574-1254 (O) Aspireindiana.org	Boone; Hamilton; Madison; Marion
<b>Bowen Health Clinic (Bowen Center)</b>	800-342-5653 (C) 574-267-7169 (O) Bowenhealth.org	Huntington; Kosciusko; Marshall Wabash; Whitley
<b>Centerstone of Indiana, Inc.</b>	800-832-5442 (C) 877-467-3123 (O) Centerstone.org	Bartholomew; Brown; Decatur; Fayette; Jackson; Jefferson;

<b>Name (Former Name)</b>	<b>Crisis (C) Phone Office (O) Phone Website</b>	<b>Counties Served</b>
		Jennings; Lawrence; Monroe; Morgan; Owen; Randolph; Rush; Union; Wayne
<b>Community Fairbanks Recovery Center</b>	800-777-7775 (C) 800-225-4673 (O) Ecommunity.com/locations/communit y-fairbanks- recovery-center	
<b>Community Health Network Behavioral Health Clinics</b>	317-621-5700 (option 1) (C) 800-777-7775 (O) Ecommunity.com/s ervices/mental- behavioral- health/locations- clinics	Hancock; Marion; Shelby
<b>Cummins Behavioral Health Systems, Inc.</b>	888-714-1927 (Ext. 1501) (C) 888-714-1927 (O) Cumminsbhs.org	Hendricks; Putnam
<b>Edgewater Health (Edgewater Systems for Balanced Living)</b>	219-240-8615 (C) 844-433-4392 (O) Edgewaterhealth.or g	Lake
<b>Family Health Center</b>	812-882-5220 (C) 812-494-9501 (O) Yourhfc.org	
<b>Gallahue Mental Health Center</b>	800-621-7600 (C) 317-621-7600 (O) ecommunity.com/	Madison
<b>Hamilton Center, Inc.</b>	800-742-0787 (C) 800-742-0787 (O)	Clay; Greene; Parke; Sullivan; Vermillion; Vigo

Name (Former Name)	Crisis (C) Phone Office (O) Phone Website	Counties Served
<b>INcompass Healthcare (formerly CMHC)</b>	877-849-1248 (C) 812-532-2595 (O) Incompasshc.org	Dearborn; Franklin; Ohio; Ripley; Switzerland
<b>Knox County Hospital Samaritan Center</b>	800-824-7907 (C) 812-886-6800 (O) Gshvin.org	Daviess; Knox; Martin; Pike
<b>LifeSpring Health Systems, Inc. (Southern Hills Counseling Center now operated by LifeSpring)</b>	812-280-2080 (C) 812-280-2080 (O) Lifespringhealthsys tems.org	Clark; Crawford; DuBois; Floyd; Harrison; Orange; Perry; Scott; Spencer; Washington
<b>Meridian Health Services Corp.</b>	800-333-2647 (C) 866-306-2647 (O) Meridianhs.org	Delaware; Henry; Jay
<b>Northeastern Center, Inc.</b>	800-790-0118 (C) 260-347-2453 (O) Nec.org	DeKalb; LaGrange; Noble; Steuben
<b>Oaklawn Psychiatric Center, Inc.</b>	574-533-1234 (C) 574-533-1234 (O) Oaklawn.org	Elkhart; St. Joseph
<b>Parkview Health (Park Center, Inc.)</b>	260-471-9440 (C) 260-481-2700 (O) Parkview.com	Adams; Allen; Wells
<b>Porter-Starke Services, Inc.</b>	219-476-4523 (C) 219-531-3500 (O) Porterstarke.org	Porter; Starke
<b>Radiant Health (Cornerstone Mental Health)</b>	9-8-8 (C) 765-662-3971 (O) Getradiant.org	
<b>Regional Health Systems (Regional Mental Health Center)</b>	219-769-4005 (C) 219-769-4005 (O) Rhs.care/psychiatry /	Lake

<b>Name (Former Name)</b>	<b>Crisis (C) Phone Office (O) Phone Website</b>	<b>Counties Served</b>
<b>Sandra Eskenazi Mental Health Center (Eskenazi Health Midtown MHC)</b>	317-880-8485 (C) 317-880-0000 (O) Eskenazihealth.edu /mental-health	Marion
<b>Southwestern Behavioral Health (Southwestern Indiana Mental Health Center)</b>	812-422-1100 (C) 812-423-7791 (O) Southwestern.org	Gibson; Posey; Vanderburgh; Warrick
<b>Swanson Center</b>	855-325-6934 (C) 219-879-4621 (O) Swansoncenter.org	LaPorte
<b>Valley Oaks Health (Wabash Valley Alliance)</b>	800-859-5553 (C) 765-446-6578 (O) Valleyoaks.org	Benton; Carroll; Fountain; Jasper; Montgomery; Newton; Tippecanoe; Warren; White

## Indiana Advocacy Resources

Name of Organization	Phone	Description
<b>2-1-1 Partnership</b>	2-1-1 or 866-211-9966	Connects to essential community resources.
<b>9-8-8 Suicide and Crisis Lifeline</b>	9-8-8	Helps with mental health or substance use-related distress.
<b>Adult Protective Services</b>	800-922-6978	Call to report suspected abuse, neglect, or exploitation of disabled or elderly adults.
<b>ACLU of Indiana (American Civil Liberties Union of Indiana)</b>	317-635-4059	Advocates for Indiana residents whose constitutional rights have been violated by governmental agencies.
<b>The Arc of Indiana</b>	800-382-9100	Helps navigate government programs, healthcare coverage, transition to community living and more.
<b>Crisis Text Hotline</b>	Text HOME to 741741	This is a 24-hour mental health crisis chat line.
<b>Disability Information Access Line (DIAL)</b>	888-677-1199	Provides information about local resources that support independent living.
<b>Division of Mental Health and Addiction (DMHA) Consumer Service Line</b>	800-662-4357	This 24-hour help line sends reports about public mental health facility concerns to DMHA and the involved facility. DMHA responds to all callers.
<b>Indiana Civil Rights Commission (ICRC)</b>	800-628-2909	Call ICRC to report discrimination due to disability, race, sex, religion, or national origin in education, employment, credit, public accommodations, or housing.

Name of Organization	Phone	Description
<b>Indiana Disability Resource Finder</b>	<a href="https://indianaresourcefinder.org">https://indianaresourcefinder.org</a>	Helps you find community resources.
<b>Indiana Disability Rights (IDR)</b>	800-622-4845	IDR protects the rights of people with disabilities. IDR is the Protection & Advocacy system for Indiana. IDR produced this book.
<b>Indiana Legal Services (ILS)</b>	844-243-8570	ILS is a not-for-profit law firm offering free civil legal help to eligible low-income Hoosiers.
<b>Indiana Long-Term Care Ombudsman</b>	800-622-4484	Advocates for residents of long-term facilities, including nursing facilities and assisted living facilities.
<b>Indiana Public Defenders Council</b>	317-232-2490	A professional organization for Indiana Public Defenders.
<b>Mental Health America of Indiana (MHAI)</b>	800-555-6424	Offers mental health screenings, education, recovery, counseling, legal services, and more.
<b>Mental Health Ombudsman</b>	800-901-1133	You can ask DMHA staff to connect you with the mental health ombudsman.
<b>National Alliance for the Mentally Ill, Indiana (NAMI Indiana)</b>	800-677-6442 (Indiana)	Dedicated to providing support, education, and advocacy for consumers of mental health services and their families.
<b>National Suicide Prevention Hotline</b>	9-8-8 or 800-273-8255	Provides 24/7 free, confidential emotional support to people in suicidal crisis or emotional distress.
<b>Social Security Administration (SSA)</b>	800-772-1213	Federal agency that administers the Social Security program.

Name of Organization	Phone	Description
<b>Veterans Crisis Hotline</b>	800-273-8255 (Option 1)	Provides 24/7 free, confidential support to veterans, service members, reserve members and their families experiencing crisis.

# Appendix E: Word Search Answer Key

## Treatment Plan Answer Key

T				D	I	S	C	H	A	R	G	E
R	L	N	O	T	I	F	I	E	D			
E	I		Y			M	F					
A	M	R	P			E	F			G		
T	I	E	E			D		E		O		
M	T	F				I		C		A		
E	A	U				C				T	L	
N	T	S	T	H	E	R	A	P	Y		S	
T	I	A				T						
	O	L	P	L	A	N	N	I	N	G		
	N					P	R	O	G	R	E	S
						A	L	T	E	R	N	A
						N	T	R	A	T	I	V
						E	S	T	R	I	C	T
						S	T	R	I	C	T	I
G	A	T	E	K	E	E	P	E	R			

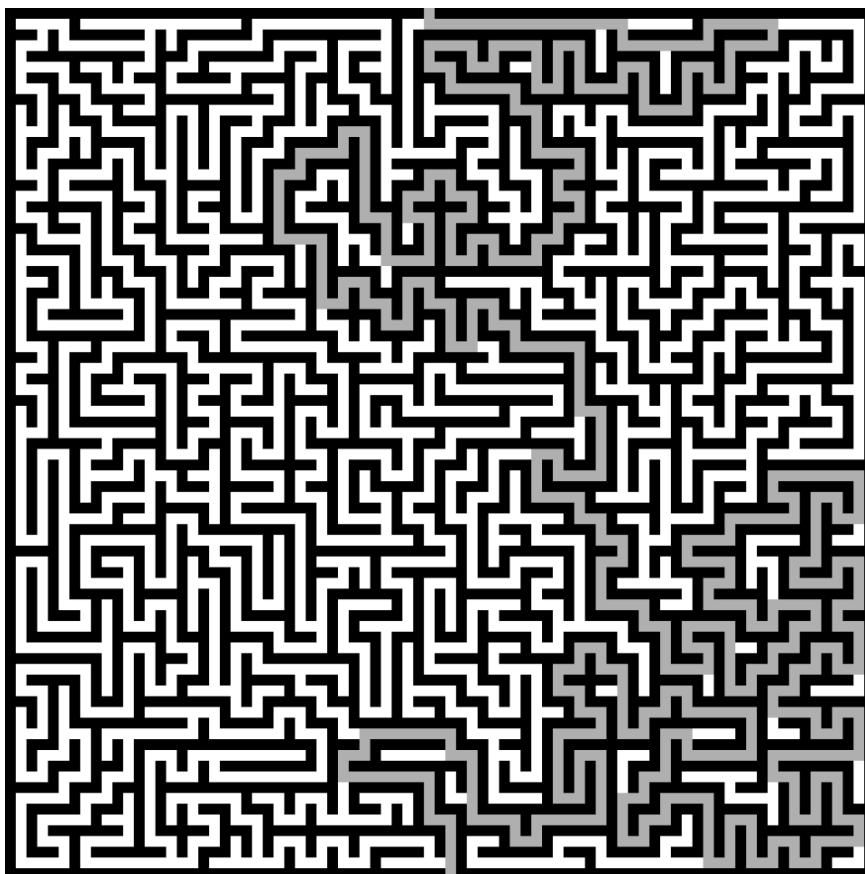
## Dignity and Respect Answer Key

	W	O	R	T	H	Y		H	O	P	E	F	U	L
C		E					F							
O		S					R					A		
M		P	I	N	S	P	I	R	E			P		
F	E	E					E					P		
O	G	C	P				N					R		
R	A	T	C	O	N	S	I	D	E	R	A	T	E	
T	R	F	L				L			S		C		
I	U	U	K	I	N	D		Y		S		I		
N	O	L	T				G		I		A			
G	C		E				R		S		T			
N							A		T		E			
H	E	A	R	T	F	E	L	T	C					
S	U	P	P	O	R	T	I	V	E					

## Discrimination Answer Key

D							N		
I						A	I	O	
S		R	A	C	E		G	I	
A						I	E	G	
B						R		I	
I			C	O	L	O	R	L	
L				L				E	
I				A			R		
T	P	R	E	G	N	A	N	C	Y
Y			O						
			I				S		
		T					E		
	A						X		
N									

## Maze Solution



## **If you think your rights are being violated, you may contact Indiana Disability Rights.**

While you receive services from this hospital, you have the right to:

- Be treated appropriately and humanely.
- Be free from abuse and neglect.
- Receive appropriate services.
- Make your own decisions whenever possible.

## **CONTACT US**

Phone      317-722-5555  
              800-622-4845

Fax        317-722-5564

Email      [info@IndianaDisabilityRights.org](mailto:info@IndianaDisabilityRights.org)

## **WRITE US**

Indiana Disability Rights  
4755 Kingsway Drive, Suite 100  
Indianapolis, Indiana 46205

**Scan to download this book**



Visit our website [www.IndianaDisabilityRights.org](http://www.IndianaDisabilityRights.org).

Indiana Disability Rights is the Protection and Advocacy system for Indiana.

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