

## INSTRUCTIONS

This report is required by Title 17, California Code of Regulations, Sections 50530 through 50532. The form is to be completed in triplicate and all items are to be filled in. The original is to be sent to the clients' rights advocate. One copy is to be served upon the client or the client's representative and one copy is to be placed in the client's file at the facility. Indicate whether the report is for an original denial or a continuation review of an earlier denial.

**SPECIFIC RIGHT DENIED:** Only the following rights are subject to denial for good cause:

1. To keep and be allowed to spend one's own money for personal and incidental needs.
2. To keep and wear one's own clothing.
3. To keep and use one's own personal possessions, including toilet articles.
4. To have access to individual storage space for one's private use.
5. To see visitors each day.
6. To have reasonable access to telephones, both to make and receive confidential calls.
7. To mail and receive unopened correspondence and to have ready access to letter writing materials, including U.S. postage stamps.

**GOOD CAUSE FOR DENIAL:** Good cause must exist for denial of any right listed above. Good cause is present only when the professional person in charge of the facility, or his/her designee, finds that:

- A. Exercise of the specific right to be denied would be injurious to the client; or
- B. There is evidence that the specific right sought to be denied would, if exercised, seriously infringe on the rights of others; or
- C. The facility would suffer serious physical plant damage if the specific right is not denied;

*AND*

- D. There is no less restrictive means of protecting the interest listed in (A), (B), or (C) above.

**TREATMENT APPROACHES ARE NOT GOOD CAUSE FOR DENIAL:** A treatment modality, approach, or plan does not constitute good cause for denial of any right listed above. No such right may be withheld or denied for punishment, nor shall any such right be considered a privilege to be earned.

**RELATIONSHIP OF GOOD CAUSE TO RIGHT DENIED:** Good cause for denying a right includes the requirement that there be some relationship between the right denied and the reason for denying the right; this relationship must be described.

**INVOLVED STAFF MEMBERS:** The names of all staff members involved in the decision to deny any right for good cause must be listed.

**LESS RESTRICTIVE ALTERNATIVES CONSIDERED/ATTEMPTED:** Because denial of a right for good cause must be accomplished in the least restrictive manner necessary to achieve the denial's objective, list any less restrictive alternatives to the present denial which were considered and/or attempted and the reason for not employing those measures.

**STAFF MEMBER WHO INFORMED CLIENT OF RIGHT TO LEAVE/APPEAL:** Before any right may be denied to a client lawfully entitled to leave the facility at will, the client must be informed that he/she may elect to leave rather than submit to the denial and that an appeal of the denial may be taken whether or not the client elects to leave. The staff member who informs the client of this choice must sign this report.

**PLAN FOR REINSTATEMENT:** A right shall not continue to be denied when the good cause for its denial no longer exists. When any right is denied, there is a responsibility to assist the client exercise the right appropriately. The plan for achieving this goal must be set forth.

**LATE REPORT JUSTIFICATION:** If this report was not completed immediately upon the imposition of the denial for good cause, a Special Incident Report setting forth the emergency circumstances which precluded immediate completion of this form must accompany this report.

**AUTHORIZING SIGNATURE:** The professional person in charge of the facility, or his/her designee, must sign this report or it will not be considered valid.

Any questions on completion of this form or the denial for good cause process may be directed to the clients' rights advocate responsible for this facility.

**(SEE INSTRUCTIONS PAGE)**

**Check one:**

- Original Denial       Continuation/Review

Facility Name	Regional Center	Report Date and Time
Client's Name		Date and Time of Denial

Specify right denied (*see list of rights on instructions page*)

Good cause for denial (*see explanation on instructions page*)

- Injurious/harmful to self       Infringement on rights of other       Serious damage to facility

Explain relationship of good cause to specific right denied:

Staff members involved in denial decision:

Identify less restrictive techniques considered/attempted:

Signature of staff member who informed client of right to leave facility and/or appeal:



Plan for reinstatement of right denied:

Signature of professional person in charge or designee:



Date

**PROPOSED 30 DAY REVIEW DATE**

Clients' Rights Advocate's Comments:

Clients' Rights Advocate Signature:

Date

**DENIAL OF RIGHTS REPORT**

*Confidential  
Client Information  
See W&I Code, Section 4514*