DENIAL OF RIGHTS AND SECLUSION/RESTRAINT REPORT for the MONTH OF _____

Facility:_____ Contact:_____ Title:_____ Phone:_____

This document reports rights denials from (choose only one):

☐ INPATIENT UNITS(S) ☐ EMERGENCY ROOM

			RIGHTS DENIALS								S/R		
PATIENT ID	AGE	Resident Days In Facility This Month	1	2	3	4	5	6	7	8	9 only	10 only	9 & 10

Denial of Rights form

INPATIENT UNITS:
Combined average daily Census this reporting month for All units reflected in this report:

☐

EMERGENCY ROOM:
Average daily census:

☐

RIGHTS LEGEND:

1) clothing
2) personal possessions
3) spending money
4) private storage space
5) visitors
6) telephone
7) letter writing materials
8) unopened correspondence
9) seclusion
10) restraint

Return to: Patients' Rights Office 550 S. Vermont Ave., 5th floor, LA 90020
FAX: (213) 365-2481 Phone: (213) 738-4124