



**CRENSHAW**

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COMMUNITY HOSPITAL

**Special Services Unit**  
**Patient Handbook**

Special Service Unit

Crenshaw Community Hospital

101 Hospital Circle

Luverne, AL 36049

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Dear Patient,

Welcome to Crenshaw Community Hospital Special Services Unit.

This unit is a facility designed to assist in the stabilization of your current condition. This handbook will provide you with an orientation to our treatment program. These rules have been established to ensure your safety, enhance your treatment, and facilitate pleasant living for each individual. If an exception to unit rule/policy needs to be made, please discuss this with your counselor or other member of your treatment team.

You are asked to attend all treatment activities, unless you are participating in a separate medical or therapeutic activity. Group activities are entirely voluntary. However, your participation in group does indicate a willingness to participate in your recovery. Appropriate and respectful behavior is expected during all activities.

We sincerely hope that you will take advantage of all that this facility has to offer you in order to improve your quality of life.

Sincerely,

The Special Services Staff

## Program Overview

The assessment process begins with your admission to the unit. The process consists of gaining information from you in order to understand your background, experiences, present circumstances, and current challenges. Informed consent will be obtained from you in order to collaborate this information from external sources. The assessment is a group effort by your psychiatrist, nursing staff, counselors, and activities director. If needed, other professionals may be involved in this process.

We review the information obtained about you in order to develop a plan of care that fits you and your current needs. Your participation and cooperation in developing the treatment plan is important for your personal success. The plan is reviewed by the team with your ongoing participation. We will also develop a discharge plan with you to assist in your future success.

Our program includes group activities lead by various staff members either for educational purposes or to promote interaction among your peers. You will be seen regularly by the psychiatrist/nurse practitioner and may be prescribed medications. If specialized care or medical concerns arise, we have excellent physicians on staff to attend to these needs.

Your loved ones are encouraged to visit and to ask questions about your care and about this program. However, your privacy is important to us and is protected under the HIPPA laws, so your authorized consent is needed before we can share information with a family member, friend, or a professional not connected to your individual care.

## Patient's Rights

*We are committed to ensuring that you receive professional and humanitarian services in a manner that protects your human, civil, constitutional, and statutory rights. The following patients' rights have been adopted:*

Patient rights should include the following:

1. The right to receive care, treatment, and services within the capacity and mission of the hospital and in compliance with law and regulation.
2. The right to have cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
3. The right to personal dignity.
4. The right to pastoral and other spiritual services.
5. The right to participate in developing, implementing, and revising the care plan.
6. The right to make informed decisions regarding care. This includes the right to be informed of health status, prognosis/diagnosis, to be involved in care planning and treatment, including pain management, and to request or refuse treatment.
7. The right to have family or representative and his/her own physician notified promptly of admission.
8. The right to be free from all forms of abuse and harassment.
9. The right of confidentiality of clinical records, including limiting the release or disclosure of patient information.
10. The right to pain management.
11. The right to access information contained in his/her clinical record within a reasonable timeframe, and the right to request amendment to, and receive an accounting of disclosures of the information.
12. The right to be free from restraints or seclusion that are not medically necessary or used as means of coercion, discipline, staff convenience, or retaliation.
13. The right to an environment that preserves dignity and contributes to a positive self- image.

14. The right to receive adequate information about the person(s) responsible for the delivery of the patient's care.
15. The right to have personal privacy.
16. The right to receive care in a safe setting.
17. The right to have access to protective and advocacy services.
18. The right to consult with legal counsel.
19. The right to know the name of your physician and all members of your treatment team.
20. The right to receive information about the names of illnesses, the course of treatment and prospects of recovery in terms the patient can understand.
21. The right to be informed of continuing health care requirements following discharge from the hospital.
22. The right to have visitors unless a physician has ordered no visitors or the unit staff has determined that visitors will potentially endanger the safety and health of a patient or staff member.
23. The right to have concerns, complaints, or grievances listened to by the appropriate hospital staff.

## Patient's Responsibilities

*Your recovery depends on you, as well as the care the treatment team provides.*

*Therefore, a patient has certain responsibilities:*

1. You should abide by all the rules and regulations of this hospital as well as the unit. You are responsible to behave in an appropriate manner while a patient of this hospital and assist in encouraging your visitor to abide by the rules and regulations of this unit.
2. You should provide accurate and complete health information and past history.
3. You should make it known if you do not clearly understand the course of your medical treatment and what is expected of you.
4. You are expected to follow the treatment plan established by your psychiatrist, including the instructions from our staff.
5. You are responsible for your actions and consequences, should you refuse treatment or not follow the physicians' orders.
6. You are responsible for assuring that the financial obligations of your hospital care are fulfilled as promptly as possible.
7. You are responsible for following the policies and procedures of the unit as well as the rules established for the entire hospital.
8. You are responsible for the consequences of not following instructions.
9. You are responsible for being considerate of other patients by limiting your visitors and maintaining a quiet atmosphere.
10. You are responsible for being respectful of your roommate's personal property and that of other persons in the facility.

## What to do if you have a concern, complaint, or grievance

If you, or a family member, have a concern, complaint, it can be voiced at the community or group meetings. You may also voice your complaint to the Charge Nurse or Unit Manager. We will make every effort to reach an understanding or resolve the issue.

If you feel that the issue has not been resolved, you have the right to speak to any of the administrative staff at the hospital. Please inform a staff member if you would like to speak with one of the administrative staff members and arrangements will be made for you.

## Unit Rules

### *Ladies:*

1. Shorts must be within two inches of the knee
2. No crop or halter tops
3. Blouses must not be too low as to be revealing or show mid drift
4. Clothes must not be transparent or translucent (see through)
5. Clothes must not be too tight as to over-accentuate body parts
6. Appropriate underwear must be worn
7. Shoes or socks must be worn at all times
8. Do not leave your room without being fully dressed

### *Men:*

1. Shirts are to be worn at all times
2. Shoes or socks are to be worn at all times
3. Do not leave your room without being fully dressed
4. Appropriate underwear must be worn
5. When wearing pants or shorts, they must be pulled up and not sagging

*You may not wear "hoodies", clothing with wires, strings, or zippers. Clothing or hats that advertise alcohol, drugs, or have profanity on them are also prohibited.*



## Unit Rules

- Smoking will be allowed four times a day at designated times
- Coffee served from 6 AM until 8 AM, 12 PM, and 3:30 PM until 8:45 PM
- Two cups maximum per patient per serving
- No caffeine or chocolate of any kind after 2:30 PM
- Snack times are 9:30 until 9:45 AM, 2:30 until 2:45 PM and 8:30 until 8:45 PM
- Shower times are between 6AM until 8 AM and 6 PM until 9 PM
- Wake up time is 6 AM; lights out at 10PM
- No food or drink is allowed in patient's rooms
- Phone calls are limited to 10 minutes and you can have two separate calls at 5 minutes each
- No loaning or borrowing of personal belongings
- No physical contact between patients
- No males in female rooms/ no females in male rooms
- No profanity or language of sexual nature
- Clean room and make bed every day
- Change linens as needed
- No unnecessary standing around the nurse's station or medication room
- No loitering in hallway. If you are not participating in an activity or group, you should be in your room
- If a problem occurs with another patient, inform a staff manager
- If a problem occurs with a staff member, then notify the charge nurse or unit manager
- Patients must clean up after themselves
- Respect other patients, yourself, and staff members
- Dress code must be followed

## Disruptive Behavior

Certain behaviors are inappropriate during your stay. These behaviors include threats of or actual acts of violence, use of mind-altering, illicit or any drug not prescribed by your physician, stealing, sexual contact of any kind, and possession of disallowed items. Failure to comply with the treatment plan, such as refusing medications is also considered disruptive behavior. Staff will discuss these disruptive behaviors with you and your physician. You will be told of any action that will be taken.

## Confidentiality

Your presence at this facility or any of your health information will not be released without your consent or a court order. This consent is valid for the time stated on the consent and states to whom the information will be released and what type of information shall be released. You have the right to withdraw this consent at any time. It is important for all of us to protect the privacy of other patients. Mail, phone calls, and visitation should never involve the discussion of other patient's names or their potential issues.

## Family and Friends

Family and friends are encouraged to participate in your treatment. Family members may participate, with your consent, in your assessment, treatment planning, and discharge planning as the treatment team finds appropriate. It is important for your visitor to respect confidentiality of patient and other families and refrain from giving information about patients outside of the hospital.

## Valuables

Valuables will be kept in a safe/unit lock box until discharge. Logs will be kept with the personal belongings and signed by you and a nurse. Upon discharge, belongings will be verified and signed out for release. Crenshaw Community Hospital will not be responsible for valuables, therefore we strongly encourage you to send valuables back home with family.

### Laundry/Linens

A washer and dryer are provided on the Special Services Unit. If you need laundry done, please ask a staff member for assistance. Linens are provided for your use. Please ask if you need additional items.

### Mail

You may send or receive unopened mail unless prohibited material or items are suspected in the mail or this privilege has been restricted. Mail will be opened at the nurse's station for security purposes.

### Meals/Snacks

Meals are a community experience and are served in the patient dayroom or sitting lobby area. Snacks are offered three times a day. Staff members will assist in meeting special diet requirements. Each patient will only be allowed one cup of drink each time snacks are served.

## Prohibited/Restricted Items

1. Chapstick
2. Medications
3. Alcohol or alcohol based substances
4. Illicit substances
5. All electronics: including cell phones, chargers, e-cigarettes, etc.
6. All jewelry
7. Belts, shoestrings, drawstrings, or anything that can be considered a rope
8. Aerosol cans
9. Glass items or containers, including mirrors
10. Sharps, including scissors, knives, nail files, nail clippers, or anything deemed unsafe by staff
11. Bandanas/scarves
12. Ace bandages/kling greater than 12" to wrap wounds
13. Panty hose/knee highs
14. Steel-toed footwear
15. Purses, duffle bags, backpacks, or any other type of luggage
16. Lighter, matches, or any other fire starters
17. Dental floss
18. Pillows, personal blankets, and stuffed animals

*Other items may be restricted using the judgment of the assessing staff member. These items will be reviewed by management before a decision is made on whether or not they will be restricted.*

### Visiting/ Telephone Hours and Mail

- Phone hours are Monday through Sunday from 7:30 PM-9:00 PM
- Phone calls are limited to 10 minutes and you can have two separate calls at 5 minutes each
- Callers should ask for patients by the last four digits of the account number
- The direct number to the unit is: 334-335-1175
- Visitation hours are Monday through Saturday 4:00, 4:30,5:30, 7:30 PM-9:00 PM in 30 minute intervals and Sunday 1:00-3:30
- Visitors are not permitted outside of posted visiting hours unless they have permission from the unit manager
- Patients are allowed up to two guests at a time, but visits are subject to end early depending on situations of the unit and condition of the patient and once daily
- Visitation and phone privileges may be revoked if deemed necessary by the unit manager or charge nurse
- No children under the age of 16 will be permitted to come onto the unit.
- Mail should be addressed as followed:

- Patient Number (no names please)

Special Services Unit

Crenshaw Community Hospital

101 Hospital Circle

Luverne, AL 36049

## Crenshaw Community Hospital Special Service Unit

### Consent to Search

*Please read carefully*

I have been informed that a search of my personal items and body will be done as a part of my admission process of the Crenshaw Community Hospital Special Services Unit. The search will be done privately and by two staff members.

A search of the body, personal items and my room may be performed while I am a patient on the Crenshaw Community Hospital Special Services Unit. The searches are conducted when, in the opinion of staff members, there is a reasonable suspicion that I may be in possession of material that is not considered therapeutic to me, other patients or staff members.

These searches will be conducted as outlined above.

I voluntarily consent to these searches.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Crenshaw Community Hospital

I, \_\_\_\_\_, a patient at Crenshaw Community Hospital Special Services Unit by signing this document, am stating that I have been given the option to place my valuables, whether that be money, jewelry, credit cards, or other items determined to be valuable, in the Special Services lock box or to keep them in my possession. If I choose to keep certain valuables in my possession, I accept full responsibility for keeping up with them. I agree that Crenshaw Community Hospital and their staff are not responsible for any lost or stolen valuables. I understand that valuables in the unit's lock box will be kept and given back to me at the time of discharge.

I, \_\_\_\_\_, a patient at Crenshaw Community Hospital Special Services Unit choose to:

\_\_\_\_\_ Lock valuables in special services unit lock box

\_\_\_\_\_ Keep valuables in my possession

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Items in special service unit kept on patient:

Crenshaw Community Hospital  
Consent to Photograph

I, \_\_\_\_\_, a patient at Crenshaw Community Hospital Special Services Unit hereby consent to have photographs taken of myself for the purpose of patient identification, safety and security. I understand that there are video cameras throughout the hospital, but not in individual patient rooms or bathrooms.

I hereby waive any and all claims that may arise for allowing these photographs to be taken for the above stated purposes.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



## Crenshaw Community Hospital Special Services Authorization Form

### Please Read Carefully

I, the undersigned, a patient in this hospital, hereby authorize Crenshaw Community Hospital Special Services Unit staff, and whomever they may designate as their assistant to administer such treatment as is necessary.

I hereby certify that I have read and fully understand that above authorization for medical treatment and also certify that no guarantee or assurance has been made as to the results that may be obtained.

### Patient Behavioral Contract

I agree to abide by ALL program rules and regulations which I understand have been implemented for the benefit of all patients' safety and welfare.

As much as I am able to do so, I will communicate to my therapist and other staff members my thoughts and feelings. I will try to develop healthy relationships with other members of the unit. I agree to attend all group sessions provided on the unit and I understand it is my responsibility to be there on time.

I certify that I do not presently have in my possession any alcohol or drugs whether prescribed or otherwise obtained, nor will I bring or have brought to me the previous items mentioned on hospital property. I understand that violation of this policy may result in immediate discharge or further actions.

If at any time I decide to leave the program I will discuss my reasons for leaving with the staff. I agree to give staff appropriate paperwork. Chemical dependency patients must be drug/alcohol free for twenty-four hours. I further understand that the purpose for this delay is to allow staff to assist me in making a smooth transition back into the community.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Crenshaw Community Hospital Confidentiality Agreement

Please Read Carefully

I, the undersigned, agree that I will not disclose any information regarding any other clients or patients of the Crenshaw Community Special Services Unit to any person outside the treatment center.

I understand that every patient or client has the right to confidential treatment including:

The protection of information about the patient's presence in the program and the progress or process of his/her treatment and any details of personal history and development that may be revealed in the course

By signing this agreement, I am indicating that I understand the above stated principles, I am aware that breaching confidentiality is a federal offense and I may be subject to legal prosecution.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Crenshaw Community Hospital  
Acknowledgement of Receipt of Patient Handbook

I, \_\_\_\_\_, acknowledge that I have received a copy of the Patient Handbook for Crenshaw Community Hospital Special Services Unit.

I have been provided with the opportunity to ask questions regarding the information contained in the handbook. I agree to comply with the unit policies and expectations as stated therein.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Advocacy Program

State of Alabama  
Department of Mental Health  
Office of Advocacy Services  
RSA Union Building  
100 N. Union Street  
P.O. Box 301410  
Montgomery, AL 36130-1410  
Telephone: 1-800-367-0955

## Patient Inventory Sheet

\_\_\_\_\_ Patient did not bring any items to inventory

Number of Items

- \_\_\_\_\_ Short Sleeve Shirts
- \_\_\_\_\_ Long Sleeve Shirts
- \_\_\_\_\_ Pants
- \_\_\_\_\_ Jogging Pants
- \_\_\_\_\_ Shorts
- \_\_\_\_\_ Dress
- \_\_\_\_\_ Skirt
- \_\_\_\_\_ Night Clothes Pants
- \_\_\_\_\_ Night Clothes Shirts
- \_\_\_\_\_ Underwear
- \_\_\_\_\_ Hat (color)
- \_\_\_\_\_ Belt (color)
- \_\_\_\_\_ Luggage (color)
- \_\_\_\_\_ Shoes (Laces removed and color)

Number of Items

- \_\_\_\_\_ Toothpaste
- \_\_\_\_\_ Toothbrush
- \_\_\_\_\_ Conditioner
- \_\_\_\_\_ Brush
- \_\_\_\_\_ Comb
- \_\_\_\_\_ Glasses
- \_\_\_\_\_ Lotion
- \_\_\_\_\_ Shampoo
- \_\_\_\_\_ Deodorant
- \_\_\_\_\_ Body wash
- \_\_\_\_\_ Bras
- \_\_\_\_\_ Socks
- \_\_\_\_\_ Outerwear

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

*Items returned to patient:*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Items Locked in Storage

Please document in detail

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\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

*Items returned to patient:*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Patient Prohibited/Valuable Property Inventory Sheet

Patient Name:	Date:
Performed By:	Time:

\_\_\_\_\_ Patient did not bring any items to inventory

- \_\_\_\_\_ Money Amount
- \_\_\_\_\_ Wallet (Color and Contents)
- \_\_\_\_\_ Purse (Color and Contents)
- \_\_\_\_\_ Jewelry (Item and Color)
- \_\_\_\_\_ Credit Cards
- \_\_\_\_\_ Keys
- \_\_\_\_\_ Electronics (color)
- \_\_\_\_\_ Cell Phone (Model and Color)
- \_\_\_\_\_ Cell Phone Charger
- \_\_\_\_\_ Sunglasses
- \_\_\_\_\_ Miscellaneous

\_\_\_\_\_  
Signature of Patient Releasing Property

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Med Nurse Receiving Property

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Performing Inventory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature for Items Returned Back to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Med Nurse Releasing Items Back to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature of Witnessing Returned Inventory to Patient

\_\_\_\_\_  
Date