COLORADO
Behavioral Health Administration

BILL OF RIGHTS

FOR INDIVIDUALS RECEIVING EATING DISORDER TREATMENT AND RECOVERY SERVICES

TO: _____, Patient:

All rights must be provided to you in <u>both electronic and written form</u> and explained to you in a language or manner so that you may understand. The facility must help you in exercising your rights listed below.

- **MEDICAL EXAMINATION.** To request, and have access to, any medical examination, including weigh-ins, without other patients in the room.
- **WEIGHT MONITORING.** To remain clothed during weight checks.
    - If clothing is to be removed, you have the right to be provided with alternative clothing. The alternative clothing must cover your body and provide sufficient privacy.
    - To not be required to perform physical exercises during weight checks, unless:
        - If the professional providing care has sufficient cause to believe that you would be at risk of harm without requiring physical exercise, the professional shall document the concern and need for further investigation in your clinical record.
    - If you are asked to perform any physical exercises, the facility shall provide you with a space providing sufficient privacy that preserves your dignity to the greatest extent possible.
- **RESTROOMS.** You shall not be required to share a single-stall restroom with personnel or another individual while in the act of using the restroom.
- **GENDER IDENTITY.** Facilities shall provide gender non-conforming and transgender individuals in care with the same restroom policies as provided to cisgender individuals in care.
- **NON-DISCRIMINATION.** Receive care and treatment, in compliance with state statute, that is free from discrimination on the basis of physical or mental disability, race, ethnicity, socio-economic status, religion, gender expression, gender identity, sex, sexuality, culture, and/or languages spoken; and that recognizes an individual's dignity, cultural values and religious beliefs; as well as provides for personal privacy to the extent possible during the course of treatment.
- **DIETARY ETHICS.** The facility shall accommodate your personal dietary ethics to the greatest extent possible.
    - Any deviation from your preferred dietary ethics shall be documented in the clinical record and shall only be denied based on clinical need as determined by your interdisciplinary team.
- **YOUR TREATMENT.** Receive care in a safe setting, provided by a skilled professional, and be treated humanely. You shall have your treatment tailored to your unique needs and implemented in a trauma-informed and trauma-aware manner. You have the right to be treated fairly, with

respect and recognition of your dignity and individuality by all employees of the facility with whom you come into contact.

  - Only staff qualified by education, experience, training, and/or facility policy and procedure may be present or facilitate weigh-ins, bathroom time, vital sign checks, individual therapy, and group therapy.

- **RELIGION.** To continue to practice your religious or spiritual practices, unless a specific practice would impact the health or safety of you or others in care.
- **PHYSICAL ACTIVITY.** To have a minimum amount of physical activity per day, as clinically appropriate. You shall not have your bodily movement restricted as a form of punishment.
- **PATIENT REPRESENTATIVE.** Within one business day of making a request, you have the right to see and receive the services of a patient representative. You have the right to have assistance filing a complaint or grievance with the facility, Colorado Department of Public Health and Environment, or Behavioral Health Administration.

_____ _____

Signature of Patient **Date**

_____ _____

Parent/Guardian (if app.) **Date**

_____ _____

Facility Staff Providing Rights Advisement **Date**