

***HUDSON COUNTY
MEADOWVIEW PSYCHIATRIC
HOSPITAL***

PATIENT AND FAMILY HANDBOOK

Table of Contents

| | |
|---|-----------|
| Overview..... | 3 |
| Understanding Your Treatment..... | 3 |
| Discharge Planning..... | 6 |
| Daily Life at MPH..... | 8 |
| Patient Satisfaction Surveys..... | 9 |
| An Explanation of Patient Rights..... | 10 |
| Rules and Responsibilities..... | 11 |
| Representation | 14 |
| Patient Safety..... | 15 |
| Safe Patient Handling..... | 16 |
| Patient Rights..... | 16 |
| Family Section | 24 |
| • Family Support..... | 24 |
| • Family Satisfaction Surveys..... | 24 |
| • Day Passes and Brief Visits..... | 24 |
| • Meadowview Psychiatric Hospital Bioethics Committee... | 24 |
| • Visitor Guidelines..... | 25 |
| • Contacting Hospital Staff..... | 26 |
| Important Telephone Numbers..... | 27 |

Welcome to Meadowview!

Overview

The following is a guideline of what you and your family can expect and what will be expected of you during your stay at the hospital. We encourage active participation in your treatment and therapeutic programs that will assist with your recovery and discharge. Meadowview is a psychiatric hospital that provides a structured, safe environment to facilitate stabilization, recovery, and return to the community. Your patient orientation takes place within a week of your admission. We hope that the information that follows will answer any questions that you have.

Understanding Your Treatment

Your MPH Treatment Providers

All patients are assigned to a Treatment Team consisting of a psychiatrist, medical doctor, social worker, Co-Occurring counselor and therapeutic services worker whom you will meet with to discuss your progress on a regular basis. A psychologist may also meet with you based on the recommendation of your team. In addition to meeting with you during your first weeks here to assess your needs, each of these individuals has a specific responsibility for your care. Their responsibilities are as follows:

- Your psychiatrist acts as the treatment team leader and is responsible for all psychiatric care.
- Your medical doctor addresses all of your physical health issues and acts as your primary care physician while you are in the hospital.
- Your social worker will help you with discharge planning and assist you with any concrete service needs that you might have.
- Your Co-Occurring counselor on your team will address any addictions issues that you might have.
- Your therapeutic services worker will address any other rehabilitation needs that you may have; as therapeutic services runs rehabilitation groups, you might see your worker more frequently in group than on a one-on-one basis.
- If you are referred to a psychologist, this individual will meet with you regularly to assess your strengths and needs; this individual will also meet with you regularly to help you meet your goals.

In addition to your treatment team, there are other Hospital employees who play a role in your treatment and they are:

- Nurses administer medications, run groups, and assist you with your daily needs. A nurse will also be assigned to attend your treatment team meetings and report on how you are doing on the unit on a daily basis.
- Hospital Attendants assist the nurses on the floors by providing general supervision and will accompany you on fresh air breaks. They will also assist you with laundry, at meals, and with grooming.
- There is a registered dietitian who will meet with you within your first week to determine if you have any nutritional needs and will join the team when those services are beneficial to your treatment.

As family and/or significant others play an important role in a patient's treatment, with your permission, the team will also be in contact with the appropriate individuals throughout your treatment.

Legal Status

All patients are admitted to MPH with a designated legal status. This status will have been determined by a court at the facility referring you. There are three (3) types of legal status:

1. Involuntarily committed, which means that you:
 - a. Have a mental illness.
 - b. Are dangerous to yourself, others, and/or property as a result of that mental illness.
 - c. Are unwilling to be admitted to the hospital voluntarily.
2. Voluntary admission, which means that you:
 - a. Have a mental illness.
 - b. Are dangerous to yourself, others, and/or property.
 - c. You are willing to be admitted to the facility for care and treatment.
3. Conditional Extension Pending Placement (CEPP) means that your team feels that you are no longer a danger to yourself, others, and/or property, but you need placement in the community. At this stage, your treatment team will work with you to find an appropriate living situation as well as assisting you with benefits, and the like.

Please note that voluntary admission also means that although you have the right to refuse medication you are expected to follow the treatment plan set out for you by your team, and further agree to follow the rules and regulations of the Hospital.

Shortly after your admission to MPH you will have a court review hearing. At this hearing, your treating Psychiatrist will make a recommendation to a Judge as to what your current legal status should be. You may be continued on involuntary commitment, continued on voluntary status, or converted to CEPP.

Patient / Treatment Team Meetings

You will meet on a regular basis with your treatment team. Within the first 24-hours following your admission, a medical doctor, nurse, and psychiatrist will meet with you to perform an assessment. Anytime during the first seven days following your admission you will meet with the other members of your treatment team for an assessment. Then, on day seven there will be an initial treatment team meeting that you will be asked to attend; at this meeting you and your team will work on a treatment plan for your hospitalization. Thereafter, you will meet with your treatment team members on a regular basis. During the first sixty days of your stay at the Hospital, you will be scheduled to meet with your treatment team at least every week. After sixty days, you will continue to meet with your team at least once a month until the sixth month; from the seventh month until your discharge, you will meet with your treatment team at least every other month. If you wish to arrange any extra meetings with your treatment team or any member of the team, speak to your social worker or psychiatrist.

Throughout your stay, during treatment team meetings your participation is important. Ask questions, make suggestions, and discuss how your plan is working with you.

Medications

Medications are important in helping you achieve stability and reducing the symptoms that brought you to the hospital. Medications prescribed by your psychiatrist or medical doctor will be distributed to you by the nurses. You are encouraged to ask questions and discuss medications with your psychiatrist and medical doctor; further, during your hospitalization, it is important to discuss with your team what prescription and/or over-the-counter medication and herbal products you were taking prior to your admission, so that they can advise you appropriately prior to discharge. Every other week, the physicians hold medication education groups on each floor. Additionally, weekly medication groups are held on each unit and are facilitated by a nurse.

You are requested to please give any medications that you bring into MPH to the admitting Nurse or the Nurse on your unit immediately. If a family member brings you any medication during your hospitalization, it must be given to the unit Nurse or sent home immediately. Please note that any medications brought in from outside are disposed of and will not be returned to you upon discharge.

Safety Observation Levels

To help ensure your safety and the safety of others, Meadowview Psychiatric Hospital assigns you to one of four Safety Observation (SO) levels based on psychiatric and/or medical needs as determined by the medical staff. SO I is the most restrictive level and is used when a patient is a danger to self or others; if you are assigned to that level, you will have at least one staff member assigned to monitor you at all times and you will not be permitted to attend off-unit activities other than for testing or procedures or have visitors unless specifically ordered by your physician. Patients with medical issues may be assigned to SO II; while this is one-to-one observation as well, if you are on SO II, you will be allowed to attend off-unit activities and have visitors with a physician's order, but you will be supervised for your safety. All other patients are assigned to SO III and are observed by staff at least every 15-minutes. All new patients are assigned to SO III for up to 24-hours as are those who are considered a possible danger to self and other and must remain on the unit and may only have visitors with a physician's orders.

Seclusion and Restraints

Meadowview Psychiatric Hospital makes every attempt to limit the use of seclusion and restraints. However, in the event that you become a danger to self and/or others and other less restrictive response procedures have failed to reduce that danger or are not appropriate, the Hospital may use seclusion and/or restraints to protect you or others. If you are put in seclusion or restraints, it will be for as short a time as necessary for you to regain control.

Treatment Activities

You are encouraged to participate in rehabilitative and recreational groups that will assist you in problem solving, improving social skills, and preparing you for re-entry into the

community. Unless there is a physician's order for you to rest in bed or during the two hour mid-day rest period, patient rooms are locked as follows:

- Acute Unit from 7:00 AM until shower time.
- Transitional and Continuing Care Units from 7:00 AM until 4:00 PM

As you participate in groups and recreational activities, take your medication as prescribed, maintain the activities of daily living (e.g. showering, brushing your teeth, wearing clean clothes), and control your behavior you will be rewarded by a STEP system; the STEP system has three levels with special privileges available to those who achieve higher STEPS. Your level of participation helps determine your readiness for discharge, but you may be discharged from any STEP level and any unit depending on the evaluation of your treatment team.

Scheduling of Treatment Activities

You will be encouraged with the assistance of your treatment team to select a weekly program schedule of groups and activities that will meet your psycho/social, educational, and vocational needs. This schedule will enable you to function more effectively in the community upon discharge.

Co-Occurring Services

There are groups for patients who have dual diagnoses – mental illness and substance use. Patients with dual diagnoses can attend regular Co-Occurring education and relapse prevention and 12-Step groups. Patients may also attend outside AA meetings if appropriate. Co-Occurring counselors regularly encourage patients with a dual diagnosis to attend Co-Occurring groups. The Co-Occurring and Therapeutic Services staff works closely together in planning for Co-Occurring patients continued treatment when discharged from the Hospital.

Discharge Planning

The ultimate goal for all of our patients is re-entry into the community with the social supports, skills, and inner-strengths present to avoid future decompensation. This goal is achieved through both direct efforts within the Hospital focused on education as well as referrals and linkages to community programs and resources. To help ensure our patients' access to community programs and resources, the Hospital participates in outside state DMHAS and Hudson County provider meetings including, but not limited to the Systems Review Committee, Program Area Council, and Mental Health Board to name a few; through attendance at these meetings, MPH staff receives information related to mental health services and provides input on our patients' needs.

The focus of discharge planning efforts can be categorized into four areas: 1) housing, 2) benefits, including Medicare Part D, 3) aftercare and 4) resources.

Housing

Although more than half of our patients return home, the treatment team assesses each case individually to determine, with the patient, what living environment would best benefit the patient. A determination is also based upon available resources, the patient's

income, and clinical recommendations. A variety of housing options are available, which include: supervised group homes, licensed boarding homes, supportive housing, nursing homes, foster homes, substance abuse treatment facilities, shelters and temporary housing. Applications to Section 8 Housing and Senior & Disabled Housing Programs are also generated, although lengthy wait times often exist. Patients are also encouraged to participate in programs such as the Total Rental Assistance Program (TRA) and Energy Assistance Programs.

Benefits

Social workers begin, from the patient's arrival at the Hospital, to assess what benefits the patient has and is entitled to. The Department of Social Services assists patients in applying for whatever benefits that he or she is entitled to, such as Pharmaceutical Assistance to the Aged and Disabled (PAAD), Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI). In accordance with State regulations, a patient's SSI benefits are suspended after 30 days of inpatient treatment; however, upon discharge the patient's benefits are reinstated. After a specified amount of time as an inpatient at the hospital, patients are granted a Personal Needs Allowance (PNA) in the amount of \$40.00 a month, if the patient is eligible. If a patient has military experience, the patient may be entitled to Veteran's Benefits. Pension benefits are also explored, if a patient has a work history. When a patient is eligible, General (County) Welfare and food stamps are also applied for. Social workers also ensure that the patient has applied for relevant medical coverage and benefits. Many patients receive Medicaid, Medicare, or Charity Care in order to obtain treatment and prescription coverage in the community.

You or your family may be asked to provide proof of insurance or entitlement benefits such as Medicare or Medicaid. Additionally, you may receive a request for information from the County Adjustor's Office. At some point during you or your family member's hospitalization, you may be asked to sign consent related to benefits verification and/or billing.

Medicare Part D

Medicare Part D is a Federal Program which came into effect January 1, 2006. Although not all patients are affected by this program, the social worker works with the patient to ensure that the patient is linked to a Prescription Drug Plan (PDP). Patients already linked to a PDP are encouraged to maintain enrollment so that coverage is not interrupted even after discharge. The Low Income Subsidy (LIS) is available through Social Security Administration for individuals with low income and social workers will assist with this application, as well.

Aftercare

Upon discharge, patients are linked to outpatient treatment and case management services. Dependent upon the recommendations of the treatment team, patients often attend partial-hospitalization programs, Co-Occurring programs, and outpatient psychiatric services. Integrated Case Management Service (ICMS) or Program in Assertive Community Treatment (PACT) are linked to the patient and work with the

patient in the community. Some patients are also encouraged to maintain attendance of local Alcoholics Anonymous or Narcotics Anonymous meetings.

Resources for Discharged Patients and Families

Patients are linked to all relevant resources that will benefit their overall well-being. These resources include the National Alliance for the Mentally Ill (NAMI), Intensive Family Support Services (IFSS), NJ Transit Reduced Bus Fare, Self-Help Centers, Adult Protective Services (APS), legal services, immigration resources, literacy and educational programs, and job skill training programs. A list of some of these resources and programs is available from your social worker.

Daily Life at MPH

Room Assignments

Upon arrival you will be assigned to share a room with a bathroom and limited storage space on the fourth floor. You will be expected to maintain your room in good order. You may be assigned to another room on the second or third floors based on the recommendation of your psychiatrist.

Daily Schedule

Patients are expected to adhere to the following daily schedule while they are here.

- 6:00 AM – 7:00 AM: Patients wake up; attend to their personal hygiene; straighten their room and make their bed; dress for the day.
- 7:00 AM to 9:00 AM: Breakfast is served; fresh air break; and free time in the day room.
- 9:15 AM to 9:45 AM: Community meeting in the activity room to orient patients to the day; review that day's schedule and address unit issues; exercise groups.
- 9:45 AM to 10:00 AM: Snacks are served.
- 9:30 AM to 12:00 PM: Treatment team meetings; therapeutic groups.
- 12:00 PM to 1:45 PM: Lunch; relaxation (patients may watch TV, listen to the radio, use the public telephones, and rest in their rooms); fresh air break.
- 1:00 PM to 4:00 PM: Treatment team meetings; therapeutic groups.
- 4:00 PM to 5:00 PM: Fresh air break; free time; do laundry.
- 5:00 PM to 6:00 PM: Dinner is served; free time.
- 6:00 PM to 8:00 PM: Therapeutic and Nursing groups on selected days.
- 7:00 PM to 10:00 PM: Snack is offered; free time; patients may shower, do laundry, and socialize; fresh air break
- 10:00 PM and 11:00 PM Suggested bedtime.

In addition to the regularly scheduled groups, according to the STEP achieved and as deemed appropriate by the treatment team, patients may participate in trips outside the Hospital. On weekends and holidays, therapeutic groups that are more focused on the social setting or the respective holiday are offered; however, the daily schedule is more relaxed and patients have more free time.

Visiting Hours:

- Monday through Friday 4:00 PM to 8:00 PM

- Saturdays, Sundays, and Holidays: 2:00 PM to 8:00 PM
- Special visitations can be arranged through your psychiatrist or treatment team. Visitor Guidelines are provided to each visitor. (Visitor Guidelines can be found at the end of this handbook)

Meals

Three meals a day are provided, as well as healthy snacks. Any special dietary considerations can be discussed and arranged by the dietician. A weekly menu meeting offers all patients a variety of choices, and is held on every unit. Special holiday and cultural meals are offered. Our Dietician will be meeting you soon after your admission.

What to do if You Don't Feel Well

Medical Staff is available 24-hours a day and nursing staff is available on the units at all times. If you do not feel well speak with a member of the nursing staff, who will contact a medical doctor. Any relevant information will be shared with your assigned medical doctor if that individual is not here at the time.

Opportunities for Physical Activities

The hospital has regularly scheduled exercise activities on the units. There is also a gym with equipment for group and individual sessions for patients as approved by their psychiatrist and medical doctor. Additionally, during the day, as weather permits, patients may be allowed outside for fresh air and to walk in the courtyard or patio as determined by their unit. Patients are encouraged to participate in appropriate fitness activities arranged by Therapeutic Services as approved by their medical doctor.

Access to Religious Services

Access to religious / spiritual leaders of your denomination for private meetings can be arranged upon your request. Religious services for the following denominations are scheduled weekly at the Hospital and are available to all interested patients:

- Catholic Mass.
- Interfaith / Nondenominational Services.

In addition to the regularly scheduled weekly services, the following religious services can be scheduled upon request:

- Jewish Services.
- Muslim Services

Pastoral Counseling is also available.

Patient Satisfaction Surveys

The Social Services Department performs Patient Satisfaction Surveys twice a year for all current patients. At the time of discharge patients are also asked to complete a Patient Satisfaction Survey. To determine if patients are satisfied with the food that they receive, four times a year the dietary department asks patients to complete a dietary satisfaction survey. While these surveys are anonymous, confidential, and optional, your participation would be appreciated as it helps us continue to improve our services.

An Explanation of Patient Rights

Overview of Patient Rights

You will receive a summary of your Rights (attached) and can expect protection from physical, sexual, emotional abuse, or harassment from any source. Records are confidential. If you have a grievance, report it to the unit head nurse at the desk. In addition, Meadowview has a Client Services Representative to follow through, when necessary, with the mandated grievance procedures. You are entitled to contact your legal representative (phone numbers posted on each unit's bulletin board), if you feel you have been mistreated within the hospital or if you have any question pertaining to your stay. The Hospital will provide written information regarding these options upon your admission. All medical records are strictly confidential and the hospital is in full compliance with HIPAA Regulations.

Patient's Rights Regarding Self Determined Living Will

You will be asked to sign a formal document regarding preferences for health care procedures, power of attorney, mental health advance directives, and Living Will in case you become seriously ill during your stay at Meadowview Psychiatric Hospital. The Client Services Representative or your Treatment Team can explain this further to you if needed.

Your Legal Rights

You are assigned a legal representative from the State Public Defenders Office. Your representative will be available to you while you are hospitalized. Most patients are committed involuntary to Meadowview by court order. A court hearing to re-assess commitment is scheduled within twenty days of commitment. The court, with the patient's participation, regularly reviews the patient's commitment, treatment progress, and plans for discharge.

Your Right to Interpreter and Translation Services

Meadowview Psychiatric Hospital has contracted for interpreter and translation services for patients and their families who do not speak English or are deaf. These services are available for assessments, treatment team meetings, family meetings, and other interactions necessary for patient care.

Your Right to Mail

Patients have the right to send and receive mail. If your treatment team determines that there should be restrictions to this right for clinical reasons that will be discussed with you. If you receive a package you must open it in front of staff, so that they can search it for contraband.

Your Right to the Telephone

Pay phones for patient use are located on each unit. You are permitted to use the pay phones for outside calls from 8:00 A.M. to 9:00 P.M. Phones are turned off during group times from 9:15 A.M. to 12:00 P.M. and from 2:00 P.M. to 4:00 P.M. However, if you

have an emergency, you may speak with the nurse or a member of your treatment team during business hours and they will assist you. Please note that there might be times when your psychiatrist may limit your use of the phone for clinical reasons. In the event that you need to make a confidential call, speak with the Charge Nurse to make the necessary arrangements.

You Right to Control Your Money

As a patient you have the right to your money and you are responsible for the security of any money that you hold on to. Therefore, you are encouraged to keep only a small amount of money with you and to allow Hospital staff to secure the rest. If you have the Hospital secure your money, you may ask them to give you more of your money when you need it. You should also be aware that your social worker will help you open a savings account if you so desire. If at any time during your hospitalization your treatment team feels that you are not able to control large sums of money, they may secure all of your money and give it to you in small amounts.

In addition to any money that you may have brought with you at admission, during your stay at MPH you may receive money from various sources including, but not limited to family and significant others. You are encouraged to inform staff when you receive a large sum of money, so that they can store it for you.

Personal Needs Allowance (PNA) money is distributed to eligible patients monthly and you may choose to receive it as a lump sum or in weekly payments; if you receive your money in weekly payments, Hospital staff will store the remaining money with any other money that they are storing for you. If you choose to receive your PNA money in a lump sum you must sign a form assuming responsibility for the money.

Your Rights as a Patient 60-years or Older

If you are 60-years of age or older at admission or during your hospitalization, you have additional rights and protections through the Office of the Ombudsman for the Institutionalized Elderly. At admission or on or shortly after your 60th birthday, Nursing staff will give you the handout “Nursing Home Residents in New Jersey” that applies even though MPH is not a nursing home.

Rules and Responsibilities

Smoking Policy

Effective May 1, 2007 Hudson County Meadowview Psychiatric Hospital is a smoke free facility. If you do smoke and would like help quitting, you should speak with your treatment team for assistance. You will not be permitted to smoke on the premises or off-site while on Hospital organized trips or outside meetings. Alternately, at your request, these items can be returned to family members or significant others to take home with them. Also, you may not receive any cigarettes from family or friends during your stay here.

Hospital Rules

In order to ensure that the Hospital runs smoothly and safely, the Hospital has established a contraband list of items that you may not have or may only have with staff supervision where indicated. Staff searches all patients and their belongings upon admission and after returning from shopping trips, day passes, and brief visits and after meeting with visitors. Staff will immediately confiscate any items of contraband found and either store or dispose of the item(s) as appropriate. Further, the Hospital will notify law enforcement if any illegal or suspected illegal contraband is found.

| | | |
|---|---|--|
| Ace bandages | Head phones | Pornographic material |
| Aerosol cans (e.g. hair spray, deodorant etc.) | Heavy chains | Push pins |
| Air freshener | All jewelry except plain wedding band, small watch (face no larger than 1¼ inches), and jewelry made at MPH | Q tips |
| Alcohol | Latch hook; knitting needles; crochet hooks, yarn (unless supervised) | Radios on 4 th floor |
| Artificial flowers | Lighters | Razors (unless hospital supplied, must be returned after use) |
| Bags/purses with long straps | Magazines (pornography, violence or sexual) | Ropes |
| Bars of soap | Matches | Rosary beads |
| Belts | Metal pieces | Rubber bands |
| CDs | Mirrors | Scarves |
| Cigarettes | Mouthwash | Scissors |
| Clothing with alcohol, drug, racist, sexist, pornographic or other inflammatory messages, and strings or straps | Nail clippers, nail file | Shoe laces |
| Cologne (only with supervision) | Nail polish | Spiral notebooks |
| Drinks except purchased on 1st floor | Nail polish remover | Staples |
| Drug paraphernalia | Outside laundry detergent unless ordered by M.D. | Thumb tacks |
| Drugs (including synthetics) /RX/OTC/herbals | Panty hose | All tobacco products and paraphernalia |
| DVDs | Paper clips | Tools (e.g. screwdrivers, hammers, tools, eye glass repair kits) |
| Food on units only with physician order | Pens and long pencils | Tweezers |

| | | |
|---|---------------------------------|--|
| Glass | Perfume (only with supervision) | Vases |
| Hair Clips (scrunches permitted 1 – ½”) | Picture frames | Weapons (e.g. knives, box cutters, guns) |
| Hair dye | Plastic bags | Wires |
| Hair Picks (only hospital supplied) | Plastic lanyard | |

All Contraband items cannot be included in the list. Other items at staff discretion.

Additionally, patients are asked to follow these rules:

- You are not permitted to keep dangerous or sharp objects in the hospital.
- Patients are not permitted to enter each other’s rooms.
- Sexual activity of any nature between patients, visitors, and staff on the premises is prohibited.
- You may not touch other patients, visitors, or staff.
- You must respect your peers and you may not make any derogatory remarks to others.
- You may not damage Hospital property or the property of other patients, staff, or visitors. Patients will be held responsible for any hospital property damaged and be billed for such.
- As drugs and alcohol are not permitted in the Hospital or on the Hospital grounds, the Hospital reserves the right to do random urine screens and blood alcohol levels.
- Patients are also expected to refrain from alcohol and drugs while on pass.
- Patients may not barter or sell personal property or food with other patients, visitors, or staff.
- Patients may not have food in their rooms.
- Patients may not smoke while on the Hospital premises or on Hospital run trips and activities.
- Patients may not use cell phones while in the Hospital or during Hospital run trips and activities.

In addition to the rules listed above, please be advised of the following:

- Staff is prohibited from having personal relationships with current or discharged patients.
- Staff may not purchase property for, or sell items to patients. However, based on job title, staff may assist patients with purchasing sodas.

Our Hospital is committed to ensuring your personal and property safety. Immediately report any violation of the rules or threatening situations to the nursing staff.

Patient’s Responsibility for Clothing and Valuables

Meadowview Psychiatric Hospital and staff are not responsible for items kept by patients. You may keep the clothing of your choice. However, storage is limited. We also provide

a locked storage area for valuables if necessary. Excess clothing must be sent home or disposed of. You can keep the following items: eyeglasses, contact lenses, glass eyes, hearing aids with batteries, dentures, removable caps, artificial limbs, other prostheses, mobility aids, and leisure time equipment as clinically appropriate. Patients will sign the Clothing and Valuables List Form that itemizes what items you have stored with the Hospital. You are free to keep and spend a reasonable sum of money on personal items. You may also want to use some of your personal money on the scheduled budgeting and shopping trips to supermarkets, flea markets, Salvation Army stores, shopping malls, etc. When you are discharged, please be sure that you have all of your belongings; MPH will only hold on to patient's belongings for 30-days after discharge after which it will be donated or sold.

Infection Control Procedures and Belongings

To prevent the spread of infestation that can be brought in on patient's clothing or other belongings, the Hospital takes appropriate precautions. When patients are admitted, return from Hospital sponsored clothing shopping trips, after outside visits and stays with family, at group homes, and/or medical hospitalizations, and/or when visitors bring clothing or other items to you, the following procedures are followed, as applicable.

1. Upon admission or following a day pass or overnight visit, before you are brought to the unit, staff will either give you a clean pair of pajamas (for new admissions) or a clean pair of clothing from your room if you are returning from an outside visit. You will be asked to put these clean items on in a private area.
2. Staff will have you place the clothing you were wearing plus any additional items you may have brought with you into a plastic bag and seal it. Additionally, any non-clothing items brought in are placed in another bag and sealed.
3. If a visitor brings you belongings or clothing, Security will contact and inform Nursing staff on your unit. Nursing staff will meet with your visitor(s) on the first floor and have them separate clothing and non-clothing items.
4. If you purchase clothing or belongings during a Hospital sponsored shopping trip, you will not have to change your clothes, but you will be asked to place any clothing and/or belongings into labeled bags that will be sealed.
5. On the unit, staff will place your clothing in the dryer for 30-minutes on a hot setting and then return them to you. Staff will search your non-clothing items and if they find that they are infested you will be informed and staff will dispose of them. If the non-clothing items are free of infestation staff will store them in the belongings closet while you are in the Hospital.
6. Additionally, Hospital staff will inspect the hair of all new admissions and treat with the appropriate medication / shampoo as necessary.

Representation

Patient Government

Meadowview Psychiatric Hospital has a Patient Government Council made up of patients from each unit who are nominated by their peers. Members of the Patient Government Council represent their fellow patients at meetings and may raise issues and concerns for attention by Hospital Administration. You are welcome to participate in this Council.

Monthly meetings are scheduled and a reminder is posted the week before each meeting. The Patient Council also oversees and makes recommendations for special Patient Government Council functions.

Actions to Take if You Have a Problem

If the issue arises between the hours of 9:00 AM and 5:00 PM, Monday through Friday, please contact someone on your treatment team or ask Nursing staff to notify them for you. If the issue arises after regular business hours, speak with the Charge Nurse on the unit. If you still feel that the issue was not adequately addressed by the Treatment Team you can bring the issue to the Clinical Director. If it is after hours and you feel that the Charge Nurse has not adequately addressed the issue, you may ask to speak to the Nursing Supervisor. Additionally, for non-urgent issues, each unit has a complaint box that you may use to file a complaint. The boxes are checked regularly and you will be contacted by the Client Services Representative or another appropriate member of the Hospital's administration.

Patient Safety

To help promote patient safety, you are encouraged to SPEAK UP throughout your stay here.

To prevent Health Care Errors,
Patients and Family Members are urged to
SPEAK UP...

- Speak up if you have questions or concerns about your treatment. If you don't understand, ask again. You have a right to know.
- Pay attention to the care you are receiving.
- Educate yourself about your illness and treatment.
- Ask a trusted family member or friend to be your advocate.
- Know what medications you take, why you take them, and be sure that the medications you receive are correct.
- Understand and participate in your treatment plan.
- Participate in all decisions about your treatment. You are the center of your health care team.

Staying Healthy and Safe

MPH wants to keep you healthy and safe both in the hospital and at home. When you arrive on the unit, you will receive a pair of sneakers with Velcro closers and flip flops. To help prevent falls, you are requested to wear the Velcro sneakers or other securely, closed shoes, without laces, while you are awake. The only time flip flops should be worn is when you are showering. We have included some additional educational information in this handbook.

Safe Patient Handling

The health and dignity of the patient are of the utmost importance to us and if they need assistance moving we want them to feel comfortable, safe and secure. The Nursing Staff is available to help the patient if assistance is needed. To ensure a safe environment, we may use special equipment to aid the patient and their health care provider. Patient special needs will be considered by hospital staff to determine which equipment will be the safest for the patient and health care provider. The equipment that will be used decreases health care worker and patient injury.

What is the equipment?

- Hoyer Lift: used to lift a patient from the bed, chair or wheelchair to another area.
- Slide Sheets: used to reposition a patient in bed.
- Med Sled: used to move a patient out of the facility should an emergency arise.

Questions or Concerns?

We realize that the information about this equipment may be new. We are more than willing to answer any questions or concerns you may have. For more information please speak to the Nurse on the Unit or your treating Psychiatrist.

Patient Rights

New Jersey Department of Health Hospital Licensing

Every New Jersey hospital patient shall have the following rights, none of which shall be abridged by the hospital or any of its staff. The hospital administrator shall be responsible for developing and implementing policies to protect patient rights and to respond to questions and grievances pertaining to patient rights. These rights shall include at least the following:

1. To receive the care and health services that the hospital is required to provide under N.J.S.A. 26:1-1 et seq. and rules adopted by the Department of Health and Senior Services to implement this law;
2. To treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment;
3. To retain and exercise to the fullest extent possible all the constitutional, civil, and legal rights to which the patient is entitled by law;
4. To be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient. These people shall identify themselves by introduction or by wearing a name tag;
5. To receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital's health care personnel;

6. To receive from the patient's physician (s) – in terms that the patient understands – an explanation of his or her complete medical condition, recommended treatment, risk (s) of the treatment, expected results and reasonable medical alternatives. If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to his or her next of kin or guardian and documented in the patient's medical record;
7. To give informed, written consent prior to the start of specified non emergency procedures or treatments only after a physician has explained – in terms that the patient understands – specific details about the recommended procedure or treatment, the risks involved, the possible duration of incapacitation, and any reasonable medical alternatives for care and treatment. The procedures requiring informed, written consent shall be specified in the hospital's policies and procedures. If the patient is incapable of giving informed, written consent, consent shall be sought from the patient's next of kin or guardian or through an advance directive, to the extent authorized by law. If the patient does not give written consent, a physician shall enter an explanation in the patient's medical record;
8. To refuse medication and treatment to the extent permitted by law and to be informed of the medical consequences of this act;
9. To be included in experimental research only when he or she gives informed, written consent to such participation, or when a guardian provides such consent for an incompetent patient in accordance with law and regulation. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices;
10. To be informed if the hospital has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and may refuse to allow their participation in the patient's treatment;
11. To be informed of the hospital's policies and procedures regarding life-saving methods and the use or withdrawal of life-support mechanisms. Such policies and procedures shall be made available promptly in written format to the patient, his or her family or guardian, and to the public, upon request;
12. To be informed by the attending physician and other providers of health care services about any continuing health care requirements after the patient's discharge from the hospital. The patient shall also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge;

13. To receive sufficient time before discharge to have arrangements made for health care needs after hospitalization;
14. To be informed by the hospital about any discharge appeal process to which the patient is entitled by law;
15. To be transferred to another facility only for one of the following reasons, with the reason recorded in the patient's medical record:
 - i. The transferring hospital is unable to provide the type or level of medical care appropriate for the patient's needs. The hospital shall make an immediate effort to notify the patient's primary care physician and the next of kin, and document that the notifications were received; or
 - ii. The transfer is requested by the patient, or by the patient's next of kin or guardian when the patient is mentally incapacitated or incompetent;
16. To receive from a physician an explanation of the reasons for transferring the patient to another facility, information about alternatives to the transfer, verification of acceptance from the receiving facility, and assurance that the movement associated with the transfer will not subject the patient to substantial, unnecessary risk of deterioration of his or her medical condition. This explanation of the transfer shall be given in advance to the patient, and/or to the patient's next of kin or guardian except in a life threatening situation where immediate transfer is necessary;
17. To be treated with courtesy, consideration, and respect for the patient's dignity and individuality;
18. To freedom from physical and mental abuse;
19. To freedom from restraints, unless they are authorized by a physician for a limited period of time to protect the patient or others from injury;
20. To have physical privacy during medical treatment and personal hygiene functions, such as bathing and using the toilet, unless the patient needs assistance for his or her own safety. The patient's privacy shall also be respected during other health care procedures and when hospital personnel are discussing the patient;
21. To confidential treatment of information about the patient. Information in the patient's records shall not be released to anyone outside the hospital without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third party payment contract, a medical peer review, or the New Jersey State Department of Health. The hospital may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;

22. To receive a copy of the hospital payment rates, regardless of source of payment. Upon request, the patient or responsible party shall be provided with an itemized bill and an explanation of the charges if there are further questions. The patient or responsible party has a right to appeal the charges. The hospital shall provide the patient or responsible party with an explanation of procedures to follow in making such an appeal;
23. To be advised in writing of the hospital rules and regulations that apply to the conduct of patients and visitors;
 - i. The partner in a civil union of a patient, and/or the domestic partner of a patient, shall have the same visitation privileges as if the visitor were the patient's spouse.
 - ii. A facility shall not require a patient or the patient's civil union partner or domestic partner to produce proof of that partnership status as a condition of affording visitation privileges, unless the facility in similar situations requires married patients or their spouses to produce proof of marital status.
 - iii. Visitation privileges shall not be denied or abridged on the basis of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, familial status, disability, nationality, sex, gender identity or expression or source of lawful income.
 - iv. Visitation may be restricted in medically appropriate circumstances or based on the clinical decision of a health care professional charged with the patient's care.
24. To have prompt access to the information contained in the patient's medical record, unless a physician prohibits such access as detrimental to the patient's health, and explains the reason in the medical record. In that instance, the patient's next of kin or guardian shall have a right to see the record. This right continues after the patient is discharged from the hospital for as long as the hospital has a copy of the record;
25. To obtain a copy of the patient's medical record, at a reasonable fee, within thirty days of a written request to the hospital. If access by the patient is medically contraindicated (as documented by a physician in the patient's medical record), the medical record shall be made available to a legally authorized representative of the patient or the patient's physician;
26. To have access to individual storage space in the patient's room for the patient's private use. If the patient is unable to assume responsibility for his or her

- personal items, there shall be a system in place to safeguard the patient's personal property until the patient or next of kin is able to assume responsibility for these items.
27. To be given a summary of these patient rights, as approved by the New Jersey State Department of Health, and any additional policies and procedures established by the hospital involving patient rights and responsibilities. This summary shall also include the name and phone number of the hospital staff member to whom patients can complain about possible patient rights violations. This summary shall be provided in the patient's native language if 10 percent or more of the population in the hospital's service area speak that language. In addition, a summary of these patient rights, as approved by the New Jersey State Department of Health, shall be posted conspicuously in the patient's room and in public places throughout the hospital. Complete copies of this subchapter shall be available at nurse stations and other patient care registration areas in the hospital for review by patients and their families or guardians.
 28. To present his or her grievances to the hospital staff member designated by the hospital to respond to questions or grievances about patient rights and to receive an answer to those grievances within a reasonable period of time. The hospital is required to provide each patient or guardian with the names, addresses, and telephone numbers of the government agencies to which the patient can complain and ask questions, including the New Jersey Department of Health Complaint Hotline at 1-800-792-9770. This information shall also be posted conspicuously in public places throughout the hospital;
 29. To be assisted in obtaining public assistance and the private health care benefits to which the patient may be entitled. This includes being advised that they are indigent or lack the ability to pay and that they may be eligible for coverage, and receiving the information and other assistance needed to qualify and file for benefits or reimbursement; and
 30. To contract directly with a New Jersey licensed registered professional nurse of the patient's choosing for private professional nursing care during his or her hospitalization. A registered professional nurse so contracted shall adhere to hospital policies and procedures in regard to treatment protocols, and policies and procedures so long as these requirements are the same for private duty and regularly employed nurses. The hospital, upon request, shall provide the patient or designee with a list of local non profit professional nursing association registries that refer nurses for private professional nursing care.
 31. To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care, in accordance with N.J.A.C. 8:43E-6.

New Jersey Division of Mental Health and Addiction Services
30:4-24.2 Rights of Patients

a. Subject to any other provisions of law and the Constitution of New Jersey and the United States, no patient shall be deprived of any civil right solely by reason of his receiving treatment under the provisions of this Title nor shall such treatment modify or vary any legal or civil right of any such patient including but not limited to the right to register for and to vote at elections, or rights relating to the granting, forfeiture, or denial of a license, permit, privilege, or benefit pursuant to any law.

b. Every patient in treatment shall be entitled to all rights set forth in this act and shall retain all rights not specifically denied him under this Title. A notice of the rights set forth in this act shall be given to every patient within 5 days of his admission to treatment. Such notice shall be in writing and in simple understandable language. It shall be in a language the patient understands and if the patient cannot read it shall be read to him. In the case of an adjudicated incompetent patient, such procedure shall be followed for the patient's guardian. Receipt of this notice shall be acknowledged in writing with a copy placed in the patient's file. If the patient or guardian refuses to acknowledge receipt of the notice, the person delivering the notice shall state this in writing with a copy placed in the patient's file.

c. No patient may be presumed to be incompetent because he has been examined or treated for mental illness, regardless of whether such evaluation or treatment was voluntarily or involuntarily received. Any patient who leaves a mental health program following evaluation or treatment for mental illness, regardless of whether that evaluation or treatment was voluntarily or involuntarily received, shall be given a written statement of the substance of this act.

d. Each patient in treatment shall have the following rights, a list of which shall be prominently posted in all facilities providing such services and otherwise brought to his attention by such additional means as the department may designate:

(1) To be free from unnecessary or excessive medication. No medication shall be administered unless at the written order of a physician. Notation of each patient's medication shall be kept in his treatment records. At least weekly, the attending physician shall review the drug regimen of each patient under his care. All physician's orders or prescriptions shall be written with a termination date, which shall not exceed 30 days. Medication shall not be used as punishment, for the convenience of staff, as a substitute for a treatment program, or in quantities that interfere with the patient's treatment program. Voluntarily committed patients shall have the right to refuse medication.

(2) Not to be subjected to experimental research, shock treatment, psychosurgery or sterilization, without the express and informed consent of the patient after consultation with counsel or interested party of the patient's choice. Such consent shall be made in writing, a copy of which shall be placed in the patient's treatment record. If the patient has been adjudicated incompetent a court of competent jurisdiction shall hold a hearing 1

to determine the necessity of such procedure at which the client is physically present, represented by counsel, and provided the right and opportunity to be confronted with and to cross-examine all witnesses alleging the necessity of such procedures. In such proceedings, the burden of proof shall be on the party alleging the necessity of such procedures. In the event that a patient cannot afford counsel, the court shall appoint an attorney not less than 10 days before the hearing. An attorney so appointed shall be entitled to a reasonable fee to be determined by the court and paid by the county from which the patient was admitted. Under no circumstances may a patient in treatment be subjected to experimental research which is not directly related to the specific goals of his treatment program.

(3) To be free from physical restraint and isolation. Except for emergency situations, in which a patient has caused substantial property damage or has attempted to harm himself or others and in which less restrictive means of restraint are not feasible, a patient may be physically restrained or placed in isolation only on a medical director's written order or that of his physician designee which explains the rationale for such action. The written order may be entered only after the medical director or his physician designee has personally seen the patient concerned, and evaluated whatever episode or situation is said to require restraint or isolation. Emergency use of restraints or isolation shall be for no more than 1 hour, by which time the medical director or his physician designee shall have been consulted and shall have entered an appropriate order in writing. Such written order shall be effective for no more than 24 hours and shall be renewed if restraint and isolation are continued. While in restraint or isolation, the patient must be bathed every 12 hours and checked by an attendant every 2 hours with a notation in writing of such checks placed in the patient's treatment record along with the order for restraint or isolation.

(4) To be free from corporal punishment.

e. Each patient receiving treatment pursuant to this Title, shall have the following rights, a list of which shall be prominently posted in all facilities providing such services and otherwise brought to his attention by such additional means as the commissioner may designate:

(1) To privacy and dignity.

2) To the least restrictive conditions necessary to achieve the purposes of treatment.

(3) To wear his own clothes; to keep and use his personal possessions including his toilet articles; and to keep and be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases.

(4) To have access to individual storage space for his private use.

(5) To see visitors each day.

- (6) To have reasonable access to and use of telephones, both to make and receive confidential calls.
 - (7) To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.
 - (8) To regular physical exercise several times a week. It shall be the duty of the hospital to provide facilities and equipment for such exercise.
 - (9) To be outdoors at regular and frequent intervals, in the absence of medical considerations.
 - (10) To suitable opportunities for interaction with members of the opposite sex, with adequate supervision.
 - (11) To practice the religion of his choice or abstain from religious practices. Provisions for such worship shall be made available to each person on a nondiscriminatory basis.
 - (12) To receive prompt and adequate medical treatment for any physical ailment.
- f. Rights designated under subsection d. of this section may not be denied under any circumstances.

g. (1) A patient's rights designated under subsection e. of this section may be denied for good cause in any instance in which the director of the program in which the patient is receiving treatment feels it is imperative to deny any of these rights; provided, however, under no circumstances shall a patient's right to communicate with his attorney, physician or the courts be restricted. Any such denial of a patient's rights shall take effect only after a written notice of the denial has been filed in the patient's treatment record and shall include an explanation of the reason for the denial.

(2) A denial of rights shall be effective for a period not to exceed 30 days and shall be renewed for additional 30-day periods only by a written statement entered by the director of the program in the patient's treatment record which indicates the detailed reason for such renewal of the denial.

(3) In each instance of a denial or a renewal, the patient, his attorney, and his guardian, if the patient has been adjudicated incompetent, and the department shall be given written notice of the denial or renewal and the reason therefor.

h. Any individual subject to this Title shall be entitled to a writ of habeas corpus upon proper petition by himself, by a relative, or a friend to any court of competent jurisdiction in the county in which he is detained and shall further be entitled to enforce any of the rights herein stated by civil action or other remedies otherwise available by common law or statute.

Family Section

Family Support

The Hospital offers Family Support on the last Saturday of each month from 12:00 PM until 2:00 PM. At this time, clinical staff is available to provide you information on mental illness, community resources, and answer any questions that you may have. Additional information is available from each patient's treatment team and is posted throughout the Hospital prior to each meeting.

Family Satisfaction Surveys

On a regular basis, representatives of the Hospital may ask you if you would like to complete the Hospital's Family Satisfaction Survey as you wait for court or during visiting hours. As with the Patient Satisfaction Survey, this will help the Hospital look for any opportunities for improvement.

Day Passes and Brief Visits

As part of the discharge planning process and as deemed appropriate by the treatment team, patients may be allowed to leave the Hospital for a day pass or overnight brief visit. These visits allow the patients to maintain contact with their family or significant others, while allowing for an assessment of the readiness of all parties for discharge.

Procedures

Families and significant others who would like to have a day pass or brief visit with the patient must request permission from the Hospital 72-hours in advance of the anticipated date. This allows the psychiatrist and treatment team adequate time to review the request and make all necessary plans. Please note that if the psychiatrist or treatment team feels that the request is not appropriate for the patient at that time, the request will be denied.

If approved, when you pick up the patient you must bring identification such as a license or State or County ID with you to confirm your identity. Further, prior to leaving with the patient, you will be asked to review and sign paperwork before the Hospital can release the patient. During the visit you are responsible for the patient's safety and care during the visit and for returning the patient to the Hospital at the agreed upon time.

Meadowview Psychiatric Hospital Bioethics Committee

Meadowview Psychiatric Hospital has a Bioethics Committee that responds to any ethics questions that you may have. If you would like to speak to a representative of the Bioethics Committee, please contact the Client Services Representative, at 201-369-5252, extension 3020.

Visitor Guidelines

General Visitor Information

Each patient is permitted to have two visitors during the following hours:

- 4:00 P.M. to 8:00 P.M. – Monday through Friday.
- 2:00 P.M. to 8:00 P.M. – Saturday, Sunday, and Holidays.

Exceptions to normal visiting hours and permission for visitors under 18-years of age can be made by the psychiatrist or treatment team. The patient's psychiatrist and treatment team may limit or restrict visitation entirely if they feel it is detrimental to the patient's well being. Any visitor exhibiting disruptive behavior will be requested to leave the hospital by the appropriate Hospital staff.

In general, visitors and patients will be accommodated in the first floor multipurpose room, but may take place on the patient's unit in certain circumstances. If approved by the treatment team, one meal each weekend visitors may bring food to their hospitalized family member while visiting with that individual on the first floor. In such situations, visitors should not bring inappropriate foods to patients who are on restricted diets.

The Hospital restricts visits by ex-patients for a period of four weeks immediately following discharge from the Hospital. Treatment teams may decide on exceptions from this rule based on specific clinical needs. In such cases a specific physician's order is required.

Visitor's Rules

In an effort to ensure a safe and comfortable environment for everyone during visiting hours, the Hospital has the following visitor's rules:

- Upon entering the Hospital, visitors must sign the Visitor Log, recording their full name, name of the patient they are visiting, his/her unit, and the time they arrived.
- When exiting, visitors must sign out on the same page and record the time they are leaving.
- Visitor's bags will be inspected upon arrival and before they leave.
- For the safety of all, visitors are not permitted to bring patients any item on the contraband list.
- Visitors may not use cell phones during visits with patients. Further, visitors may not allow patients to use their cell phones.
- We encourage families to provide patients with appropriate, comfortable clean clothing as well as appropriate toiletries, such as liquid soap in plastic containers (see above). Toiletries will be secured by Nursing staff and given to the patients to use at the appropriate times.
- Visitors may not bring outside food or beverages to patients except as approved by the treatment team and then only on the first floor and one meal per weekend. Additionally, family members may also bring food on the following holidays, even if part of a three day weekend, as approved by the treatment team and only on the first floor: New Year's Day, Easter Sunday, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas. Visitors may not bring candy to patients. At no time may visitors bring outside food or drinks to the patient floors. With the

permission of the treatment team or nursing staff on duty, families may purchase approved soft drinks from the Hospital's vending machines located in the first floor lobby and bring them to the patients on the floor.

- If a visitor is found to have a prohibited item, they will be asked to bring that item to their vehicle or, if they do not have a vehicle, they may leave non-contraband items (e.g. food) at their own risk with Security.
 - Visitors are required to inform the Hospital employee monitoring visits of all items (including money, food, and gifts) being brought to the patient.
 - As the Hospital is a smoke free facility, smoking is prohibited within 25-feet of the building.
 - Violation of these rules may also result in termination of the visiting privileges.
- Please feel free to direct any inquiries that you may have to our staff. Enjoy your visit.

Contacting Hospital Staff

The involvement of families and significant others in a loved one's care is very important. While Hospital staff is available and willing to meet with those involved, they can only do so if the patient has signed a release of information. If you are unsure who the members of your relative's treatment team are, please contact the Director of Social Services at 201-369-5252 X3049 or Joanne Reilly, Hospital Administrator, at 201-369-5252 X3013 and they will try to assist you as possible based on your relative's wishes.

Important Telephone Numbers

| | | |
|---|-------|------------------------------|
| Meadowview Psychiatric Hospital Main Telephone Number | ----- | 201-369-5252 |
| Meadowview Psychiatric Hospital Patient Care Services Representative | ----- | 201-369-5252, extension 3020 |
| Meadowview Psychiatric Hospital 2 nd Floor Nurse's Station | ----- | 201-369-5251 or 5240 |
| Meadowview Psychiatric Hospital 3 rd Floor Nurse's Station | ----- | 201-369-5255 or 5256 |
| Meadowview Psychiatric Hospital 4 th Floor Nurse's Station | ----- | 201-369-5258 or 5257 |
| Public Phone 2nd Floor | ----- | 201-863-9388 or 201-863-9389 |
| Public Phone 3 rd Floor | ----- | 201-863-9390 |
| Public Phone 4 th floor | ----- | 201-863-9404 |
| The Office of the Public Defender, Northern Regional Office | ----- | 973-648-3847 |
| County Adjustor (Bergen) * | ----- | 201-336-6175 |
| County Adjustor (Essex)* | ----- | 973-621-5003 |
| County Adjustor (Middlesex)* | ----- | 732-745-3251 |
| County Adjustor (Morris)* | ----- | 973-285-6486 |
| County Adjustor (Passaic)* | ----- | 973-881-4840 |
| County Adjustor (Union)* | ----- | 908-527-4260 |
| New Jersey Protection & Advocacy | ----- | 1-800-922-7233 |
| New Jersey Department of Health | ----- | 1-800-792-9770 |
| New Jersey Division of Mental Health and Addictions Services | ----- | 1-609-777-0702 |
| Social Security Administration (SSA) | ----- | 800-772-1213 |

* Patient contacts for hospital civil court hearings