

**COURT ORDERED MANAGEMENT OF  
A COMMUNICABLE DISEASE:**

**AS A PATIENT UNDER COURT ORDER, YOU HAVE THE RIGHT TO:**

- Have a court appointed attorney (lawyer) to represent you.
- Have a court appointed language or sign interpreter to communicate with your attorney if needed.
- Have a probable cause hearing on your protective custody order within 72 hours (excluding weekend & holidays).
- Have a copy of the court papers and receive notice of the time and date of the hearing.
- Appear and present evidence or have your attorney present evidence.
- Have a hearing on extended management, before a jury if you wish, within 14 days (but no more than 30 days) of the original protective custody order.
- To be released, if the court denies the state's request for extended management.
- Have a continuing care plan explained to you at the time you are discharged from the hospital.
- Request a pass from the hospital director and the county health authority.
- Be discharged from the hospital when your court order expires.
- Be discharged from the hospital when your condition non longer requires court-ordered health care.
- Have your medical records be confidential unless the release of information is permitted by law.
- Have visitors.
- Communicate with friends and family.
- Communicate in confidence with your attorney.
- Receive appropriate treatment for your illness in a suitable setting which provides for the protection of yourself and the community.
- Be examined by a physician at least every seven days.
- Be free from unnecessary or excessive medication.
- Refuse to participate in medical research.
- Live in a humane treatment environment that provides reasonable protection from harm and appropriate privacy.
- Be free of physical restraint unless ordered by a physician or the court.
- Be informed of your rights in simple, non-technical, terms.
- Be informed of your rights in writing that, if possible, is in the language you prefer.
- Be informed of your rights by appropriate means if you are hearing or visually impaired.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Witness:** \_\_\_\_\_