ATTACHMENT H

LETTER FROM DEPARTMENT OF HEALTH SERVICES ALERTING

COMMISSION TO POSSIBLE LOSS OF RIGHT TO CONFIDENTIALITY

FOR TEENAGERS SEEKING MEDICAL CARE

STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY EDMUND G. BROWN JR., Governo

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814
(916) 445-1248

March 24, 1982

Mr. Thomas Coleman, Executive Director
California Commission on Personal Privacy
107 S. Broadway, Room 1021
Los Angeles, CA 90021

Dear Mr. Coleman:

As you are aware, the Department of Health and Human Services has issued proposed regulations which would require parental notification of minors who receive family planning services in Title X funded clinics. We are deeply concerned about the implications of such a requirement and the anticipated consequences of teen pregnancy rates should these regulations be approved.

My advisory board on family planning has met and discussed the proposed regulations and unanimously urged me to request that your Commission join us in opposing the regulations. Any comments that you wish to make should be sent to Marjorie Mecklenberg, Acting Director, Office of Family Planning, DHHS, 200 Independence Avenue, Washington, D.C.

If you have any questions please feel free to contact me directly or Barbara Aved, Office of Family Planning Chief at (916) 322-4710. We urge you to express your concerns to the Department of Health and Human Services.

Sincerely,

Beverlee A. Myers
Director

cc: Vanessa Bedient, Chairperson
Family Planning Advisory Board

Barbara Aved, Ph.D., Chief
Office of Family Planning

ATTACHMENT I

STATEMENT OF PHILOSOPHY ON SEXUAL RIGHTS OF DEVELOPMENTALLY DISABLED CITIZENS, ADOPTED BY THE CALIFORNIA COMMITTEE ON THE SEXUALITY OF THE DEVELOPMENTALLY DISABLED, NOVEMBER 19, 1975

STATEMENT OF PHILOSOPHY ON SEXUAL RIGHTS OF THE DEVELOPMENTALLY DISABLED

As adopted by the California Committee on the Sexuality of the Developmentally Disabled - November 19, 1975.

STATEMENT OF PURPOSE

The intent of this paper and the following statement of rights is to confront, clarify, and emphasize the sexual needs and rights of persons with developmental disabilities. The sexuality of these persons is a sensitive and delicate matter which affects their parents, advocates, and persons who provide services, as well as agency administrators and professional groups. The sensitive nature of this topic has inhibited the development of rational and objective goals, programs, and services. The consequence has been an overprotective concern for the sexual development of such persons, uneasiness and fear regarding their sexuality, an administrative reluctance to develop sex education programs, and a failure to support line workers in their efforts to develop innovative programs in this area.

We expect these guidelines to set a philosophical framework within which the following results may be obtained:

1. Increased understanding of persons with special needs and their sexuality by workers, parents, advocates, professionals, and the public in general.
2. Guidance to the Legislature in affirming basic rights.
3. Guidance to funding sources and operating agencies in mounting effective programs.
4. Guidance to agencies in defining policies and granting authority to line workers.
5. Assistance to persons with special needs in developing their sexuality to a level consistent with their ability to accept responsibility.

STATEMENT OF PHILOSOPHY AND BASIC RIGHTS

Every person is entitled to a life that most nearly approaches a "normal" and valued life; and all relations and services for persons with special needs should be formulated with this goal in mind.

In keeping with Senate Concurrent Resolution No. 30(1972), which guarantees "normalization" for persons with mental retardation, we are committed to the following rights of persons with developmental disabilities.

- Human rights, including freedom of choice, and guarantees of human dignity, respect, and privacy.
- Education to the full extent of their abilities.
- The development of sexual dignity and improved self-understanding.
- The access to community and institutional programs to support the exercise of these rights.

With these rights fully acknowledged the following real considerations are set forth:

- Persons with developmental disabilities range widely in their development and abilities - from severely and profoundly disabled to near fully functioning.
- A large percentage of the persons who are our constituents will be able to approach full human social skills and sexuality; others will be assisted to develop these qualities to a level consistent with their ability to accept responsibility. In this way inappropriate program expectations (especially in the area of marriage and child bearing) can be avoided.

- The moral beliefs of those individuals involved in sex education programs must be respected.
- Delivery of these rights and programs will require statewide availability of training for those people involved on a daily basis with persons with special needs.
- Guidelines must be developed for those engaged in the delivery of sex education programs.

We hold that every person with special developmental needs has the right to achieve his/her maximum potential on the continuum of human social and sexual maturity. Human social and sexual development begins in infancy and continues throughout life. Such persons must be allowed to move toward sexual maturity. This growth must take place within the framework of the above philosophy and considerations, and is contingent upon the provision of the following:

- The opportunity to develop socially and sexually
- Education about sexuality
- Access to a counselor trained in problems of sexuality specific to persons with special developmental needs
- The right to privacy
- The opportunity for interaction with the opposite sex
- Access to contraceptive information and service
- The right to choose or refuse contraception
- The right to sexual intercourse with other consenting adults
- The right to choose or refuse sterilization
- The right to choose marriage
- The opportunity to bear and rear children
- Access to supportive services for independent living and/or parenting
- The right to be informed about these rights and opportunities

BACKGROUND

An HEW-funded Regional Workshop on Family Life Education and Family Planning for the Mentally Retarded was held in San Francisco January 29-31, 1975. Four states were represented at the Workshop: Nevada, Arizona, Hawaii, and California.

Participants from California represented the following:

1. California Association for the Retarded
2. National Association for Retarded Citizens
3. Local Associations for Retarded Citizens
4. State Department of Health
   a. Community Services Section
   b. Regional Centers
   c. State Hospitals
   d. Office of Family Planning
   e. Management Development and Training
5. Planned Parenthood
6. Publicly funded family planning agencies
7. Developmental Disabilities Area Boards
8. Local sheltered workshop and vocational programs
9. Board-and-care homes
10. Local school districts
11. Day care centers
12. Schools of nursing
13. University-affiliated facilities

The five goals and objectives of the Workshop, as defined by HEW, were:

1. To identify the family planning and family life education needs of the mentally retarded.
2. To correct misunderstandings concerning the sexuality and family planning needs of the mentally retarded.
3. To present information on how to provide for the education and family planning needs of the mentally retarded.
4. To provide conference participants with information on state resources in family life education and family planning for the mentally retarded.
5. To bring together state leaders, including parents, to discuss possible family planning and family life education activities within their respective states.

A California state strategy planning session was held January 31, 1975. A decision was made to develop a statement of philosophy, policies, and guidelines. An ad hoc volunteer committee, initially under the leadership of Yoko Karjala, Alameda County Association for the Mentally Retarded, and Joyce Henderson, Los Angeles Regional Family Planning Council, was formed. This committee convened to formulate a statement on the sexual rights of the developmentally disabled. The following were represented at the meeting:

1. California Association for the Retarded
2. State Department of Health
3. Planned Parenthood
4. Publicly funded family planning agencies
5. Board-and-care homes
6. Local sheltered workshop and vocational programs
7. Developmental Disabilities Area Boards

ATTACHMENT J

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES,

REPORT OF OPPOSITION TO AB 603 (STERILIZATION)

AUG 4 1981

Protection & Advocacy Incorporated

Designated by the Governor to protect and advocate for the rights of Californians with developmental disabilities

July 27, 1981

Honorable Gordon W. Duffy
State Capitol
District 32, Room 3120
Sacramento, CA 95814

RE: Opposition to AB 603

Dear Assemblyman Duffy:

Protection and Advocacy, Inc., (PAI) has taken an oppose position to AB 603, which would allow substitute consent to sterilization for persons incapable of giving their own consent.

As the organization designated by the Governor to protect the rights of Californians with developmental disabilities, PAI is seriously concerned that since constitutional rights are at stake in AB 603, there must be more research and discussion not only on the procedural safeguards, but also on the public policy which the bill espouses.

PAI is aware of the great amount of time and effort that has been put into drafting, authoring, amending and discussing AB 603. Many of the procedural safeguards have been amended to comply with guidelines set forth in court decisions, amicus briefs and articles considering sterilization by substitute consent.

However, certain basic issues cannot be adequately addressed without further research and discussion. The reason or reasons for which an involuntary sterilization should be allowed have not clearly been addressed and must be before such an abridgement of a constitutional right is put into law.

Therefore, we urge you to withdraw the bill or make it a two year bill in order to hold interim hearings to address the constitutional and public policy issues involved.

1400 K Street
Suite 307
Sacramento, CA 95814
916/447-3324
Tollfree hotline
800/952-5746
TTY 916-447-3331

We would be glad to discuss PAI's position further with you.

Sincerely,

Carolyn Schneider
Staff Attorney

CS:gh

cc: Joan Amundson, Assembly Subcommittee on Mental Health and Developmental Disabilities
Jerry Deady, State Council
Richard Farmer, ARC-C
Andrea Slavin, OAB
Lydia Missaelides, ARCA
Bob Hansen, UCPA
Maggie Fraser, Department of Developmental Services

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

July 10, 1981

TO: State Council on Developmental Disabilities
FROM: Debby Kaplan, Vice-Chair
RE: Sterilization Issue

As requested at the Executive Committee meeting on July 7, attached is a memo explaining the legal issues involved in the issue of sterilization. It is not necessarily a policy discussion nor an analysis of AB 603. It does not represent my own views on the subject. Rather, I thought it would be useful for you to have an understanding of the legal issues involved and an idea of how they have developed.

At this time, I see several policy questions that we will need to discuss. I am sure you will determine others:

1. Are there valid reasons for authorizing the sterilization of persons with retardation or other disabilities that result in their legal incompetency? What are they?
2. Is it possible for a conflict to arise between the interests of the parent or guardian and the person deemed incompetent? If so, how can it be handled procedurally to protect the interest of the legally incompetent person?
3. If lack of availability of support services is a factor in the perceived need for sterilization, should that problem be addressed and how?
4. What procedural safeguards are necessary, if sterilization laws are approriate?

involving child-bearing and procreation are definately covered by this protection. This right also clearly extends to persons with retardation and other disabilities.

Because the right to procreate is a fundamental Constitutional right, a State must have a compelling reason to infringe upon that right. A Court will view any law that does so with strict scrutiny; if it determines that the law is not really necessary or that the interests of the persons whose rights are threatened are more important, it will invalidate the law.

One justification that States have used in the past is the avoidance of future generations of persons with retardation. However, that reason has been discarded as not based on scientific fact in many cases. Several courts have rejected laws based on this justification.

Another reason offered is that persons with retardation are not capable of being fit parents and the State wants to prevent births of persons it will have to support through welfare. However, it cannot be assumed that all or most persons with retardation cannot be fit parents. A related issue is the availability of services for persons with retardation that will facilitate their parenting skills. If these services are available, the assessment of capability to parent may change.

In some cases, courts have allowed sterilizations using a judicial doctrine that allows the court to second-guess what the person with the disability would want for themselves or what is in their best interest. However, it is often impossible to determine this to the degree of accuracy that courts and judges want. It is also difficult to sort out whether the request is for the best interest of the disabled person or the interest or convenience of their parents, guardians or others.

Procedural Safeguards

Once a State has a legally valid reason for authorizing sterilizations, such as to protect the best interest of the person involved, it must devise safeguards written into the process for determining whether to allow the sterilization. This is to ensure that the law is not used unfairly, without careful thought and consideration of all the facts. Some suggested procedures are:

1. Using the least drastic means of achieving the desired result: this encompasses using alternative methods of birth control and the least intrusive medical procedures, such as tubal ligation rather than full hysterectomy.
2. The judge should be required to conduct an "in chambers" private interview with the person involved to be sure, as much as possible, that outside influence in diminished.
3. An assurance that the individual is capable or procreation.
4. An assurance that pregnancy is a likelihood without sterilization.
5. An assurance that the individual is permanently incapable of being a fit parent, even with support services and facilitation.
6. An assurance that the person would suffer severe physical or mental harm if she/he were to parent a child.
7. An assurance that the sterilization will not cause physical or mental harm.
8. An assurance that the guardian consents to the sterilization.
9. An assurance that the person agrees to the procedure or is incapable of indicating approval or disapproval.
10. An assurance that the individual's capability to develop in the foreseable future is not likely to change their ability to make an informed decision on their sterilization.
11. An assurance that the individual would be likely to approve, based on their personality and traits, if they could express themselves.

12. An assurance that the medical risks of the procedure are minimal and medically acceptable.

13. An assurance that science is not on the threshhold of an advance in the treatment of the individual's disability.

14. The appointment of a guardian ad litem to represent the individual.

15. The appointment of legal counsel to represent the individual legally in any adjucatory procedures regarding the sterilization.

The above safeguards are taken from legal materials available on this issue. This list is not meant to be exhaustive.

Attachment C

AUG 4 1981

rotection & Advocacy
icorporated

esignated by the Governor
protect and advocate for
e rights of Californians with
evelopmental disabilities

TO: Jim Shorter, State Council

FROM: Carolyn Schneider, Protection & Advocacy, Inc.

RE: AB 603 (involuntary sterilization)

DATE: July 27, 1981

You asked that I summarize the major reasons that PAI is opposing AB 603, as discussed at the July 17th Board meeting. Here is a brief summary.

PUBLIC POLICY ISSUES

1. No public hearings for comment by care providers, parents, people with disabilities, civil rights groups, and advocates to determine scope of problems, concerns, etc. in order to make reasoned decision to impinge on civil rights.

2. No comprehensive research to determine what has occurred in other states with legislation or court jurisdiction over sterilization. What does that legislation say? How many people have been sterilized as a result? Who are the people proposed to be sterilized? In California, how many sterilizations have been requested? By whom? For whom? On what basis? What about other requests for less drastic forms of birth control? One group singled out as the target of this bill, mentally retarded persons, even though this is not stated.

3. No legislative hearings (interim or special) to go over the constitutional issues involved, make clear what changes are being made in public policy and in constitutional rights.

ISSUES PRESENTED BY THE BILL

1. No reason stated for sterilization except in section 1971(d) and (e): "in the best interests" and "necessary for health and well-being." Although the term "best interests" is used

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in other laws and court decisions, it is coupled with specific reasons for the sterilization: inability to parent even with reasonable assistance, and possible danger to health to be pregnant.

2. Findings in bill that would determine sterilization orders are not complete; certain safeguards are missing:

   a. the nature and extent of the disability renders the person incapable of parenting a child even with reasonable assistance;

   b. all less drastic contraceptive methods are proven unworkable, inapplicable, or contraindicated;

   c. the method of sterilization is the least invasive;

   d. to the greatest extent possible, the court has elicited and taken into account the views of the individual in determining if sterilization is necessary.

3. Use of term "unsex" is vague and should be changed to assure that certain methods of sterilization (hysterectomy, castration) are not used.

4. A guardian ad litem should be appointed to assure that the person is able to exercise his/her rights, particularly to object in court to sterilization, as stated in the bill.

5. The bill should assure that those who do an independent examination and report on an individual are not from the agency that petitioned the court for sterilization of another, to avoid conflict of interest.

There are other technical problems also, but these are the major points.

CS:cr

cc: Vera, State Council

AMENDED IN SENATE AUGUST 12, 1981

AMENDED IN ASSEMBLY JULY 6, 1981

AMENDED IN ASSEMBLY JUNE 23, 1981

AMENDED IN ASSEMBLY MAY 5, 1981

AMENDED IN ASSEMBLY APRIL 21, 1981

CALIFORNIA LEGISLATURE—1981-82 REGULAR SESSION

ASSEMBLY BILL No. 603

Introduced by Assemblymen Duffy and Filante
(Principal coauthor: Assemblyman Torres)
(Coauthor: Senator Marz Garcia)

February 23, 1981

An act to amend Section 2356 of, and to add Chapter 6 (commencing with Section 1950) to Part 3 of Division 4 of, the Probate Code, relating to sterilization, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 603, as amended, Duffy. Sterilization.

(1) There are no provisions of existing law that would authorize a court, after procedural due process, to grant to the conservator or guardian, the power to consent to the sterilization of an incompetent adult or emancipated minor who is unable to give his or her informed consent when the proposed sterilization is necessary for the mental and physical health and well-being of such incompetent person.

This bill would provide such authorization upon a verified petition by any specified person and prescribe the procedure therefor. Upon a finding that the subject of the petition is competent, as defined, the bill would authorize the court to make an order to that effect which would be conclusive

evidence of the facts stated therein for one year, as to any person acting in good faith reliance on such order.

This bill would prescribe that costs and fees relating to such action may be borne by the person to whom the petition applies or such other person liable for such person's support and maintenance according to ability to pay. Any costs or fees not paid for would be a charge against the county.

(2) Article XIII B of the California Constitution and Sections 2231 and 2234 of the Revenue and Taxation Code require the state to reimburse local agencies and school districts for certain costs mandated by the state. Other provisions require the Department of Finance to review statutes disclaiming these costs and provide, in certain cases, for making claims to the State Board of Control for reimbursement.

This bill would provide that no appropriation is made by this act for the purpose of making reimbursement pursuant to the constitutional mandate or Section 2231 or 2234, but would recognize that local agencies and school districts may pursue their other available remedies to seek reimbursement for these costs.

(3) This bill would provide that notwithstanding Section 2231.5 of the Revenue and Taxation Code, this act does not contain a repealer, as required by that section; therefore, the provisions of the act would remain in effect unless and until they are amended or repealed by a later enacted act.

(4) This bill would take effect immediately as an urgency statute.

Vote: ⅔. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. Chapter 6 (commencing with Section 1950) is added to Part 3 of Division 4 of the Probate Code, to read:

CHAPTER 6. STERILIZATION

1950. Any person authorized to file a petition for the

ATTACHMENT K

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES,

DRAFT POLICY ON STERILIZATION, SEPTEMBER 2, 1982

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

September 2, 1982

TO: Council Members

FROM: Deborah Kaplan, Chairperson DK
Monitoring and Systems Review Committee

SUBJECT: POLICY FOR COURT APPROVED STERILIZATIONS

Attached please find a draft policy for court approved sterilizations as developed by the Monitoring and Systems Review Committee and recommended for approval by the Executive Committee and subsequent action by the Council on September 17, 1982.

Attachment

CJR:nd

1507 - 21st Street, Rm. 320, Sacramento, CA 95814 • TELEPHONE (916) 322-8481

State Council on DD
8/5/82 CJR:nd

DRAFT
STATEMENT OF POLICY FOR COURT APPROVED STERILIZATION

The U.S. Supreme Court has decided several cases making it clear that all people have a constitutional right to privacy which protects them from governmental intrusion into their private lives. Personal activities involving child-bearing and procreation are within the realm of this protection and such rights to privacy clearly extend to persons with developmental disabilities.

The right to privacy in procreation involves a right of the individual to choose to have children or not. Thus, government should not unnecessarily impede either the person's right to have children through involuntary sterilization or their right to elect not to have children by being sterilized. The problem for people with developmental disabilities revolves around the ability of the individual to give "informed consent" to the medical procedure of sterilization. Some people with developmental disabilities are capable of giving an informed consent but may need to have the procedure explained in a simple and non-technical manner. Physicians should be able to do this to ensure a person with developmental disabilities the same opportunity as others. In the same spirit, a physician should never refuse to serve a person with developmental disabilities who requests a sterilization or other birth control without first determining that the person cannot give informed consent.

Because the right to procreate is a fundamental constitutional right, the government must have a compelling reason to infringe upon that right for persons declared, by a court, unable to provide informed consent and must do so with laws which are in the best interests of the persons whose rights are being threatened. While there may be numerous assumed justifications for performing sterilizations, the law must define those rare and unusual cases wherein sterilization is considered to be an appropriate procedure and such laws must require that specific standards be met and stringent procedural safeguards be accorded in order to maximally protect the person's fundamental rights. Specific standards shall include, but not be limited to:

1. Evidence that all lesser restrictive alternatives have been explored which would achieve the stated purposes of the sterilization.
2. Evidence that the person is capable of procreation.
3. Evidence that pregnancy is a likelihood without the sterilization.
4. Evidence that the individual is permanently incapable of being a fit parent, even with support services and facilitation.
5. Evidence that the person would suffer severe physical or mental harm if she/he were to parent a child.
6. Evidence that the sterilization would not cause physical or mental harm.
7. Evidence that the person agrees to, or is incapable of indicating approval or disapproval for, the sterilization.
8. Evidence that the person's capability to develop, in the foreseeable future, is not likely to change his/her ability to make an informed decision with regard to sterilization.
9. Evidence that the medical risks of the procedure are minimal and medically acceptable.

Once specific standards are assured, the law must detail a procedure by which the court could authorize a sterilization and must include stringent procedural safeguards in order to assure the person's right to due process. Such safeguards shall include, but not be limited to:

1. The appointment of a guardian ad litem to insure impartial representation of the individual.
2. The appointment of a legal counsel to represent the person and guardian.

3. A legal procedure that assures the maximum privacy to the individual and their family and diminishes outside influences on the procedure.
4. Explanations to the person regarding the irreversible nature of the sterilization.
5. Requests for sterilizations shall be limited to members of the person's immediate family or the person themselves.
6. Specifications regarding who may be consulted as an "expert" in the field, including necessary experience and qualifications of such experts.
7. Persons must have unlimited ability to petition the court for rehearings on the issue of their sterilization.
8. Persons judged incompetent for the purposes of sterilizations should not be considered incompetent for any other purposes.
9. Persons for whom sterilizations are proposed should have the right to independent evaluations at no cost to the person.
10. The judge should meet personally with the person for whom sterilization is recommended.
11. Subsequent petitions for sterilization should not be allowed to be filed for at least one year if the initial petition was denied.
12. Substitute consent for sterilization should apply to adults only.
13. Specific time limits should be set forth for all evaluative reports.

The specifics addressed in this policy statement are not designed to be inclusive of all standards or procedural safeguards that should be included in statutes which address involuntary sterilizations; however, there are items which provide maximum protections for the person's right to privacy and are often overlooked in legislative mandates.

TASK FORCE ON AGING

REPORT TO THE COMMISSION ON PERSONAL PRIVACY

Task Force on Aging
Nora J. Baladerian, Chair

December, 1982

MEMBERS OF THE TASK FORCE ON AGING

*Nora J. Baladerian, Chair
Chair, Committee on Aging and Disability
Commissioner, Commission on Personal Privacy
Mental Health Consultant
Culver City, CA

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Los Angeles, CA

*Margit Craig
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San Francisco, CA

*Lee Gilman, M.S.W., L.C.S.W.
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Los Angeles, CA

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Betty Graliker, M.S.W.
Chief Counselor, Frank D. Lanterman Regional Center
Los Angeles, CA

Elizabeth Hammer
UCLA/USC Gerontology Center Volunteer
Los Angeles, CA

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*Indicates members of subcommittee of the Task Force who developed the Recommendations, the Course Description entitled "Personal Privacy Training for Health Care Providers", and the basis of this Report.

MEMBERS OF THE TASK FORCE ON AGING - contd.

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Los Angeles, CA

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*Indicates members of subcommittee of the Task Force who developed the Recommendations, the Course Description entitled "Personal Privacy Training for Health Care Providers", and the basis of this Report.

TABLE OF RECOMMENDATIONS FROM THE TASK FORCE ON AGING

LIST OF ATTACHMENTS

PAGE

REPORT FROM THE TASK FORCE ON AGING
OF THE
COMMITTEE ON AGING AND DISABILITY

The Task Force on Aging was developed to ensure that experts in the field of Aging could actively participate in the research efforts of the Commission, and lend their expertise and knowledge to the development of a report on the privacy concerns of the elderly.

INTRODUCTION

It is widely recognized that the elderly have unique concerns which differ from those of the "mainstream" population and that they are peculiarly subject to abuses and infringements of their rights due to their special circumstances in several areas: employment, housing, economic concerns, medical and health promotion, nutrition, transportation, crime victimization, etc. Of the panorama of privacy issues connected to those areas, the Task Force decided to focus on two areas: (1) privacy and sexuality discrimination against elderly persons who require in-home and/or out-of-home personal and residential assistance; and (2) invisibility of older lesbians and gay men. (See articles by Sharon M. Raphael, Ph.D. and Mina K. Robinson, M.A., Attachments G and H.)

A list of the members of the Task Force who contributed their time and expertise is included herein. Their efforts, time and expertise donated to the Commission have been of tremendous value. Thanks are extended but certainly inadequate.

Reports of the meetings of the Task Force are included (Attachment A). They describe the extent of the privacy issues present and the impossibility of a small volunteer cadre of top-level professionals carrying out a research effort of the type demanded by the problems extant. The reader is directed particularly to the reports dated October 30, 1981, and December 9, 1981, for a listing of critical concerns identified for possible study. The Task Force strongly supports the Committee on Aging and Disability's Recommendation for an Inter-Agency Committee on Personal Privacy to monitor implementation of existing privacy protections.

TRAINING

To discover the current training practices of staff at residential programs for the elderly in the areas of personal privacy and sexual orientation discrimination, Task Force Member Margit Craig conducted a random sample survey of four local facilities (see summary of interviews, Attachment B). Some indicated a need for sexuality training for staff (regarding homosexual and heterosexual patients) and indicated that sexuality is largely ignored in the on-going training program, as is personal privacy. A desire for such training was expressed by some interviewees, with a reluctance to begin training "at this time". Apparently, the sexuality of elderly patients is still "too hot to handle" even in 1982.

Here is a cursory summary of some survey responses:

"This area has no Gays or Lesbians"
"No inservice is necessary to discuss this subject"
"...we have no training or discussions regarding sexuality, either homo- or hetero-sexual"
"We try to stop rumors"
"No thought has been given to the subject of sexual discretion"
"Staff bring their own values and lack of understanding of sexuality - we don't try to change them"

In the absence of training for professionals who treat the elderly, cruel and insensitive occurrences such as that described below remain uncorrected:

An LVN assigned to a home-bound dying patient reported the following:

> The woman she was caring for had lived with another woman for 25 years. She had been attending the patient but could not continue. She was depressed because of her friend's impending death. She had given excellent care and stayed in her friend's room all the time, reading to her, talking, etc. The nurse reported she was an exceptional woman with sensitivity, knowledge and skill in administrating to the patient.
>
> The patient's doctor made a home visit, stormed out of the patient's room and demanded that the nurse bodily remove "that woman" from the premises. The nurse tried to help him understand the strong tie and the consequences to the patient if her friend was not there. The doctor stormed and shouted and warned "Either that dirty lesbian goes or I'm off the case".

Mandatory training for health professionals to sensitize them to patient needs for dignity would alleviate some occurrences of this nature. Also reminding physicians that abandonment of any patient without legal cause subjects the physician to discipline and possible civil suit.

Training in facilities regarding personal privacy protections generally consists of a brief review of the legal requirements. Sensitivity training and procedural guidance, together with a review of abuses that have occurred in the past, are suggested additions to training programs.

REVIEW OF REGULATIONS

A review of the regulations that govern residential and medical care residential facilities was conducted (see Attachment C, "Patients Rights--Summary of S.N.F.R. Sec 72523).

Item 8 states that patients shall: ". . . be free from mental and physical abuse. . ." The Task Force members agreed that sexual abuse is a well-known, though not well-documented, problem in residential facilities. Abuse on the part of both nonprofessionals and professionals has been and continues to be a serious problem. At this time there is no legal or effective method to screen applicants who may have been dismissed from a residential care facility subsequent to abuse of the patients. Conversely, a potential for "blacklisting" of individuals without abuse histories must be prevented, it is also imperative to protect residential care patients from known offenders. The Task Force urges the development of a system to screen applicants who have been discharged due to a charge and conviction of sexual abuse of patients. Further, when sexual abuse of patients is discovered, Administrators must be required to proceed with the legal procedures already on the books for adult patients.

Item 10 provides that the patient: ". . . be treated with consideration... including privacy in treatment and in care for his personal needs."

THE COMMISSION RECOMMENDS that the State Department of Health Services promulgate regulations amending the declaration of rights of patients in licensed health care facilities and community care facilities, as listed in Title 22 of the California Administrative Code, as follows:

(1) Skilled Nursing Facilities: amend §72523(a)(10) to read, "To be treated with consideration, respect and full recognition of personal dignity and individuality, including privacy in treatment and in care for the individual's personal and sexual needs and preferences."

(2) Intermediate Care Facilities: amend §73523(a)(10) to read the same as the parallel section for Skilled Nursing Facilities as designated in the preceding paragraph.

(3) Intermediate Care Facilities for the Developmentally Disabled: amend §76525(a)(14) to read "To dignity, privacy, respect, and humane care, including privacy in treatment and in care for the individual's personal and sexual needs and preferences."

(4) Acute Psychiatric Hospitals: amend §71507(a) to add a new subsection (10) to read, "To dignity, privacy, respect, and humane care, including privacy in treatment and in care for the individual's personal and sexual needs and preferences."

(5) Community Care Facilities: amend §80341(a) to add a new subsection (7) to read, "To dignity, privacy, respect, and humane care, including privacy in treatment and in care for the individual's personal and sexual needs and preferences."

(6) Foster Family Homes: amend §85131(a) to add a new subsection (8) to read, "Have privacy in personal hygiene, grooming, and related activities of personal care."

(7) Nondiscrimination Regulations: amend all nondiscrimination clauses contained in Title 22 for licensed health care and community care facilities and referral agencies, such as §§80037, 85133, and 71515, to include "sexual orientation" as a prohibited basis of discrimination. §7128

(#114, P.7, Supplement __, Report of the Task Force on Aging)

Item 12 describes the right to private association with persons of one's choosing. Certainly much of one's sexual needs and activities take place in one's home or that of one's partner. As the facility is the home (permanent legal residence for most patients/residents), it is reasonable to ascribe to that home the execution of all personal and intimate activities normally conducted therein. To prohibit such, in view of most patient's inability to leave the facility, is to effectively deny the patient's right to personal fulfillment of needs as a whole person, as well as the Constitutional right to the pursuit of happiness. We support the view that sexuality is an integral part of the human person, and that its expression one of personal, intimate desire, appetite and interest. To in effect deny or expressly prohibit sexual expression is to deny the personhood of the individual, erode mental health, promote mental distress, and deny personal dignity. Who would be willing to have others direct or deny their sexual expression? Few would willingly hand this power over to another. The patient confined to the helping institution depends on the administrative and regulatory agencies to ensure continued exercise of this important, private and personal area of life. The Task Force suggests that these considerations be included in training programs, and that the regulations be amended to protect the patient from criticism or punishment for choice of associates, frequency or duration of visits or communications.

Item 15 allows assurance of privacy for married persons. The Task Force suggests that this be amended to delete reference to marital status, in view of the special considerations of elderly persons regarding marriage or remarriage, the sexual discriminations and freedom of choice denials inherent in the restriction to married status, and the economic consequences of entering a marriage contract. The Task Force supports the Commission Recommendations to correct these conditions.

THE COMMISSION RECOMMENDS that the State Department of Health Services promulgate regulations amending the declaration of rights of patients in licensed health care facilities and community care facilities, as listed in Title 22 of the California Administrative Code, as follows:

(1) Freedom of Association and Communication: amend sections or subsections of the declaration of patient's rights pertaining to freedom of association and communication for all licensed facilities (skilled nursing facilities, intermediate care facilities, intermediate care facilities for the developmentally disabled, acute psychiatric hospitals, community care facilities, and foster family homes), such as §§72523(a)(12), 73523(a)(12), 76525(a)(24) and 71507(a)(3), to read, "To associate and communicate privately with persons of one's choice and to send and receive personal mail unopened unless medically contraindicated, and to be free from ridicule or criticism by staff for choice of association, frequency or duration of the visits or communications."

(2) Privacy in Intimate Associations: amend §72523(a)(15) of Skilled Nursing Facilities declaration of patient rights to read "Regardless of marital status, to be assured privacy for visits by a person or persons of one's choosing, and if they are patients in the facility, to be permitted to share a room, unless medically contraindicated." Amend or add similar subsections to the declaration of patient's rights or statement of personal rights for all other licensed health and community care facilities.

(#115 and #116, p.8, Supplement __, Report of Task Force on Aging)

IMPLEMENTATION OF THE REGULATIONS: PROBLEMS AND RECOMMENDATIONS

Although the Task Force was not able to conduct thorough research into all areas identified for study, the members are all active in the field of geriatrics and senior citizen service. The members of the Task Force were unanimous in their comments upon legislation versus actual practice: Many privacy protections already exist in the law and administrative codes and regulations. Some additions and amendments are clearly needed (as indicated above). The major stumbling block is IMPLEMENTATION. Several factors contribute to this impediment:

1. Lack of materials that could be used in training and orientation programs to describe personal privacy protections, sensitivity to privacy considerations, and sexual orientation discrimination prohibitions.

2. Lack of inclusion of personal privacy protections and sexual orientation discrimination prohibitions as TOPICS on training and orientation agendas.

3. Lack of familiarity at the administrative level with these protections and actual abuses.

4. Lack of written facility procedures to assure that existing protections are implemented.

5. Failure to adequately train non-English speaking staff who have direct patient contact.

6. Failure to ensure training of new staff, to address problems of rapid staff turnover rates (average length of stay: six months).

7. Lack of attention to this area of patient need, due to competing interests of facility management.

8. Lack of resource experts in the community available for training or consultation to the facility who are known to the administrator.

9. Lack of budget allowances for assuring training of staff for implementation of the regulations and sensitivity to the needs of the patients.

Due to these (and additional) factors, the direct and supervisory staff of many facilities and agencies are not (regardless of willingness or awareness) providing the training that would permit implementation of the existing protections.

Data reviewed and observation indicate that in spite of Federal Patient's Rights regulations and guidelines, patient's rights are still flagrantly violated. One Task Force member offers her observations:

> "In my work I meet and interview persons requesting support services. This is a description of a typical visit I observed of an 89 year old upper middle class, educated, alert, well-read, world traveled woman. She is humiliated and her privacy rights ignored. Because she is bed-bound she requested a bed pan. Apparently, she had waited two hours for the pan and all her pleas for help fell on deaf ears. As a result, she wet herself and the bed. This was my first meeting with Mrs. G. The nurse's aide finally appeared and pushed me aside, expressed great disgust and said, 'move over Lady ____' she pulled back the covers, exposing Mrs. G. not only to me but to all in the corridor because the aide did not bother to pull the curtains around the bed. Prior to leaving the room I noticed Ms. G. was diapered. When I commented about drawing the curtain the nurse's aide said, 'These old ladies don't care who sees their bottoms.' Mrs. G. blushed a bright red, closed her eyes and bit her lip. 'I am _____ yet what I am none cares or knows.' Prior to her accident six weeks before, Mrs. G. had been a fiercely independent, competent woman living a full life involved with friends, family and activities. She had been a reliable human being with a zest for life and is now seen as an 'object'.
>
> "When I asked the aide if she had heard about the privacy rights to patients her expression indicated that I had suddenly begun to speak in a foreign tongue. When I offered some explanation she responded with, 'Oh yes, we always close the door when we bathe a patient'."

This type of experience appears to be the norm, not the exception, in "convalescent" facilities in regard to actual practice of "dignity, privacy and humane care".

In view of these practices, the Task Force suggests that training in areas of personal privacy protections be provided to all professionals and paraprofessionals who provide health care services to the elderly, and that such training be required for all persons providing health care services. The Task Force supports the recommendation of the Commission to resolve the problems which result in the absence of training requirements.

THE COMMISSION RECOMMENDS that all Boards, under the jurisdiction of the Department of Consumer Affairs, that license health care providers (such as physicians, nurses, psychologists, social workers, psychiatric technicians, etc.) amend their licensing requirements to include at least six hours of classroom training in these areas: personal privacy rights, freedom of intimate association, including lawful sexual conduct, and protections against sexual orientation discrimination. This six-hour training should be required prior to initial award of licenses to these professionals. It is further recommended that these licensing boards require all health care providers currently holding licenses to show proof of completion of the six-hour course within three years of the date of the expiration of their current licenses.

A model six-hour training course entitled "Personal Privacy for Health Care Providers" is included as an attachment to the Report of the Task Force on Aging, published in a Supplement to the Report of the Commission on Personal Privacy.

(#s 117-122, Supplement __, Report of the Task Force on Aging)

One major deficiency in the long term care system is that nursing assistants and other nonprofessional direct patient care providers do not have as a pre-employment requirement, any training in the area of personal privacy protections or sexual orientation discrimination protections. At this time, there are Certified Nursing Assistant programs which could be augmented with a six-hour course like the model course included here, "Personal Privacy for Health Care Providers", to be authorized and provided as described below. The Task Force urges that similar training requirements be instituted for all nonprofessional persons who provide direct patient care. We believe that this is a critical area of concern, as the patient's principal source of care is the nonprofessional. Studies indicate that approximately 80% of all patient contact with facility staff is with nonprofessional staff. We believe a preemployment training requirement can go far in eliminating current personal abuses.

THE COMMISSION RECOMMENDS that the State Departments of Health Services, Social Services and Mental Health add a training prerequisite for all nonprofessional staff with direct patient care responsibilities, similar to that now required for nursing assistants (Title XX, California Administrative Code §76351) by amending relevant sections of this Code (such as §§71519, 72501(e), 73529(a) and 74403(a) as follows:

> "In order to qualify for direct patient care responsibilities in non-licensed employment positions, all applicants must provide documentation proving completion of a 36-hour course of training, including 6 hours on personal privacy and sexual orientation discrimination protections. For persons currently employed in a non-licensed category, these same training requirements must be met within one year of adoption of these regulations."

NOTE: Approved training courses for nursing assistants are currently provided through the public high school and community college systems, thereby minimizing the expense of completing these training requirements to a reasonable level for these positions. A similar prerequisite for training has been established for recreational aides. It is the intent of the Commission that these requirements obtain for all employees of licensed facilities, including retirement homes, skilled nursing facilities, intermediate care facilities, community care facilities and continuing care facilities.

(#121, Supplement ___, Report of the Task Force on Aging)

We make the following suggestions for implementation of this requirement. We have used the nursing assistant as an example of how the implementation can be conducted:

A. In order to continue working, nursing assistants shall have completed 60 hours of classroom training within 90 days of the first working day.

   1. Training shall include coverage of all ten (10) areas as listed in 72517 Staff Development.

   2. Six (6) of these hours shall specifically address the topics of personal privacy, sexual orientation discrimination and patient rights.

   3. Certified nursing assistants shall be exempt from this initial training requirement.

B. Six (6) hours of ongoing classroom training shall be provided every 90 days.

   1. Ongoing training shall be provided to both certified and noncertified nursing assistants.

   2. Of the 24 hours of ongoing training provided per annum, 6 hours shall specifically focus on the area of personal privacy, patient rights, and sexual orientation discrimination.

   3. Certificates shall be issued to each participant for each segment of training completed.

   4. Continuing education credits shall be issued to each participant for each segment of training completed. Records of these credits shall be maintained and filed in the Office of the Director of Nursing. These records shall be accessible to the State facilities' inspector.

C. Initial and ongoing classroom training shall be conducted by persons deemed eligible who themselves have participated in 60 hours of training, to include 6 hours coverage of personal privacy and patient rights. Persons eligible as instructors shall include:

1. Registered nurses;
2. Persons accredited with a Master of Social Work;
3. Persons accredited with a Master of Science in Gerontology;
4. Licensed Psychologists; and
5. Health care professionals with a minimum of 2 years professional experience in the field in an institutional setting, such as occupational therapists or recreation therapists.

D. Instructors shall speak the language which is comprehensible to all participants while carrying out the training sessions.

We have designed a formal course training program, which, if instituted as a requirement for all persons who provide services to the elderly, would ensure knowledgeable care, and protect rights already legislated. A second benefit of the course would be to prepare graduates to become trainers of the course material. Criteria are based on those required in applying for approval of a continuing education course. (See Attachment A.)

CONCLUSION

It is our belief that the constant and tragic abuses of the personal and sexual privacy rights of the elderly can be greatly reduced through a rigorous, mass, on-going training program. Rigorous - to alleviate present ills quickly. Mass - to reach the thousands of health care providers in the quickest, most cost effective manner humanly possible. And on-going to work with the tremendous staff turnover rate found in Long Term Care facilities. The issuance of Certificates of Completion will assist personnel offices as they determine the training needs of each new hire, either professional or nonprofessional.

We have specifically included nonprofessionals and paraprofessionals in the training requirements to respond to the fact that approximately 80% (eighty per cent) of client/patient contact is with this staff level, only 20% with health care professionals. Thus this facet is a vital factor in the recommended training project.

If we fail to implement these training requirements, as set forth by the Task Force, the abuses described here and in other areas of this report (see Public Hearing testimony), as well as many other abuses not recorded, will continue. Period. We do not believe it is the desire of the California Legislature to allow continued abuses. Members of the Task

Force are willing to assist any legislator who wishes to take action on these recommendations, in the development of a proposed bill, or in any other way, to assure that the residents of California receive the protection the existing laws and regulations intended for them, but which have failed to date.

We would like the reader to refer to the testimony recorded in the Public Hearings in Los Angeles presented by Mina Robinson (p. 62), Dr. Sharon Raphael (p. 58), and that of Dorrwin Jones (p. 149) Donna Smith (?) (p. __), and Dan Sivil (p. 138). We would like to appropriate these pertinent statements as part of our report, in that they clearly demonstrate the dilemmas and difficulties of elderly persons in the community, both in and out of institutional living programs. The suggestions for resolution proposed by these witnesses directed our efforts, and will, we expect, be responded to by the appropriate legislative and administrative officers.

REFERENCE MATERIALS USED BY TASK FORCE ON AGING...PARTIAL LIST

1. Annual Report 1979, California Commission on Aging.

2. "Model Recommendations: Intermediate Sanctions for Enforcement of Quality of Care in Nursing Homes", American Bar Association, July 1981.

3. "Laws and Regulations Relating to Licensing of Adult Day Facilities and Residential Facilities of Children and Adult", excerpts from the California Administrative Code (Title 22, Division 6, Chapters 1, 2 and 3, effective October 26, 1980.

4. "Mental Health and the Elderly...Recommendations for Action"... The Reports of the President's Commission on Mental Health", Task Panel on the Elderly.

5. "Nursing Home Patient Right's...Are they Enforceable", Sally Hart Wilson, J.D., The Gerontologist, pp. 255-256, Vol. 18, No. 3, 1978.

6. "Human Sexuality and the Potential of the Older Person", Gerald Murphy, D.S.W.

ATTACHMENT A

"PERSONAL PRIVACY TRAINING FOR HEALTH CARE PROVIDERS"

A MODEL TRAINING COURSE

PERSONAL PRIVACY TRAINING FOR HEALTH CARE PROVIDERS

A. Course of Instruction

1. Title of Course:

Personal Privacy: Basic Rights and Considerations of the Elderly for Personnel in Long-Term Care Facilities.

Date to be Given: Open

CEU Contact Hours: Six (6)

2. Type of Offering: Seminar/workshop

3. Physical Facilities:

- Long-term care facilities
- Educational institutions (i.e., junior colleges, nursing schools)

4. Instructors:

- Registered nurses
- Persons accredited with a Master of Social Work
- Persons accredited with a Master of Science in Gerontology
- Licensed Psychologists
- Health Care professionals with a minimum of two years professional experience in the field in an institutional setting, such as occupational therapists or recreation therapists
- Licensed administrators

5. Brief Description of Course:

The course will consist of a six hour seminar/workshop designed to provide administrators, nurses, and other appropriate professional persons with an overview of proper practices and violations of the privacy rights of the elderly in long-term care facilities. The content will provide an opportunity to explore in-depth patients' rights as delineated in Title XXII. It will also include methods and new techniques of teaching to assist the professional staff in instructing their staffs in ways to eliminate the violations of patients' rights.

6. Objectives of Course:

Upon completion of the seminar the participant will be able to:

a. Identify five personal privacy rights;

b. Identify five specific violations of these rights in a long-term care facility;

c. Develop a lesson plan to instruct other staff members on basic rights;

d. Enumerate three methods to eliminate improper practices; and

e. Compare and contrast the invasion of the privacy of the institutionalized elderly with other members of society.

7. Teaching Methods:

- Lecture and class discussion
- Structured experiences (including small groups)
- Audio-visual material
- Handouts
- Bibliography

8. Content: (Outline form, including hour by hour schedule of activities)

1st: Introduction to Course Material and Format

(a) Pretest

2nd-3rd: In-Depth Review of Title XXII - (Social Security 72523)

(a) Inservice Training Policy
(b) Rights of Patients in Special Disability Service (72403 Reg)
(c) Rights of Patients in Long-Term Care Facilities
(d) Rights of Patients in Home Care Service
(e) Rights of Patients in Day Care Programs

4th: Identifying Improper Practices and Violations of Personal Privacy

(a) Overt - Covert Methods
(b) Ways and Means to Eliminate Abuse
(c) Methods to Strengthen Disciplinary Actions Against Abusers of Patients' Rights
(d) Sexuality and Privacy Rights
(e) Sexual Conduct of Patients, Sexual Orientation, and Facility Obligations

5th-6th: Techniques of Effective In-Services

(a) Developing Interesting Lesson Plans
(b) Presentation of Material
(c) Evaluating Patricipants for Effective Teaching
(d) Post-test

9. Method of Evaluation:

- Pre- and Post-test
- Written Problem-Solving Assignment

True or False

Pre- and Post-test

1.	Patients are guaranteed certain rights by law.	(T)
2.	Women cannot enjoy sex after they are 65 years of age.	(F)
3.	Older gays and lesbians in our society are "still in the closet".	(F)
4.	A patient has the right to participate in planning.	(T)
5.	Under Title XXII only married couples have the right to privacy for visits by his/her spouse and the right to share a room.	(T)
6.	A patient's right may be denied for good cause by anyone in a medical setting.	(F)
7.	A patient has the right to refuse release of medical records; there are no exceptions.	(F)
8.	A patient has the right to communicate privately with persons of his choice.	(T)
9.	All patient's rights can be countermanded by the physician.	(Medically Contraindicated)
10.	The surveyer must pay close attention to the violation of patient's rights and issue citations accordingly.	(F)
11.	Older lesbians and gay men tend to hide their homosexuality because they fear ostracism and discrimination.	(T)
12.	Older lesbians and gay men tend to be lonely and depressed.	(F)
13.	Most homosexuals are white, male and affluent.	(F)
14.	Friends and mates of older lesbians and gay men should be encouraged to visit them during periods of institutionalization.	(T)
15.	The elderly really do not care about privacy.	(F)

STATE OF CALIFORNIA—STATE AND CONSUMER SERVICES AGENCY EDMUND G. BROWN JR., Governor

DEPARTMENT OF Consumer Affairs

BOARD OF REGISTERED NURSING
1020 N STREET, SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-3350

APPLICATION FOR CONTINUING EDUCATION PROVIDER APPROVAL FEE - $100

For Office Use Only
Provider #.....

Please Type

1. NAME OF PROVIDER:
Commission on Personal Privacy
Aging and Disability Task Force

2. PHONE NO:
Bus: (213) 620-5269
Res:

3. BUSINESS ADDRESS: *Street & Number*
107 S. Broadway, Room 1021

City: Los Angeles

County:

State: CA

Zip Code: 90012

4. PROVIDER IS A/AN:
- ☐ *Individual*
- ☐ *Partnership*
- ☐ *Corporation*
- ☐ *Association*
- ☐ *Health Facility*
- ☒ *Government Agency*
- ☐ *University, College or School*

5. Is firm recognized under corporate laws to engage in business in California?
☒ Yes ☐ No
Is this a subsidiary or division of a parent corporation?
☐ Yes ☒ No
If yes: Name and address of parent corporation:

6. CONTINUING EDUCATION COORDINATOR:
NORA J. BALADERIAN
Phone No:

7. Type below the name, title, address, etc., of all personnel of applicant. The personnel shall include: *If an individual,* the individual applying; *if a partnership,* the members thereof; *if a corporation, association, or other type of organization,* the President, Vice President and Secretary. "Personnel" shall also include the responsible managing employee. *(Use additional sheet, if necessary)*

PERSONNEL OF APPLICANT

NAME	TITLE
The Commission is a Bovernor's appointed body,	
with limited staff and volunteer Commissioners.	

PROVIDERS MUST BE AWARE OF ALL LAWS AND POLICIES REGARDING CONTINUING EDUCATION AS PROMULGATED BY THE CALIFORNIA STATE BOARD OF REGISTERED NURSING.

8. INDIVIDUAL RESPONSIBLE FOR RECORD KEEPING: NORA J. BALADERIAN
ADDRESS OF RECORD STORAGE: AS ABOVE
PHONE: AS ABOVE

9. APPLICATION SUBMITTED BY:
TITLE:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:_____ SIGNATURE:_____

TITLE OF COURSE:

Personal Privacy Training for Health Care Providers

TYPE OF OFFERING: Seminar/workshop In-Service

PHYSICAL FACILITIES: Long term care facilities or Educational Institutions, i.e. Junior Colleges

INSTRUCTORS: RN/MSW/MSG or other Health Care professional with a minimum of two years professional experience in Institutional settings, and Certificate of Completion of a course of training in Personal Privacy and Sexual Orientation Discrimination, or is able to demonstrate competence in these areas.

BRIEF DESCRIPTION OF COURSE: A 6 hour workshop designed to provide Health Care Professionals (Administrators, Nurses, Social Workers, Occupational Therapists, Nurses Aides and others) with an overview of disc riminatory practices and violations of privacy rights of the elderly in Health Care settings. We will also discuss what educational techniques can be utilized to combat these ~~ga~~ practices. The content will provide an opportunity to explore in-depth patient's rights ~~ad~~ as delineated in Title XXII. The course will also include methods and techniques of teaching to assist the professional staff in guiding and instructing their staffs in ways to eliminate the violation of pateint's rights. The course will also explore human rights assured to all residents of the State of California including sexual rights, and the right to sexual conduct that is legal and consensual in licensed care facilities, and the right to sexual conduct of any type that is legal, without censure by a provider of health care, either professional or nonprofessional.

OBJECTIVES OF THE COURSE:

Upon completion of the seminar the participants will be able to:

1. Identify 5 personal privacy rights
2. Identify specific methods of discrimination and privacy rights violations in health care settings
3. Develop lesson plans to instruct other staff members on basic rights
4. Identify 3 methods to eliminate discrimination practices
5. Compare and contrast the invasion of the privacy of the elderly with the younger members of society, or others who do not require health care at home or in an institutional setting.

TEACHING METHODS:

Lecture and class instruction
Structured experiential experiences in small groups
Audio-visual materieal, handouts and a bibliography

CONTENT: See outline

METHOD OF EVAULTION: Pre- and Post-Tests, Written problem solving assignment