

DESIGNATED RIGHTS ADVISOR

Attachment for Psychiatric Program License Application (BHS-LC-820)

Hospital Name: _____

Name of Rights Advisor: _____

Working Title: _____

Phone: _____

E-mail Address: _____

Hours per Week Dedicated to Rights Activities: _____

Other Assigned Duties: _____

Name of Back up Rights Advisor: _____

Phone Number of Back up Rights Advisor: _____

Rights Advisor's Supervisor's Name/Title: _____

Names of the Hospital's Recipient Rights Advisory Committee Membership:

List the dates that the Hospital's Recipient Rights Advisory Committee met during the two year period preceding the receipt of this form.
