

~~(c)-(1)--A-MENTALLY-ILL-INDIVIDUAL-IN-A-FACILITY-MAY--ASSERT GRIEVANCES-WITH-RESPECT-TO-INFRINGEMENT-OF-THE-RIGHTS-PROVIDED-IN THIS-SUBTITLE-~~

~~(2)--A--FACILITY--OR-VETERANS'-ADMINISTRATION-HOSPITAL SHALL-ORGANIZE-AN-IMPARTIAL-GRIEVANCE-RESOLUTION--PROCEDURE--THAT AFFORDS-AN-INDIVIDUAL-THE-RIGHT-TO-ASSERT-GRIEVANCES-WITH-RESPECT TO-INFRINGEMENT-OF-THE-RIGHTS-PROVIDED-IN-THIS-SUBTITLE-~~

~~(3)--AN--OTHERWISE--ELIGIBLE--INDIVIDUAL--MAY--NOT--BE EXCLUDED-FROM-A-FACILITY-OR-PROGRAM-AS-A-REPRISAL-FOR-ASSERTING-A GRIEVANCE-OR-THE-EXERCISE-OF-RIGHTS-PROVIDED-IN-THIS-SUBTITLE-~~

[10-701] 10-703 10-702.

(a) (1) Subject to any reasonable limitation that a facility ~~or--Veterans'--Administration--hospital~~ imposes, each individual in the facility ~~or--hospital~~ shall have access, at all reasonable hours, to writing instruments, stationery, and postage and may use them to write to anyone.

(2) The correspondence of the individual shall be sent to the addressee without delay, and except under the direction of the addressee, without being opened.

(b) Each individual in a facility ~~or--in--a--Veterans' Administration--hospital~~ shall have REASONABLE access[, at all reasonable hours,] to a telephone. HOWEVER, AN INDIVIDUAL MAY NOT TELEPHONE [and may telephone] anyone who has [not] given the facility ~~or--hospital~~ written notice of being unwilling to be telephoned.

(c) (1) If, for medical [or administrative] reasons, AN INDIVIDUAL'S access to CORRESPONDENCE, writing instruments, or telephones is limited, the limitation shall be:

(i) Signed by a physician ~~OR--PSYCHOLOGIST~~ AND THE REASONS FOR THE LIMITATION AND THE DATE ON WHICH THE LIMITATION EXPIRES MADE A PERMANENT PART OF THE INDIVIDUAL'S RECORD; and

(ii) [Made a permanent part of the individual's record] REVIEWED EVERY 30 DAYS IF THE LIMITATION REMAINS IN EFFECT.

(2) If the attending physician ~~OR--PSYCHOLOGIST~~ believes that, because of the condition of an individual, another individual should be permitted to be present when writing instruments are used, the permission AND THE REASONS FOR THE PERMISSION shall be:

(i) Signed by the attending physician ~~OR PSYCHOLOGIST~~; [and]

(II) DATED AS TO WHEN THE PERMISSION EXPIRES;