

APPLICATION FOR INVOLUNTARY EMERGENCY EXAMINATION AND TREATMENT

Mental Health Procedures Act of 1976

Section 302

(THE BLANKS BELOW MAY BE COMPLETED FOLLOWING ADMISSION.)

NAME	Last	First	Middle	AGE	DOB	SEX
ADDRESS						
NAME OF COUNTY PROGRAM				NAME OF BSU		BSU NUMBER
NAME OF FACILITY				ADMISSION DATE		ADMISSION NUMBER

INSTRUCTIONS

1. Part I must be completed by the person who believes the patient is in need of treatment. If this person is not a physician, police officer, the County Administrator or his delegate, he or she must request authorization or a warrant through the County Administrator.
2. If the authorization or a warrant through the County Administrator is required, call or visit the Office of the County Administrator. Authorization to take a patient for examination without a warrant is to be documented in Part II. If a warrant is required, Part III must be completed by the County Administrator or a person designated by the Administrator to sign the warrants.
3. When the patient is taken to the examination facility, the rights described in Form MH 783A must be explained. Part IV should be signed by the person who explains these rights to the patient.
4. Part V is to be completed by the County Administrator (or representative) or by the Director of the Facility (or representative) upon arrival of the patient at the facility.
5. Part VI is to be completed by the examining physician.
6. If additional sheets are required at any point in completing this form, note on this form the number of additional sheets which are attached.
7. If the patient is subject to criminal proceedings/detention, briefly describe below.

IMPORTANT NOTICE

ANY PERSON WHO PROVIDES ANY FALSE INFORMATION ON PURPOSE WHEN HE COMPLETES THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION AND MAY FACE CRIMINAL PENALTIES INCLUDING CONVICTION OF A MISDEMEANOR.

Part I APPLICATION

I believe that

(PERSON'S NAME)

is severely mentally disabled: (Check and complete all applicable for this patient)

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgement and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days;

- (i) the person has acted in such manner as to evidence that he/she would be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under the act; or
- (ii) the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For the purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or
- (iii) the person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is the reasonable probability of mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

PART II
Authorization for Transportation to an Approved Facility for Examination
Without a Warrant
(Under Section 302(a) (2))

For use in emergency situations when the Administrator orally authorizes a responsible person to take a patient to a designated facility for examination without a warrant. When such authorization of a County Administrator or designee is obtained by telephone, the documentation below is required:

NAME OF PERSON REQUESTING AUTHORIZATION *DATE/TIME OF CALL/AUTHORIZATION*

REASON FOR ORAL AUTHORIZATION

NAME AND TITLE OF PERSON GIVING AUTHORIZATION

I swear or affirm that I personally obtained authorization for transporting the patient to

_____ from the above-named
(FACILITY)

Administrator or his/her representative and that I was advised that documentation of this telephone call is maintained in the Administrator's files.

NAME AND ADDRESS *RELATIONSHIP TO PATIENT*

**Part III
WARRANT**

(Check A or B)

A. Based upon representations made to me by _____
(NAME OF APPLICANT)

I hereby order that _____ shall be taken to
(NAME OF PERSON)
and examined at _____ and if required, shall
(NAME OF FACILITY)
be admitted to a facility designated for treatment for a period of time not to exceed 120 hours.

Name of facility designated for treatment if other than the facility conducting the examination:

SIGNATURE OF COUNTY ADMINISTRATOR, OR HIS/HER REPRESENTATIVE

DATE

PRINT NAME OF COUNTY ADMINISTRATOR, OR HIS/HER REPRESENTATIVE

DENIAL OF WARRANT

B. The request of the petitioner for a warrant is denied:

SIGNATURE OF COUNTY ADMINISTRATOR, OR REPRESENTATIVE

DATE

**Part IV
THE PATIENT'S RIGHTS**

I affirm that when the patient arrived at _____
(NAME OF FACILITY)

I explained his rights to him/her. These rights are described in Form MH 783-A. I believe that he/she:

- does understand these rights.
- does not understand these rights.

SIGNATURE OF PERSON EXPLAINING RIGHTS

DATE

PRINT NAME OF PERSON EXPLAINING RIGHTS

PART V
ACTIONS TAKEN TO PROTECT THE PATIENTS INTEREST

I affirm that to the best of my knowledge and belief the following actions which were taken constituted all reasonable steps needed to assure that while the patient is detained the health and safety needs any of any his/her dependents are met and that his/her personal property and the premises he/she occupies are secure.

Describe the actions taken below. Use additional sheets if required.

*SIGNATURE OF PHYSICIAN, POLICE OFFICER
COUNTY ADMINISTRATOR, OR REPRESENTATIVE*

DATE

*PRINT NAME AND TITLE OF PHYSICIAN, POLICE OFFICER
COUNTY ADMINISTRATOR, OR REPRESENTATIVE*

**PART VI
PHYSICIAN'S EXAMINATION**

I affirm that _____ arrived at this facility at _____
(PERSON'S NAME) *(EXACT TIME)*

and was examined by me at _____
(EXACT TIME)

RESULTS OF EXAMINATION

FINDINGS: (Describe your findings in detail. Use additional sheets if necessary).

TREATMENT NEEDED: (Describe the treatment needed by the patient. Continue on additional sheets if necessary).

In my opinion: (Check A or B)

- A. The patient is severely mentally disabled and in need of treatment. He should be admitted to a facility designated by the County Administrator for a period of treatment not to exceed 120 hours.
- B. The patient is not in need of emergency involuntary treatment. He shall be returned to a place which he shall reasonably designate.

SIGNATURE OF EXAMINING PHYSICIAN

DATE

PRINT NAME OF EXAMINING PHYSICIAN

JUSTIFICATION FOR INVOLUNTARY TREATMENT

(To be completed at all commitment levels)

Complete only Section A **OR** Section B

A. I affirm that _____ was offered a voluntary admission and
(Patient's Name)

explained patients' rights. These rights are described in Form MH 781-B, C, D-7-82.

Hospital: _____

Refused to sign a voluntary

Signature of Person Offering Voluntary

Date

Print Name of Person Offering Voluntary

Patient refused to sign form

Signature of the Patient

Patient's comments:

B. I, _____ M.D., state that it is inappropriate to
(Print Name of Physician)

consider this patient for voluntary treatment.

Patient was violent and aggressive in the emergency room.

Patient was in an acute medical crisis in the emergency room.

Patient has a history of becoming violent when hospitalized.

Patient is unable to sign informed consent.

Patient has continually signed out of hospital AMA.

Patient has continually refused prescribed treatment (i.e. medication).

Patient has consistently been non-compliant with out-patient treatment recommendations.

Other: (please specify – cannot say "Physician's Discretion" or just state consumer's diagnosis).

Printed Name of Physician

M.D.

Date

Physician's Signature

M.D.

COMMONWEALTH OF PENNSYLVANIA

NOTIFICATION OF MENTAL HEALTH COMMITMENT

The Pennsylvania Uniform Firearms Act, 18 PA. C.S.6105(c)(4) specifies that it shall be unlawful for any person adjudicated as an incompetent or who has been involuntarily committed to a mental institution for inpatient care and treatment under Section 302, 303, or 304 of the Mental Health Procedures Act of July 9, 1979 (P.L.817, No. 143) to possess, use, manufacture, control, sell or transfer firearms. This would include adjudication of incapacity pursuant to 20 Pa. C.S.A. 5501. Pursuant to the Pennsylvania Mental Health Procedures Act, Section 109, notification shall be transmitted to the Pennsylvania State Police by the judge, mental health review officer or county mental health and mental retardation administrator within **SEVEN** days of the adjudication, commitment or treatment by first class mail to the **Pennsylvania State Police, Attention: PICS Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. NOTE: The envelope shall be marked "CONFIDENTIAL."**

Place an "X" on either Involuntary Commitment and indicated 302, 303, 304, or Adjudicated Incompetent

PRINT CLEARLY or TYPE

<input type="checkbox"/> INVOLUNTARY COMMITMENT (MUST CHECK ONE): <input type="checkbox"/> 302 <input type="checkbox"/> 303 <input type="checkbox"/> 304 <input type="checkbox"/> OTHER		<input type="checkbox"/> ADJUDICATED INCOMPETENT
DATE OF COMMITMENT OR ADJUDICATION:	COUNTY OF COMMITMENT:	COUNTY DELEGATE:

INDIVIDUAL INFORMATION (INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCOMPETENT)

LAST NAME	FIRST NAME:	MIDDLE NAME:	SUFFIX
MAIDEN NAME:		KNOWN ALIASES:	
DATE OF BIRTH (MM/DD/YEAR):	SOCIAL SECURITY NUMBER:	RACE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F
HEIGHT:	WEIGHT:	HAIR:	EYES:
ADDRESS:			

302 Commitment Requires Physician's Certification (Required in accordance with Section 6105(c)(4) of the Uniform Firearms Act)

PRINT NAME OF PHYSICIAN CERTIFYING NECESSITY OF INVOLUNTARY COMMITMENT:	PHYSICIAN'S SIGNATURE:
PRINT NAME & ADDRESS OF HOSPITAL / FACILITY PROVIDING TREATMENT:	

NOTIFICATION (303 & 304 Commitment REQUIRES the Judge's name authorizing the commitment, case number & order date)

MH / MR ADMINISTRATOR / REVIEW OFFICER:	TELEPHONE NUMBER:	
NAME OF JUDGE:	COURT CASE NUMBER:	DATE OF COURT ORDER (MM/DD/YEAR):
SIGNATURE OF NOTIFYING OFFICIAL:		DATE:

NOTIFICATION of Physician's Determination that NO SEVERE MENTAL DISABILITY EXISTS

The physician shall provide signed confirmation of the lack of severe mental disability following the initial examination under Section 302(b) of the Mental Health Procedures Act and pursuant to the Pennsylvania Uniform Firearms Act, Section 6111.1 (g)(3). Notice shall be transmitted by the physician to the Pennsylvania State Police through the county Mental Health and Mental Retardation Administrator or Mental Health Review Officer.	
PRINT NAME OF PHYSICIAN:	DATE:
SIGNATURE OF PHYSICIAN:	

GIVE ORIGINAL TO PETITIONER

ATTACH COPY TO THE PETITION

**ALLEGHENY COUNTY MH / MR / D&A PROGRAM
ACKNOWLEDGEMENT**

I, _____, the petitioner, acknowledge that I
(Print Name of Petitioner)

have been informed that _____ may be subject to an
(Print Name of Patient)

additional period of involuntary treatment not to exceed twenty (20) days. I further acknowledge that I understand that this additional period of time for treatment will be decided at a Court hearing at which I will be required to testify.

I have been advised that a hearing may be scheduled at _____
(Print Name of Hospital)

Hospital on the _____ day of _____, _____, with a start time between the hours of 9:00 a.m. and 2:00 p.m.,
(Day) (Month) (Year)

and agree to verify the date and time by contacting the Allegheny County MH / MR Office at (412) 350-4457 or (412) 350-4456.

I understand that failure to attend the hearing may result in the patient's discharge.

SIGNATURE OF PETITIONER

SIGNATURE OF WITNESS

ADDRESS OF PETITIONER

PRIMARY CONTACT NUMBER

OTHER PHONE 1

OTHER PHONE 2

EXPLANATION OF RIGHTS UNDER INVOLUNTARY EMERGENCY TREATMENT (302)

You have been brought to _____ because a responsible person
(Name of Facility)
has observed your conduct and feels that you present a clear danger to yourself or to other people. Within two hours from now you will be examined by a physician. If the doctor finds that you do not need treatment, you will be returned to whatever place you desire within reason. If the doctor agrees that you are mentally ill and clearly in danger of harming yourself or someone else, you will be admitted to a facility designated by the County Administrator for a period of treatment of up to 120 hours. While you are under examination or in treatment, you have the following rights:

1. You must be told specifically why you were brought here for emergency examination.
2. You may make up to 3 completed phone calls immediately.
3. You have the right to communicate with others.
4. You may give to the facility the names of 3 people whom you want contacted, and they will contact them and keep them informed of your progress while here.
5. The County Mental Health Administrator must take reasonable steps to assure that while you are detained, the health and safety needs of any of your dependents are met and that your personal property and your premises where you live are looked after.
6. You will be provided treatment which is necessary to deal with the emergency so as to protect your health and safety and that of other additional treatment may be provided with your consent.
7. When you are no longer in need of treatment or in 120 hours, whichever comes sooner, you will be discharged unless you agree to remain at the treating facility voluntarily or unless the director of the facility asks the court to extend your treatment for a longer period of time.

In addition to the above rights, the attached Bill of Rights applies to you. You will receive a longer more detailed version of Department of Public Welfare Regulations on rights within 72 hours after your commitment. If you do not understand these rights _____
(Name of Mental Health Worker)
will be pleased to explain them further to you.

EXPLICACION DE LOS DERECHOS BAJO TRATAMIENTO INVOLUNTARIO

(302)

Usted ha sido traído a _____ porque una persona ha observado su conducta y cree que ud. presenta un peligro presente y claro para si mismo como para otros. Si el doctor determina que ud. no necesita tratamiento, será devuelto a cualquier lugar que desee, si es razonable. Si el doctor está de acuerdo que ud. es un enfermo mental y claramente está en peligro de hacerse daño a si mismo y a otros, entonces, será admitido el la institucion designada por el Administrador del Condado por un periodo de tratamiento que no exceda 120 horas. Mientras sea examinado o bajo tratamiento, tiene los siguientes derechos:

1. Tienen que decirle porque le trajeron aquí para hacerle una examinación física.
2. Puede completar hasta tres llamadas telefónicas inmediatamente.
3. Tiene derecho a comunicarse con otros.
4. Puede darle a la institución el nombre de tres personas con la cuales ud. desea que se pongan en contacto. La institución se pondrá en contacto con ellos y les informará acerca de su progreso mientras permanezca aquí.
5. El Administrador de Salud Mental del Condado tiene que tomar pasos razonables para asegurar que mientras este detenido, la seguridad y salud de sus dependientes tanto como su propiedad personal y el local que ocupa, estaran bajo vigilancia.
6. Será sometido a un tratamiento necesario para proteger su salud y seguridad y cualquier otro tratamiento que sea necesario bajo su consentimiento.
7. Cuando y a no necesite tratamiento o hayan pasado 120 horas – lo que venga primero – será dado de alta a menos que ud. esté de acuerdo a permancer en la institución voluntariamente, o que el director de la institución peticione a la corte extender su periodo de tratamiento.

En adición a los susodichos derechos, la Carta de Derechos se aplica a Ud. Recibirá una versión más larga y detallada de los derechos civiles que aparecen en el Reglamento de Bienestar Público dentro de

72 horas de ser admitido. Si ud. no entiende estos derechos, _____ se los explicaría con gusto.

(NOMBRE DEL TRABAJADOR DE SALUD MENTAL)

BILL OF RIGHTS

**YOU HAVE A RIGHT TO BE TREATED WITH DIGNITY AND RESPECT
YOU SHALL RETAIN ALL CIVIL RIGHTS THAT HAVE NOT BEEN SPECIFICALLY
CURTAILED BY ORDER OF COURT**

1. You have the right to unrestricted and private communication inside and outside this facility including the following rights:
 - a. To peaceful assembly and to join with other patients to organize a body of or participate in patient government when patient government has been determined to be feasible by the facility.
 - b. To be assisted by any advocate of your choice in the assertion of your rights and to see a lawyer in private at any time.
 - c. To make complaints and to have your complaints heard and adjudicated promptly.
 - d. To receive visitors of your own choice at reasonable hours unless your treatment team has determined in advance that a visitor would seriously interfere with your or others treatment or welfare.
 - e. To receive and send unopened letters and to have outgoing letters stamped and mailed. Incoming mail may be examined for good reason in your presence for contraband. Contraband means specific property which entails a threat to your health and welfare or to the hospital community.
 - f. To have access to telephones designated for patient use.
2. You have the right to practice the religion of your choice or to abstain from religious practices.
3. You have the right to keep and to use personal possessions, unless it has been determined that specific personal property is contraband. The reasons for imposing any limitation and its scope must be clearly defined, recorded and explained to you. You have the right to sell any personal article you make and keep the proceeds from its sale.
4. You have the right to handle your personal affairs including making contracts, holding a driver's license or professional license, marrying or obtaining a divorce and writing a will.
5. You have the right to participate in the development and review of your treatment plan.
6. You have the right to receive treatment in the least restrictive setting within the facility necessary to accomplish the treatment goals.
7. You have the right to be discharged from the facility as soon as you no longer need care and treatment
8. You have the right not to be subjected to any harsh or unusual treatment
9. If you have been involuntarily committed in accordance with civil court proceedings, and you are not receiving treatment, and you are not dangerous to yourself or others, and you can survive safely in the community, you have the right to be discharged from the facility.
10. You have a right to be paid for any work you do which benefits the operation and maintenance of the facility in accordance with existing Federal wage and hour regulations.

CARTA DE DERECHOS

TIENE DERECHO A SER TRATADO CON DIGNIDAD Y RESPETO RETENDRA TODOS LOS DERECHOS NO RESPECIFICAMENTE PROHIBIDOS POR ORDEN DE LA CORTE

1. Tiene derecho a comunicarse en privado sin restricciones dentro y fuera de esta institución, incluyendo los siguientes derechos:
 - a. A ser asambletsta pasivo y unirse a otros pacientes para organizar o participar en el gobierno de los pacientes, si eso se ha determinado factible por la institución.
 - b. Ser asistido por cualquier defensor seleccionado por ud. y consultar con un abogado en privado a cualquier hora
 - c. Quejarse y hacer que sus quejas sean o(das y adjudicadas prontamente.
 - d. Recibir visitantes de su preferencia a horas razonables, a menos que su team de tratamiento haya determinado de antemano que los visitantes pueden interferir seriamente con su bienestar y tratamiento y el de otros.
 - e. Recibir y enviar cartas sin que las abran y tener las cartas de salidas selladas y enviadas por correo. El correo entrante puede ser examinado en su presencia, si hay sospecha razonable que exista contrabando. Contrabando quiere decir una propiedad especifica que constituye una amenaza a su salud y bienestar o la comunidad del hospital.
 - f. Tener acceso a los telefonos designados para el uso del paciente.
2. Tiene derecho a practicar su religi6n o abstenerse de participar en pr6cticas religiosas.
3. Tiene derecho a retener y usar sus posesiones personales, a menos que alguna propiedad suya se determine contrabando. La raz6n por la cual se le impone limitaci6ntiene que ser definida, registrada y explicada a Ud. Tiene derecho a vender articulospersonales y retener las ganancias de venta
4. Tiene derecho a manejar sus asuntos personales, incluyendo hacer contrato, tener licencia de manejo o licencia de profesi6n, casarse, divorciarse y escribir un testamento.
5. Tiene derecho a participar en el desarrollo y la revisi6n de su plan de tratamiento.
6. Tiene derecho a recibir tratamiento de la manera menos restructiva dentro de la instituci6n, pero sin que eso afecte los prop6sitos del tratamiento.
7. Tiene derecho a ser dado de alta tan pronto no necesite ni el cuidado ni el tratamiento.
8. Tiene derecho a no ser sujetado rudamente o tratado de manera inapropiada
9. Si ha estado cometido involuntariamente de acuerdo con el procedimiento de la corte civil pero no est6 recibiendo tratamiento, ni es peligroso para si mismo y otros y puede sobrevivir seguramente en la comunidad: tiene derecho a ser dado de alta
10. Tiene derecho a que le paguen por cualquier trabajo que beneficie la operaci6n y el mentenimiento de esta instituci6n, de acuerdo con el reglamento federal sobre salario.