

APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION

Section 9.27 Mental Hygiene Law

Note: The Examining Physician must consider alternative forms of care and treatment that might be adequate to provide for the person's needs without requiring involuntary hospitalization.

I. GENERAL PROVISIONS FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION

A. Standard for Admission

A person alleged to be mentally ill and in need of involuntary care and treatment may be admitted to a hospital providing inpatient services for the mentally ill, upon the certificates of two examining physicians accompanied by an application for admission for such person.

- "In need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment.
- The person in need of involuntary care and treatment must, as a result of his or her mental illness, pose a substantial threat of harm to self or others.

B. Application

The application must be made within 10 days prior to admission by:

- any person with whom the person alleged to be mentally ill resides;
- the father or mother, husband or wife, brother or sister or the child of any such person or the nearest available relative;
- the committee of such person;
- an officer of any public or well recognized charitable institution or agency or home in whose institution the person alleged to be mentally ill resides;
- the director of community services or social services official, as defined in the social services law, of the city or county in which any such person may be;
- the director of the hospital or of a general hospital, as defined in article twenty-eight of the public health law, in which the patient is hospitalized;
- the director or person in charge of a facility providing care to alcoholics or substance abusers or substance dependent persons;
- the director of the division for youth, acting in accordance with the provisions of section five hundred nine of the executive law;
- subject to the terms of any court order or any instrument executed pursuant to section three hundred eighty-four-a of the social services law, a social services official or authorized agency which has, pursuant to the social services law, care and custody or guardianship and custody of a child over the age of sixteen;
- subject to the terms of any court order, a person or entity having custody of a child pursuant to an order issued pursuant to section seven hundred fifty-six or one thousand fifty-five of the family court act; or
- a qualified psychiatrist* who is either supervising the treatment of or treating such person for a mental illness in a facility licensed or operated by the Office of Mental Health (* means a physician licensed to practice medicine in NY State, who is a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or who is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board).

C. Certification by Two Examining Physicians

The application must be supported and accompanied by two Certificates of Examining Physician (Form 471A). The examinations may be conducted jointly, but each examining physician must execute a separate certificate. If the examining physician knows that the person under examination has received prior treatment, s/he must, if possible, consult with the physician or psychologist furnishing such prior treatment.

The required examinations must be made within 10 days prior to the date of the patient's admission to the hospital.

A person is disqualified from acting as an examining physician if:

- he or she is not licensed to practice medicine in New York State.
- he or she is a relative of the person applying for admission, or of the person alleged to be in need of hospitalization.
- he or she is a manager, trustee, visitor, proprietor, officer, director, or stockholder of the hospital in which the patient is hospitalized or to which it is proposed to admit such person, or has any financial interest in such hospital other than receipt of fees, privileges or compensation for treating or examining patients in such hospital.
- he or she is on the staff of a proprietary hospital to which it is proposed to admit such person.

D. Hospital Evaluation, Admission and Retention

A physician on the psychiatric staff of the hospital, other than the original examining physicians, must examine the person alleged to be mentally ill and confirm the need for involuntary care and treatment prior to admission.

Subsequent to admission, if no request for a court hearing is made, the director may retain the patient for up to 60 days without taking other action.

If the hospital director determines that the condition of the patient requires hospitalization beyond 60 days:

- The patient may remain as a voluntary or informal patient if willing and suitable for such status.
- If the patient is unwilling or not suitable to remain as a voluntary or informal patient, the director must apply, before the end of the 60 day period, for a court order authorizing continued retention of the patient. The director must also inform the patient, the Mental Hygiene Legal Service, and others who received the original notice of the patient's commitment, that said director is applying for a court order, to give them the opportunity to request a hearing before the court, if they so desire.

State of New York
OFFICE OF MENTAL HEALTHAPPLICATION FOR INVOLUNTARY
ADMISSION ON MEDICAL CERTIFICATION
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II. GENERAL INFORMATION

A. Mental Hygiene Legal Service

The Mental Hygiene Legal Service is an agency of the New York State Supreme Court which provides protective legal services, advice and assistance, including representation, to all patients admitted to psychiatric facilities. Patients are entitled to be informed of their rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone on the staff of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at: _____.

B. Reimbursement

The patient is legally responsible for the cost of care. Additionally responsible are the patient's spouse and in some cases the parents of a patient under the age of 21. Also legally responsible are the committee, guardian, or trustee of a trust fund established for the support of the patient, or any fiduciary or payee of funds for the patient.

Charges may be waived or reduced when there is inability to pay. Any person who applies for a waiver or reduction of charges must cooperate in a financial investigation to determine ability to pay.

PART A Application for Admission

I hereby apply for the admission of _____
(Name of person)

to _____, a hospital providing services for the mentally ill.
(Name of Hospital)

My reasons for applying for admission of this person are as follows:

Under penalty of perjury, I attest that the information supplied on this application is true to the best of my knowledge and belief.

Signature of Applicant		Relationship/Title	
Address		Date	
		MO.	DAY

PART B Psychiatrist's Confirmation of Need for Involuntary Care and Treatment in a Hospital

I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION* AND CONFIRM:

- that the person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill; and
- that as a result of his or her mental illness, the person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with noncompliance with mental health treatment programs).

Signature	Date			Time	
					A.M.
	MO.	DAY	YEAR		P.M.

*NOTE: Part B must be completed for new admissions and for conversions of already-admitted patients to §9.27 Involuntary Status.

**CERTIFICATE OF EXAMINING
PHYSICIAN**To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Sex Date of Birth

Address

CERTIFICATIONI, _____, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person

on:

MO.	DAY	YEAR		

at _____

(place where examined)

3. I find:

- a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill (*"in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment*); and
- b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others (*"substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs*).

4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature

Print Name Signed

Title

Address

Phone Number

Date

Time

Mo.

Day

Yr.

Hr.

Min.

AM
PM

**NOTIFICATION OF STATUS AND RIGHTS
INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION**(to be given to the patient at the time of
admission to the hospital)

Section 9.27 Mental Hygiene Law

Patient's Name (Last, First, MI)

IC No.

Sex:

Date of Birth:

Facility Name:

Unit/Ward/Residence No.:

TO: _____

Admission Date:

Mo.

Day

Yr.

Based upon the certificates of two examining physicians, whose findings have been confirmed by a member of the psychiatric staff of this hospital, you have been admitted as an involuntary-status patient to this hospital which provides care and treatment for persons with mental illness. You may be kept in the hospital for a period of up to 60 days from the date of your admission, unless you have had a court hearing. During this 60 day period you may be released, or converted to voluntary or informal status, if you are willing to continue receiving inpatient care and treatment and are suitable for such status.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need involuntary care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE._____
Signature of Staff Physician_____
Date

COPIES TO:

(If None, type in "NONE".)

(Original Applicant)_____
(Nearest Relative)COPIES TO: Persons designated in writing by patient to be informed
of admission.