

**VOLUNTARY REQUEST  
FOR HOSPITALIZATION**

Sections 9.09, 9.13, 9.23 Mental Hygiene Law

*You may obtain admission to a hospital for treatment of mental illness, for yourself or for a person under 16 years of age, by completing and signing this form. The admission will be on a voluntary basis. Please carefully read the information below before completing this form.***I. REQUIREMENTS FOR VOLUNTARY ADMISSION****A. Application**

To be admitted to a mental hospital on a voluntary basis, a person over 18 years of age must voluntarily make written application for admission. If the person is under 16 years of age, a written application for admission must be made by one of the following:

- parent, legal guardian, or next of kin;
- a Social Services official or authorized agency with care and custody of the person pursuant to the Social Services Law, subject to the terms of any court order or any instrument executed pursuant to Section 384-a of the Social Services Law;
- the director for the Division for Youth, acting in accordance with Section 509 of the Executive Law;
- a person or an authorized representative of an entity having custody of the person pursuant to Section 756 or Section 1055 of the Family Court Act.

If the person is over 16 and under 18 years of age, the hospital director may in his or her discretion admit the person either as a voluntary patient on his or her own application or on application of any of the individuals authorized to make application for admission of a patient under 16 years of age.

**B. Appropriateness of Admission**

The hospital director must find that the person has a mental illness for which care and treatment in a mental hospital is appropriate and that such person is suitable for voluntary admission, as described below in C, in order to admit such person on a voluntary basis.

**C. Suitability for Admission**

In order for a person to be suitable for voluntary admission to a mental hospital, s/he must be notified of and have the ability to understand the following:

- that s/he is making an application for admission.
- that the hospital to which s/he is requesting admission is a hospital for the mentally ill.
- the nature of voluntary status and the provisions governing release or conversion to involuntary status.

**D. Conversion**

For an involuntary patient to be converted to voluntary status, the above requirements concerning written application and suitability for admission are also applicable.

**II. GENERAL PROVISIONS OF VOLUNTARY STATUS**

Patients on voluntary status must be given written notice of their status and rights on admission or conversion to voluntary status and every 120 days thereafter. At the time of such periodic notification, the written consent of the patient to his or her continued stay as a voluntary patient shall be obtained and a copy of such consent shall be given to the Mental Hygiene Legal Service.

No patient on voluntary status shall remain in such status for more than twelve months unless his or her suitability and willingness to remain a voluntary patient have been reviewed by the Mental Hygiene Legal Service.

At any time while on voluntary status, the patient or anyone acting on behalf of the patient may request information or assistance from the Mental Hygiene Legal Service. Additional information about the Service appears on the next page of this form.

Decisions about a patient's living and sleeping arrangements and the granting of privileges are based solely on the patient's mental condition and age.

**III. PROVISIONS FOR RELEASE OF PATIENTS ON VOLUNTARY STATUS AND CONVERSION TO INVOLUNTARY STATUS**

Patients on voluntary status may be: 1) continued in such status; 2) conditionally released; 3) discharged; or 4) converted to involuntary status.

A patient on voluntary status on his or her own application who desires to leave the hospital must give written notice to the hospital director. On receipt of such notice, the director shall either promptly release the patient, or if there are reasonable grounds for believing that the patient meets the criteria for involuntary hospitalization, retain the patient for up to 72 hours. Before expiration of the 72 hour period, the director shall either release the patient or apply to the court for an order authorizing involuntary retention of the patient.

State of New York  
OFFICE OF MENTAL HEALTH

## VOLUNTARY REQUEST FOR HOSPITALIZATION

Sections 9.13, 9.23 Mental Hygiene Law

### III. PROVISIONS FOR RELEASE OF PATIENTS ON VOLUNTARY STATUS AND CONVERSION TO INVOLUNTARY STATUS *Cont.*

If the court determines that the patient is mentally ill and in need of involuntary hospitalization, the court will issue an order authorizing retention of the patient for not more than sixty days from date of the order. Application for future retention of the patient for a period of six months and one year and successive two-year periods thereafter, may be made to the court if the patient's condition warrants further involuntary hospitalization.

In the case of a minor patient sixteen or older, notice requesting release of the patient may be given by the patient, by the person who made his or her application for admission, by a person of equal or closer relationship, or by the Mental Hygiene Legal Service. If such notice be given by any other person, the director may in his or her discretion refuse to discharge the patient and in the event of such refusal, such other person or the Mental Hygiene Legal Service may apply to the court for release of the patient.

In the case of a minor under the age of sixteen who provides notice requesting release, the director may in his or her discretion refuse to discharge the patient and in the event of such refusal, the person who made application for the minor patient's admission, a person of equal or closer relationship, or the Mental Hygiene Legal Service may apply to the court for the release of the patient.

### IV. NOTIFICATION TO MENTAL HYGIENE LEGAL SERVICES CONCERNING ADMISSION, CONVERSION FROM ONE LEGAL STATUS TO ANOTHER, AND TRANSFER OR RELEASE OF PATIENTS UNDER 18 YEARS OF AGE.

When a person under the age of 18 years is admitted to any hospital or is converted from one admission status to another, the Mental Hygiene Legal Service will be notified of the admission or conversion within three days. The notice will specify the person's age and admission status.

No voluntary patient under 18 years of age admitted on his or her own application shall be transferred without his or her prior consent, unless three days prior written notice of the proposed transfer is given to the Mental Hygiene Legal Service and the Service has the opportunity to see the patient and review the proposed transfer.

No voluntary patient under 18 years of age admitted on the application of another person shall be transferred without the prior consent of the patient and his or her parent or legal guardian, unless three days prior written notice of the proposed transfer is given to the Mental Hygiene Legal Service and the Service has the opportunity to see the patient and review the proposed transfer.

The Mental Hygiene Legal Service will be given immediate written notice concerning the release or transfer of any patient under 18 years of age.

### V. GENERAL INFORMATION

#### A. Mental Hygiene Legal Service

The Mental Hygiene Legal Service is an agency of the New York State Office of Court Administration 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 payment 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.

State of New York OFFICE OF MENTAL HEALTH  <b>VOLUNTARY REQUEST FOR HOSPITALIZATION</b>  Sections 9.13, 9.23 Mental Hygiene Law  <i>Before completing, read the instructions on the preceding pages.</i>	Person's Name (Last, First, M.I.) _____ "C" No. (if applicable) _____  Sex _____ Date of Birth _____  Address or Facility Name _____ Unit/Ward No. (if applicable) _____																				
<b>PART A</b>	<b>Application for Voluntary Admission</b>																				
This Part Must Be Signed by the Person Making Application on Voluntary Status or Conversion to Voluntary Status																					
I Have Been Notified of and Understand the Nature of Voluntary Status and the Provisions Governing Release or Conversion to Voluntary Status.																					
<b>Admission</b>	<b>Conversion to Voluntary Status</b>																				
I, _____,  hereby apply for admission  to: _____,  a hospital for the mentally ill.	I, _____, hereby  apply for Conversion to Voluntary Status at:  _____,  a hospital for the mentally ill.																				
My reasons for applying for admission or conversion to Voluntary Status are:  _____  _____  _____  _____  _____																					
Signature of Person Who is Applying for Admission on Voluntary Status or Conversion to Voluntary Status _____																					
<table border="1" style="float: right;"> <tr> <th colspan="3">DATE</th> </tr> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td>MO</td> <td>DAY</td> <td>YEAR</td> </tr> </table>		DATE						MO	DAY	YEAR											
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<b>PART B</b>	<b>Physician's or Nurse Practitioner's Confirmation of Need for Hospitalization and Suitability for Voluntary Status</b>																				
I HAVE EXAMINED THE ABOVE-NAMED PATIENT PRIOR TO ADMISSION OR CONVERSION AND CONFIRM:  <ul style="list-style-type: none"> <li>• That the patient has a mental illness for which care and treatment in a mental hospital is appropriate;</li> <li>• That the patient is suitable for Voluntary Status; and</li> <li>• That hospitalization can reasonably be expected to improve the patient's condition or at least prevent the patient's deterioration.</li> </ul>																					
Physician's or Nurse Practitioner's Signature _____																					
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**PART C****Application for Voluntary Admission of a Minor**

This Part Must Be Signed by the Person Who is Applying for Voluntary Admission or Conversion to Voluntary Status of a Minor.

I Have Been Notified of and Understand the Nature of Voluntary Status and the Provisions Governing Release or Conversion to Voluntary Status.

Admission	Conversion to Voluntary Status
hereby apply for admission of:  _____, age _____,  to: _____,  a hospital for the mentally ill.	I hereby apply for Conversion of:  _____, age _____,  to Voluntary Status at:  _____,  a hospital for the mentally ill.

My reasons for applying for admission or conversion to Voluntary Status are:

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Signature of Person Who is Applying for Admission on Voluntary Status or Conversion to Voluntary Status	Relationship to Patient	<b>DATE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> </table>				MO	DAY	YEAR
MO	DAY	YEAR						

**PART D****Physician's or Nurse Practitioner's Confirmation of Need for Hospitalization and Suitability for Voluntary Status**

I HAVE EXAMINED THE ABOVE-NAMED PATIENT PRIOR TO ADMISSION OR CONVERSION AND CONFIRM:

- That the patient has a mental illness for which care and treatment in a mental hospital is appropriate;
- That the patient is suitable for Voluntary Status; and
- That hospitalization can reasonably be expected to improve the patient's condition or at least prevent the patient's deterioration.

Physician's or Nurse Practitioner's Signature	<b>DATE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> </table>				MO	DAY	YEAR	<b>TIME</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">A.M.</td> <td style="text-align: center;">P.M.</td> </tr> </table>			A.M.	P.M.
MO	DAY	YEAR										
A.M.	P.M.											

**NOTICE OF STATUS AND RIGHTS  
VOLUNTARY ADMISSION**  
(to be given to the patient at the time of admission  
to the hospital)

**Section 9.13 Mental Hygiene Law**

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

"C" No.

Sex

Date of Birth

Facility Name

Unit/Ward/Residence No.

TO: \_\_\_\_\_

Admission Date

Mo.

Day

Yr.

(Check  
only  
one)

☐ Upon receipt of your application, and it having been determined that you are suitable for voluntary admission, you have been admitted as a voluntary-status patient to this hospital which provides care and treatment for persons with mental illness.

-OR-

☐ (For minor voluntary admission only) Upon receipt of an application made on your behalf in accordance with the Mental Hygiene Law, and it having been determined that you are suitable for voluntary admission, you have been admitted as a voluntary-status to this hospital which provides care and treatment for persons with mental illness.

From this point forward, you may stay as a voluntary patient, or be released if you no longer require hospitalization. You may also be converted to involuntary status, but only if you are certified as meeting the requirements for involuntary admission and are unwilling or are no longer suitable to remain in the hospital voluntarily.

While on voluntary status, you may, at any time, notify hospital staff in writing if you would like to be discharged from the hospital. (For a minor who is on voluntary status based on the application of the parent, legal guardian or next-of-kin of such minor, such parent, guardian or next-of-kin may notify hospital staff in writing to request discharge of the minor.) Upon receipt of such notification, you will be promptly released, unless the director thinks that you meet the requirements for involuntary admission and that you therefore need to stay—in which case he or she has 72 hours to ask a court for an order to keep you in the hospital.

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.

**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:

**I HAVE READ, OR HAD READ TO ME, AND UNDERSTAND THE CONTENTS OF THIS NOTICE.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Where Applicable) Signature of Person Who Signed  
Application for Minor Voluntary Admission

\_\_\_\_\_  
Date

The above patient has been given a copy of this notice.

\_\_\_\_\_  
Signature of Staff Mental Health Practitioner

\_\_\_\_\_  
Date

*A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.  
State and Federal Laws prohibit discrimination based on race, color, creed, national origin,  
sexual orientation, military status, age, sex, marital status or disability.*