NEW YORK STATE | Office of Mental Health

APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION **(Mental Hygiene Law §9.27)**	*The examining physician or psychiatric nurse practitioner must consider alternative forms of care and treatment that might be adequate to provide for the person's needs without requiring involuntary hospitalization.* *Part B must be completed for new admissions and for conversions of already-admitted patients to §9.27 Involuntary Status* *State and Federal laws prohibit discrimination based on race, ethnicity, national origin, age, gender, sexual orientation, or disability.*

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 or an examining physician and an examining psychiatric nurse practitioner accompanied by an application for admission for such a 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 the person 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 their mental illness, pose a substantial threat of harm to self or others.

The determination may be supported by any relevant clinical factors, including but not limited to the person's current signs and symptoms; recent behaviors; patterns of relapse, recurrence, or decompensation; or a history of dangerous conduct in the context of inconsistent adherence to mental health treatment, where such history, considered together with the reasons for the current presentation, indicates a substantial risk of serious harm.

B. Use of Electronic Signatures

Forms 471, 471A, and 471B may be completed and signed electronically, pursuant to the Electronic Signatures and Records Act, including via a provider's electronic health record. Providers must ensure the forms can be printed and/or delivered in the approved format to the admitting hospital, appropriate Court, Mental Hygiene Legal Services, and other approved recipients.

C. 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, spouse, 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, including but not limited to the superintendent of a correctional facility, as such term is defined in paragraph (a) of subdivision four of section two of the correction law, in whose institution the person alleged to be mentally ill resides and the designee authorized by the commissioner of the department of corrections and community supervision responsible for community supervision in the region where such person alleged to be mentally ill has been released to any form of supervision following incarceration.
- 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 (now the Office of Children and Family Services), 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.

D. Certification by Two Examining Physicians or An Examining Physician and an Examining Psychiatric Nurse Practitioner

The application must be supported and accompanied by two certificates of examining physicians or upon the certificates of an examining physician and a psychiatric nurse practitioner (Form 471A). The examinations may be conducted jointly, but each certifying practitioner must execute a separate certificate. If the examiner knows that the person under examination has received prior treatment, they must, if possible, consult with the physician or clinician 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 or examining psychiatric nurse practitioner in the following cases:

- They are not licensed to practice medicine in New York State;
- They are a relative of the person applying for admission, or of the person alleged to be in need of hospitalization;
- They are 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 if they have any financial interest in such hospital other than receipt of fees, privileges or compensation for treating or examining patients in such hospital; or
- They are on the staff of a proprietary hospital to which it is proposed to admit such a person.

E. Hospital Evaluation, Admission and Retention

A physician on the psychiatric staff of the hospital, other than the original examining physician(s), must examine the person alleged to be mentally ill forthwith and confirm the need for involuntary care and treatment prior to admission (Part B below). 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.

F. Use of Telehealth

Telehealth services (provided only via audio-visual technologies) may be utilized to fulfill only one of the three required clinical examinations (i.e., by one of the two certifying practitioners or by the psychiatrist at the admitting hospital confirming the need for the admission). The individual must be asked to consent to the use to telehealth for the purposes of the examination. If the individual refuses or is not able to give consent to treatment, the effort to obtain consent must be documented in the clinical record, and the examination may proceed.

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 on their 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 them.

The Mental Hygiene Legal Service for the 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 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.

NEW YORK STATE | Office of Mental Health

APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION (Mental Hygiene Law §9.27) OMH Form 471	Name (Last, First, M.I.) Gender _____ Date of Birth _____ MRN _____ Location/Facility_____

PART A – APPLICATION FOR ADMISSION

I hereby apply for the admission of

_____ to
(Name of Person)

_____,
(Name of Hospital)

a hospital providing services for persons with mental illness.

My reasons for applying for admission of this person are as follows (please describe specific behaviors and details of direct observations):

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/Contact Information:	Date	Time (AM/PM)

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 their mental illness, the person poses a substantial threat of harm to self or others (choose one or more):

☐ Substantial threat of harm to self

☐ Substantial threat of harm to others

☐ Refusal or inability to meet their essential need for food, shelter, clothing, or health care

Signature of Examining Staff Psychiatrist	Date	Time (AM/PM)

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NEW YORK STATE | Office of Mental Health

APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION **(Mental Hygiene Law §9.27)** **CERTIFICATE OF EXAMINING PHYSICIAN OR PSYCHIATRIC NURSE PRACTITIONER*** *To Support an Application for Involuntary Admission* *One of two certificates may be completed by a Psychiatric Nurse Practitioner OMH Form 471A	**Name (Last, First, M.I.)** _____ **Gender** _____ **Date of Birth** _____ **MRN**_____ **Location/Facility** _____

CERTIFICATION

I, _____, hereby certify that:
(Name of Examining Practitioner)

1. I am a physician or psychiatric nurse practitioner licensed to practice in New York State.

2. I have with care and diligence personally examined the above-named person

on _____ at _____
(date) (Name of Hospital and Unit)

3. I find:

This person is in need of involuntary care and treatment in a hospital providing inpatient services for persons with mental illnesses ("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 they are unable to understand the need for such care and treatment); and

As a result of their mental illness, the person poses a substantial threat of harm (choose one or more and describe in detail in the field below or on the reverse):

☐ substantial threat of harm to self

☐ substantial threat of harm to others

☐ refusal or inability to meet their essential need for food, shelter, clothing, or health care

The determination may be supported by any relevant clinical factors, including but not limited to the person's current signs and symptoms; recent behaviors; patterns of relapse, recurrence, or decompensation; or a history of dangerous conduct in the context of inconsistent adherence to mental health treatment, where such history, considered together with the reasons for the current presentation, indicates a substantial risk of serious harm.

4. I have formed my opinion on the basis of facts and information I have obtained (described in the field below or on the reverse) and my own 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 clinician 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 of Physician or Psychiatric Nurse Practitioner	Print Name	Title	
Address	Telephone	Date	Time (AM/PM)

NEW YORK STATE | Office of Mental Health

APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION (Mental Hygiene Law §9.27) OMH Form 471A continued	Name (Last, First, M.I.) _____ MRN _____

Physician or Psychiatric Nurse Practitioner Name:

EXAMINATION

NEW YORK STATE | Office of Mental Health

APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION **(Mental Hygiene Law §9.27)** **CERTIFICATE OF EXAMINING PHYSICIAN OR PSYCHIATRIC NURSE PRACTITIONER*** *To Support an Application for Involuntary Admission* *One of two certificates may be completed by a Psychiatric Nurse Practitioner OMH Form 471A	**Name (Last, First, M.I.)** _____ **Gender** _____ **Date of Birth** _____ **MRN**_____ **Location/Facility** _____

CERTIFICATION

I, _____, hereby certify that:
(Name of Examining Practitioner)

1. I am a physician or psychiatric nurse practitioner licensed to practice in New York State.

2. I have with care and diligence personally examined the above-named person

on _____ at _____
(date) (Name of Hospital and Unit)

3. I find:

This person is in need of involuntary care and treatment in a hospital providing inpatient services for persons with mental illnesses ("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 they are unable to understand the need for such care and treatment); and

As a result of their mental illness, the person poses a substantial threat of harm (choose one or more and describe in detail in the field below or on the reverse):

☐ substantial threat of harm to self

☐ substantial threat of harm to others

☐ refusal or inability to meet their essential need for food, shelter, clothing, or health care

The determination may be supported by any relevant clinical factors, including but not limited to the person's current signs and symptoms; recent behaviors; patterns of relapse, recurrence, or decompensation; or a history of dangerous conduct in the context of inconsistent adherence to mental health treatment, where such history, considered together with the reasons for the current presentation, indicates a substantial risk of serious harm.

4. I have formed my opinion on the basis of facts and information I have obtained (described in the field below or on the reverse) and my own 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 clinician 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 of Physician or Psychiatric Nurse Practitioner	Print Name	Title	
Address	Telephone	Date	Time (AM/PM)

NEW YORK STATE | Office of Mental Health

APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION (Mental Hygiene Law §9.27) OMH Form 471A continued	Name (Last, First, M.I.) _____ MRN _____

Physician or Psychiatric Nurse Practitioner Name:

EXAMINATION

NEW YORK STATE | Office of Mental Health

APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION **(Mental Hygiene Law §9.27)** **REQUEST BY AN EXAMINING PHYSICIAN OR PSYCHIATRIC NURSE PRACTITIONER TO TAKE INTO CUSTODY/ TRANSPORT A MENTALLY ILL PERSON** OMH Form 471B	**Name (Last, First, M.I.)** **Gender** _____ **Date of Birth** _____ **MRN** _____ **Location/Facility**

PART A – REQUEST FOR CUSTODY AND TRANSPORTATION OF A MENTALLY ILL PERSON BY A PEACE OFFICER OR A POLICE OFFICER

Pursuant to the authority granted me under Section 9.27(i) of the Mental Hygiene Law,

I, _____, hereby request _____
(Name of Examining Physician or Psychiatric Nurse Practitioner) (Name & Badge # of Peace/Police Officer)

to take _____ into custody and transport this person to
(Name of Person)

_____
(Name and Address of Hospital)

I have examined this person and have certified that they are mentally ill and in need of involuntary hospitalization. This person has also been certified as mentally ill by another examining practitioner and an application for admission has been completed.

Signature of Examining Physician or Psychiatric Nurse Practitioner	Date	Time (AM/PM)
Address/Contact Information		

PART B – REQUEST FOR TRANSPORTATION OF A MENTALLY ILL PERSON BY AN AMBULANCE SERVICE

Pursuant to the authority granted me under Section 9.27(i) of the Mental Hygiene Law,

I, _____, hereby request _____
(Name of Examining Physician or Psychiatric Nurse Practitioner (Name of Ambulance Service)

to take _____ into custody and transport this person to
(Name of Person)

_____
(Name and Address of Hospital)

I have examined this person and have certified that they are mentally ill and in need of involuntary hospitalization. This person has also been certified as mentally ill by another examining practitioner and an application for admission has been completed.

Signature of Examining Physician or Psychiatric Nurse Practitioner	Date	Time (AM/PM)
Address/Contact Information		