NEW YORK STATE | Office of Mental Health

EMERGENCY ADMISSION (Mental Hygiene Law §9.39)	

I. GENERAL PROVISIONS FOR EMERGENCY ADMISSION

A. In order for a person to be admitted to a hospital according to Section 9.39 of the Mental Hygiene Law, all the following requirements must be met:

1. The hospital must be approved by the Commissioner of Mental Health to receive and retain patients according to this Section;
2. The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to themselves or others. “Likelihood to result in serious harm” means:
   - a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to themself, or
   - a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm, or
   - a substantial risk of physical harm to the person due to an inability or refusal, as a result of their mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter
3. A staff physician of the admitting hospital must examine the person and find that the person meets the standard for admission under this Section. The physician then completes this Form, OMH 474, Emergency Admission.

B. This form 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, and Mental Hygiene Legal Services, and other approved recipients.

C. On admission, the person will be given a written notice of status and rights as a patient admitted according to MHL Section 9.39. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.

D. If a person admitted according to this Section is to be retained in the hospital for more than 48 hours, another physician, who is a member of the psychiatric staff of the hospital, must examine the person and confirm the admitting physician’s findings by completing page 2 of this form (OMH 474).

E. Telehealth services (provided only via audio-visual technologies) may be utilized to fulfill only one of the two required clinical examinations (i.e., by the initial examining physician or by the psychiatrist confirming the need for retention beyond 48 hours). 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.

F. A person who is alleged or appears to be mentally ill may be taken into custody, transported, or removed to a hospital approved to accept emergency admissions, according to sections 9.37, 9.41, 9.43, 9.45, 9.55, 9.57, 9.58, or 9.60 of the Mental Hygiene Law.

G. Within 15 days of admission, if it is determined that the person is not in need of involuntary care and treatment, the person shall be discharged unless they are suitable and agree to remain as a voluntary or informal patient. If the person is in need of continued inpatient care and treatment and is not suitable or will not agree to remain as a voluntary or informal patient, they may be retained beyond 15 days only by completion of an application and two medical examinations as required for admission according to MHL Section 9.27- Involuntary Admission on Medical Certification.

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EMERGENCY ADMISSION **(Mental Hygiene Law §9.39)** OMH Form 474	**Name (Last, First, M.I.)** **Gender** _____ **Date of Birth** _____ **MRN** _____ **Location/Facility**

II. RECORD OF ADMISSION

A. The above-named person was brought to the hospital by _____,
(Name)

_____ _____ _____
(Title/Badge No) (Telephone) (Address/Contact Info)

_____
(Relationship to Person)

Date and Time of Arrival _____ _____
(Date) (Time AM/PM)

B. Circumstances which led to the person being brought to this hospital:

(if applicable) Person was taken into custody, transported, or removed to this hospital in accordance with MHL § _____

C. I have examined the above-named person prior to admission and find there is reasonable cause to believe that the person has a mental illness for which immediate observation, care and treatment in a mental hospital is appropriate and which is likely to result in serious harm (choose one or more):

☐ Threats of or attempts at suicide or serious bodily harm or other conduct demonstrating danger to themselves

☐ Homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm

☐ Inability or refusal, due to mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter

Admitting Physician's Signature	Print Name	Date	Time (AM/PM)

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EMERGENCY ADMISSION (Mental Hygiene Law §9.39) OMH Form 474 continued	Name (Last, First, M.I.) Gender _____ Date of Birth _____ MRN _____ Location/Facility _____

III. EXAMINATION BY PSYCHIATRIST TO CONFIRM NEED FOR EMERGENCY ADMISSION BEYOND 48 HOURS

A. Pertinent and Significant Factors in Psychiatric and Medical History:

B. Physical Condition (including any laboratory, imaging, and other diagnostic test findings):

C. Psychiatric signs and symptoms:

D. Mental Status Exam

E. Collateral Information

F. Does the patient act in a way that is likely to result in serious harm (choose one or more):

☐ Threats of or attempts at suicide or serious bodily harm or other conduct demonstrating danger to themselves

☐ Homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm

☐ Inability or refusal, due to mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter

If yes, explain:

G: Psychiatric differential diagnosis: _____

Contributing co-occurring diagnoses: _____

IV. STAFF PSYCHIATRIST'S CONFIRMATION:

I have personally observed and examined _____ (Name) on _____ (Date) _____ (Time AM/PM)

Based on such examination and the case history, I hereby confirm that there is reasonable cause to believe that the patient has a mental illness for with immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm. The facts stated and information contained herein are true to the best of my knowledge and belief.

I am on the psychiatric staff of _____ (hospital)

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