NEW YORK STATE | Office of Mental Health

CUSTODY/TRANSPORT TO A 9.39 EMERGENCY DEPARTMENT OR CPEP ON REQUEST BY AN APPROVED MOBILE CRISIS OUTREACH TEAM **(Mental Hygiene Law §9.58)** OMH Form 482	**Name (Last, First, M.I.)** _____ **Gender** _____ **Date of Birth** _____ **Location/Facility**_____

(a) A physician or qualified mental health professional* who is a member of an approved mobile crisis outreach team shall have the power to remove, or pursuant to subdivision (b) of this section, to direct the removal of any person who appears to be mentally ill and is conducting themselves in a manner which is likely to result in serious harm to themselves or others, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 or section 31.27 of this chapter or where the team physician or qualified mental health professional deems appropriate and where the person voluntarily agrees, to a crisis stabilization center specified in section 36.01 of this chapter.

(b) If the team physician or qualified mental health professional determines that it is necessary to effectuate transport, they shall direct peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department, to take into custody and transport any persons identified in subdivision (a) of this section. Upon the request of such physician or qualified mental health professional, an ambulance service, as defined in subdivision two of section three thousand one of the public health law, is authorized to transport any such persons. Such persons may then be evaluated for admission in accordance with the provisions of section 9.27, 9.39, 9.40 or other sections of this article, provided that such admission decisions shall be made independent of the fact that the person was transported pursuant to the provisions of this section and, provided further, such transport shall not create a presumption that the person should be involuntarily admitted to a hospital.

*Qualified mental health professional means a licensed psychologist, a registered professional nurse, licensed clinical social worker, or a licensed master social worker (under the supervision of a physician, psychologist or licensed clinical social worker) who is approved by the Commissioner of OMH to serve in a mobile crisis outreach program.

I, _____, am a physician or qualified mental health professional who is
(Name)
a member of a mobile crisis outreach team operating as part of a mobile crisis outreach team program approved by the State Commissioner of Mental Health.

I am of the professional opinion that _____:
(Name of Person)

1. appears to be mentally ill; and
2. is conducting themselves in a manner 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

Describe:

NEW YORK STATE | Office of Mental Health

CUSTODY/TRANSPORT TO A 9.39 EMERGENCY DEPARTMENT OR CPEP ON REQUEST BY AN APPROVED MOBILE CRISIS OUTREACH TEAM **(Mental Hygiene Law §9.58)** OMH Form 482 continued	**Name (Last, First, M.I.)** _____

☐ I hereby acknowledge that I am removing this person to _____ for the purpose of
(Name of §9.39 ED/CPEP)
evaluation for admission. Participating with me in this removal are the following mobile crisis outreach team members:

_____ _____ _____
(Name) (Name) (Name)

OR

☐ I hereby direct, under the Mental Hygiene Law, that the peace/police officers of _____
(Department/Location)

take this person into custody and transport them to _____ for the purpose of
(Name of §9.39 ED/CPEP)
evaluation for admission.

OR

☐ I hereby request, under the Mental Hygiene Law, that _____ transport this person
(Name of Ambulance Service)

to _____for the purpose of evaluation for admission.
(Name of §9.39 ED/CPEP)

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 receiving hospital and other intended recipients.

Signature of Physician or Qualified Mental Health Professional	Date	Time (AM/PM)