

ANNUAL NOTICE OF STATUS AND RIGHTS VOLUNTARY ADMISSION

Mental Hygiene Law §9.13

Name (Last, First, M.I.) _____

Gender: _____ Date of Birth: _____

MRN: _____

Location/Facility: _____

To: _____ Admission Date: _____

You have agreed to stay as a voluntary-status patient in 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. 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 they have 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 including the director and any board of visitors 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. I HEREBY CONSENT TO MY CONTINUED STAY IN THIS HOSPITAL AS A VOLUNTARY-STATUS PATIENT.

Patient's Signature	Date	Time AM/PM
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THE PATIENT ABOVE HAS BEEN GIVEN A COPY OF THIS NOTICE, and has been determined to be suitable for continued hospitalization as a voluntary-status patient.

Signature of Staff Physician or Nurse Practitioner in Psychiatry	Date	Time AM/PM
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THE MENTAL HYGIENE LEGAL SERVICE FINDS NO GROUNDS TO DOUBT THE ABOVE PATIENT'S WILLINGNESS OR THE HOSPITAL'S DETERMINATION OF THE PATIENT'S SUITABILITY TO CONTINUE ON VOLUNTARY STATUS

Signature of MHLS Representative	Date	Time AM/PM
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