

NOTIFICATION OF STATUS AND RIGHTS EMERGENCY ADMISSION

Mental Hygiene Law §9.39

(to be given to the patient at the time of admission to the hospital)

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

Gender: _____ Date of Birth: _____

MRN: _____

Location: _____

To: _____ Date of Arrival at Hospital: _____

Based upon an examination by a staff physician, you have been admitted on an emergency status to this hospital for persons with mental illness because you are alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate. It also alleged that such mental illness is likely to result in serious harm, which according to Section 9.01 of the Mental Hygiene Law means 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 the hospital. If you, or those acting on your behalf, believe that you do not need involuntary care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

(a) 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 themselves;

(b) 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

(c) 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.

Within 48 hours of your admission, you will be examined by another physician, who is a member of the psychiatric staff of the hospital. If they confirm the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from your arrival. During this 15-day period, you may be discharged, asked to remain on voluntary status, or converted to a MHL §9.27 Involuntary Admission (at which time the hospital must give you a new Notice of Status and Rights). You or your attorney may request a court hearing to contest the Emergency Admission.

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 the hospital.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing that will take place as soon as possible, and in any event, within 5 days after the request is received by the hospital. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service

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:

THE PATIENT ABOVE HAS BEEN GIVEN A COPY OF THIS NOTICE. A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.

Signature of staff designated by director	Date
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Copies To: (Persons designated by the patient to be informed of admission. If none, type in "NONE")

Name	Contact Information