



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration
Behavioral Health

Clinic Services
Emergency Medical Services
Environmental Health/Animal Services

Public Health
Public Administrator/Public Guardian

Policy Number	336
Policy Title	Advisement of Rights to Involuntary Patients (W&I Code 5250)
References	Division 5 of the California Welfare and Institutions Code (CA W&I), which contains the Lanterman-Petris-Short (LPS) Act
Form	5250 Advisement of Rights Involuntary Patients ("Certification Notice")
Effective	November 25, 2015

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Policy

Monterey County Behavioral Health Bureau's policy and procedures regarding involuntary detention for intensive treatment for mental health disorders will comply with Division 5 of the California Welfare and Institutions Code (CA W&I), which contains the Lanterman-Petris-Short (LPS) Act. This policy is for section 5250 advisement of rights to involuntary patients.

Procedure

Notice of Certification for Intensive Treatment of Mental Health Disorders

1. Delivery of Copies of the Certification Notice
 - a. In accordance with the LPS Act (W&I Code Sections 5251, 5252, 5253) a copy of the certification notice must be personally delivered to the patient certified, the person's attorney, or the Advocate designated in W&I 5252.
 - b. The patient certified must be asked to designate any person who is to be sent a copy of the certification notice.
 - i. If he or she is incapable of making such a designation at the time of certification, he or she must be asked to designate such person as soon as he or she is capable.
 - c. A copy must also be sent to the person's attorney or advocate designated to represent the patient in the certification review hearing.
 - d. A copy should be sent by fax (831) 796-8639 to the Patients' Rights Advocate as soon as possible after personal delivery to the patient.
 - e. A copy of the certification notice must be submitted to the superior court with a copy of the decision that results from the certification hearing. (W&I Code Section 5253)

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2. Advisement of Rights To Patient

- a. The person who delivers the copy of the notice of certification to the patient certified must, at the time of delivery, inform the certified patient that he or she has the right to either:
 - i. A certification review hearing within four days
 - ii. A review by a court pursuant to a writ of habeas corpus to determine whether probable cause exists to detain him or her for intensive treatment related to the mental health disorder.
- b. The certified patient must be informed of his or her rights with respect to the certification review hearing, including the right to the assistance of another person to prepare for the hearing and/or answer other questions and concerns regarding the involuntary commitment.
- c. The certified patient must receive an explanation regarding what judicial review by habeas corpus entails and be informed of his right to counsel at these hearings, including counsel appointed by the court pursuant to Welfare and Institutions Code Section 5276. (W& I Code Section 5254, 5254.1)

3. Documentation of Notice to Patient

- a. The psychiatric social worker or staff who delivers a copy of the certification notice and advises the patient of his right to review by a certification review hearing or by a court pursuant to a writ of habeas corpus (and explain the meaning of the term), must complete the "Advisement of Rights Involuntary Patient" form.
- b. Clearly document efforts in asking the person certified if he or she would like to designate a person to receive a copy (in the event the person certified was previously incapable of making such a designation at the time of certification)
- c. This form provides documentation that the requirements of delivery of copies of the notice of certification as specified in W&I Code Section 5353 and advisement of the right of review as specified in W&I Section 5254 and 5254.1 have been met.
- d. This form should be placed in the patient's medical record

This is to certify that on _____ (date), the undersigned advised

_____ (Name of Patient), a patient at Natividad Medical Center of the following:

1. That the patient is being certified for not more than 14-days of involuntary intensive treatment for mental health disorders
2. His/her legal rights to designate any person whom he/she wishes informed regarding his/her certification or judicial review (the patient understands that he/she has the right to request that this information not be provided), and the patient has designated the following person(s):

Name	Address	Relationship
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Name	Address	Relationship
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3. His/her legal right to certification review hearing or a habeas corpus hearing by the superior court to review this certification for involuntary treatment in order to determine whether he/she is a danger to others or to himself/herself or is gravely disabled; whether he/she has been advised of, but has not accepted voluntary treatment.
4. His/her legal right to assistance of an advocate at a certification review hearing or to counsel, including court-appointed counsel at no cost to him/her if he/she is unable to pay for such legal services, to prepare for and represent him/her at a writ of habeas corpus hearing.

I have personally delivered a copy of the certification notice to him/her.

Staff Signature _____ Print staff full name _____

Time: _____ AM/PM

Date: _____

Esto es para certificar que el _____ (fecha), el suscrito informo a _____ (Nombre del paciente), un paciente en el Centro Médico de la Natividad de lo siguiente:

1. Que el paciente está siendo certificado por no más de 14 días de tratamiento involuntario intensivo para trastornos de salud mental
2. Sus derechos legales para designar a cualquier persona que quiera informar acerca de su certificación o informe judicial (el paciente entiende que tiene derecho a solicitar que esta información no sea proporcional) y el paciente ha designado a las siguientes personas:

Nombre	Domicilio	Relación

3. Su derecho de revisión a la certificación de audiencia o una audiencia de hábeas corpus por el Tribunal superior para revisar esta certificación para tratamiento involuntario para determinar si usted es un peligro para otros o para sí mismo, o está gravemente discapacitado; si éste ha sido advertido, pero no aceptó tratamiento voluntario.
4. Su derecho a la asistencia de un abogado en la certificación de revisión auditiva o ser aconsejado, esto incluye abogado de oficio sin costo para usted si usted no tiene capacidad de pagar por servicios legales, para preparar y representarlo en la audiencia de hábeas corpus.

Yo personalmente he entregado una copia de la notificación de la certificación a él/ella.

Firma de Personal _____ Nombre de Personal _____

Hora: _____ AM/PM

Fecha: _____