

**INVOLUNTARY PATIENT ADVISEMENT
(TO BE READ AND GIVEN TO THE
PATIENT AT TIME OF ADMISSION)**

Confidential Patient Information

Name of Facility: _____

Patient's Name: _____

Admission Date: _____

Section 5150(i) of the Welfare and Institutions Code requires that each person admitted to a facility designated by the county for evaluation and treatment be given specific information orally and in writing, and in a language or modality accessible to the person and a record of the advisement be kept in the person's medical record.

My name is _____ My position here is _____

You are being placed into this psychiatric facility because it is our professional opinion, that as a result of a mental health disorder, you are likely to: (check applicable)

- Harm yourself Harm someone else Be unable to take care of
your own food clothing or shelter

(List specific facts upon which the allegation of dangerous or gravely disabled due to mental health disorder is based, including pertinent facts arising from the admission interview):

We believe this is true because:

You will be held for a period of up to 72 hours. This (**does**) / (**does not**) include weekends or holidays. Your 72-hour period begins at: _____ on: _____
(Time) (Date)

You will be held for a period up to 72 hours. During the 72 hours you may also be transferred to another facility. You may request to be evaluated or treated at a facility of your choice. You may request to be evaluated or treated by a mental health professional of your choice. We cannot guarantee the facility or mental health professional you choose will be available, but we will honor your choice if we can.

During these 72 hours you will be evaluated by the facility staff, and you may be given treatment, including medications. It is possible for you to be released before the end of the 72 hours. But if the staff decides that you need continued treatment you can be held for a longer period of time. If you are held longer than 72 hours, you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to pay for the lawyer, then one will be provided to you free of charge.

If you have questions about your legal rights, you may contact the county Patients' Rights Advocate at _____ (phone number of county Patients' Rights Advocacy Office).

Advisement Completed or Attempted by:	Position:	Language or Modality Used:
Good Cause for Incomplete Advisement:		Date of Advisement: