NOTICE OF CERTIFICATION OF UP TO 30 DAYS OF ADDITIONAL INTENSIVE TREATMENT

Confidential Patient Information
See Welfare & Institutions Code
Section 5328 and Penal Code 11142

HIPAA Privacy Rule
45 C.F.R. § 164.508

The authorized agency providing evaluation services in the County of _____ has evaluated the condition of:

Legal Name_____

Chosen Name (if different from above) _____

Address _____

Marital Status _____ Date of Birth _____ Sex _____

We, the undersigned, allege that the above-named person is (mark all that apply):

☐ Gravely disabled due to ☐ a mental health disorder, ☐ a severe substance use disorder, or ☐ a co-occurring mental health disorder as defined in subdivision (h) of Section 5008 of the Welfare & Institutions Code

The specific facts which form the basis for our opinion that the above-named person meets the classification indicated above are as follows:

The above-named person has been informed of this evaluation, and has been advised of the need for, but has not been able or willing to accept treatment on a voluntary basis, or to accept referral to, the following services: _____

_____

We, therefore, certify the above-named person to receive intensive treatment related to the mental health disorder or severe substance use disorder beginning this (date 30-day hold was initiated, or, if the patient was voluntary, date the 14-day hold would have ended) _____ day of _____, 20_____ (date 30-day hold begins), in the intensive treatment facility herein named _____.

_____
Date of Assessment

Signature _____
Printed Name Title/Discipline Date

Signature _____
Printed Name Title/Discipline Date

I hereby state that I delivered a copy of this notice this day to the above-named person and that I informed him or her that unless judicial review is requested, a certification review hearing will be held within four days of the date on which the person is certified for a period of intensive treatment and that an attorney or advocate will visit him or her to provide assistance in preparing for the hearing or to answer questions regarding his or her commitment or to provide other assistance. The court has been notified of this certification on this day.

I have advised the individual of their right to judicial review (writ hearing), and the individual ☐ DOES ☐ DOES NOT request a writ hearing. (Please contact the Public Defender at 619-338-4617 to schedule a hearing.)

Signature _____
Printed Name Title/Discipline Date