



State of New York  
OFFICE OF MENTAL HEALTH

BLAYK, BONZE ANNE ROSE  
A00082793308 M000597460  
05/01/1956 60 F  
Ehmke, Clifford BSU 202-01

**II. GENERAL INFORMATION**

**A. Mental Hygiene Legal Service**

The Mental Hygiene Legal Service is an agency of the New York State Supreme Court which provides protective legal services, advice and assistance, including representation, to all patients admitted to psychiatric facilities. Patients are entitled to be informed of their 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.

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone on the staff of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at: \_\_\_\_\_.

**B. Reimbursement**

The patient is legally responsible for the cost of care. Additionally responsible are the patient's spouse and in some cases the parents of a patient under the age of 21. Also legally responsible are the committee, guardian, or trustee of a trust fund established for the support of the patient, or any fiduciary or payee of funds for the patient.

Charges may be waived or reduced when there is inability to pay. Any person who applies for a waiver or reduction of charges must cooperate in a financial investigation to determine ability to pay.

**PART A Application for Admission**

I hereby apply for the admission of Bonze Anne Rose Blayk (Name of person)  
to Cayuga Medical Center (Name of Hospital), a hospital providing services for the mentally ill.

My reasons for applying for admission of this person are as follows:

Pt. is 60 year old male to female transgender person. Pt has a known history of mental illness and was admitted to the hospital after exhibiting bizarre behavior in the community. On the unit patient continues to express paranoid and delusional beliefs. Pt has also become agitated and threatening at times. Pt requiring continued involuntary admission in a locked secured unit at this time.

Under penalty of perjury, I attest that the information supplied on this application is true to the best of my knowledge and belief.

Signature of Applicant <u>Shane Saddle RN</u>	Relationship/Title <u>BSU RN Team Leader</u>
Address <u>101 Dates Drive, Ithaca, NY 14850</u>	Date
	MO. DAY YEAR <u>1 6 2017</u>

**PART B Psychiatrist's Confirmation of Need for Involuntary Care and Treatment in a Hospital**

I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION\* AND CONFIRM:

- that the person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill; and
- that as a result of his or her mental illness, the person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with noncompliance with mental health treatment programs).

Signature <u>[Signature]</u>	Date	Time
	MO. DAY YEAR <u>01 06 17</u>	A.M. P.M. <u>1630</u> (P.M.)

\*NOTE: Part B must be completed for new admissions and for conversions of already-admitted patients to §9.27 Involuntary Status.



# APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION

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Section 9.27 Mental Hygiene Law

## I. GENERAL PROVISIONS FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION

### A. Standard for Admission

A person alleged to be mentally ill and in need of involuntary care and treatment may be admitted to a hospital providing inpatient services for the mentally ill, upon the certificates of two examining physicians accompanied by an application for admission for such person.

- "In need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment.
- The person in need of involuntary care and treatment must, as a result of his or her mental illness, pose a substantial threat of harm to self or others.

### B. Application

The application must be made within 10 days prior to admission by:

- any person with whom the person alleged to be mentally ill resides;
- the father or mother, husband or wife, brother or sister or the child of any such person or the nearest available relative;
- the committee of such person;
- an officer of any public or well recognized charitable institution or agency or home in whose institution the person alleged to be mentally ill resides;
- the director of community services or social services official, as defined in the social services law, of the city or county in which any such person may be;
- the director of the hospital or of a general hospital, as defined in article twenty-eight of the public health law, in which the patient is hospitalized;
- the director or person in charge of a facility providing care to alcoholics or substance abusers or substance dependent persons;
- the director of the division for youth, acting in accordance with the provisions of section five hundred nine of the executive law;
- subject to the terms of any court order or any instrument executed pursuant to section three hundred eighty-four-a of the social services law, a social services official or authorized agency which has, pursuant to the social services law, care and custody or guardianship and custody of a child over the age of sixteen;
- subject to the terms of any court order, a person or entity having custody of a child pursuant to an order issued pursuant to section seven hundred fifty-six or one thousand fifty-five of the family court act; or
- a qualified psychiatrist\* who is either supervising the treatment of or treating such person for a mental illness in a facility licensed or operated by the Office of Mental Health (\* means a physician licensed to practice medicine in NY State, who is a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or who is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board).

### C. Certification by Two Examining Physicians

The application must be supported and accompanied by two Certificates of Examining Physician (Form 471A). The examinations may be conducted jointly, but each examining physician must execute a separate certificate. If the examining physician knows that the person under examination has received prior treatment, s/he must, if possible, consult with the physician or psychologist furnishing such prior treatment.

The required examinations must be made within 10 days prior to the date of the patient's admission to the hospital.

A person is disqualified from acting as an examining physician if:

- he or she is not licensed to practice medicine in New York State.
- he or she is a relative of the person applying for admission, or of the person alleged to be in need of hospitalization.
- he or she is a manager, trustee, visitor, proprietor, officer, director, or stockholder of the hospital in which the patient is hospitalized or to which it is proposed to admit such person, or has any financial interest in such hospital other than receipt of fees, privileges or compensation for treating or examining patients in such hospital.
- he or she is on the staff of a proprietary hospital to which it is proposed to admit such person.

### D. Hospital Evaluation, Admission and Retention

A physician on the psychiatric staff of the hospital, other than the original examining physicians, must examine the person alleged to be mentally ill and confirm the need for involuntary care and treatment prior to admission.

Subsequent to admission, if no request for a court hearing is made, the director may retain the patient for up to 60 days without taking other action.

If the hospital director determines that the condition of the patient requires hospitalization beyond 60 days:

- The patient may remain as a voluntary or informal patient if willing and suitable for such status.
- If the patient is unwilling or not suitable to remain as a voluntary or informal patient, the director must apply, before the end of the 60 day period, for a court order authorizing continued retention of the patient. The director must also inform the patient, the Mental Hygiene Legal Service, and others who received the original notice of the patient's commitment, that said director is applying for a court order, to give them the opportunity to request a hearing before the court, if they so desire.

# CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for  
Involuntary Admission



BLAYK, BONZE ANNE ROSE  
A00082793308 M000597460  
05/01/1956 60 F  
Ehmke, Clifford BSU 202-01

## CERTIFICATION

I, Henry Gerson, MD, hereby certify that:  
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person

on: 

1	6	17
Mo.	Day	Yr.

 at Cayuga Medical Center  
(Place where examined)

3. I find:
  - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
  - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with noncompliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <i>HG</i>	Print Name Signed <i>Henry Gerson</i>	Title <i>Psychiatrist</i>			
Address <i>111 Daker Dr.</i>	Phone Number <i>271-4304</i>	Date			Time
		Mo.	Day	Yr.	<i>2:05</i> hr. Min. <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span>

*Bonze Anne request psychiatric admission / hospitalization  
due to impairing psychotic symptoms, features of a mental disorder -  
A less restrictive setting is inappropriate as the patient's*



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Symptoms of these will attack my panic disorder

# CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for  
Involuntary Admission



BLAYK, BONZE ANNE ROSE  
A00082793308 M000597460  
05/01/1956 60 F  
Ehmke, Clifford BSU 202-01

## CERTIFICATION

I, Timothy Lowry, MD, hereby certify that:  
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person

on: 

1	6	17
Mo.	Day	Yr.

 at Cayuga Medical Center  
(place where examined)

3. I find:
  - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
  - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with noncompliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature 	Print Name Signed <u>Timothy P. Lowry MD</u>	Title <u>Psychiatrist</u>
Address <u>101 Deane St. Ithaca NY</u>	Phone Number <u>(607) 274-4304</u>	Date
		Time
1 Mo.	6 Day	17 Yr.
11 Hr.	56 Min.	AM PM

Ms Blayk is a male to female transgender person admitted to this locked psychiatric unit for safety, assessment and treatment

Person's Name (Last, First, M.I.)

He came to attention through agitated and violent behavior. On the unit he continues to show paranoid and threatening behavior. He will require extended care in a locked setting to ensure his and others' safety as we await him to clear from his psychotic and at times agitated and threatening behavior. There is no less restrictive setting appropriate or reasonably possible at this time that would adequately cover current safety risks.

*[Signature]*  
 Lower  
 1.6.17  
 1519



BLAYK, BONZE ANNE ROSE  
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**NOTICE OF STATUS AND RIGHTS  
CONVERSION TO INVOLUNTARY STATUS**

(to be given to the patient at the time of conversion to involuntary status)

Section 9.27 Mental Hygiene Law

Patient's Name (Last, First, M.I.)

C# No.



**BLAYK, BONZE ANNE ROSE**  
A00082793308 M000597460  
05/01/1956 60 F  
Ehmke, Clifford BSU 202-01

Sex

Facility Name

TO: Bonze Anne Rose Blayk

Admission Date To Inpatient Care:	12	25	16
	Mo	Day	Yr
Conversion Date:	01	06	17
	Mo	Day	Yr

Based upon the certificates of two examining physicians, you have been converted to involuntary status at this hospital which provides care and treatment for persons with mental illness. You may be kept in the hospital for a period of up to 60 days from the date of your initial admission to inpatient care (if you were previously an emergency-status or C.P.E.P. emergency-status patient), or up to 60 days from the date of conversion (if you were previously a voluntary-status or informal status patient), unless you have had a court hearing, or an application has been filed for a court hearing. During this 60 day period you may be released, or converted to voluntary or informal status, if you are willing to continue receiving inpatient care and treatment and are suitable for such status.

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 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.

**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:

**MENTAL HYGIENE LEGAL SERVICE 607-271-8282** <sup>240-5360</sup>

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

*J. Ehmke*  
Signature of Staff Physician

1/6/17  
Date

COPIES TO:  
  
\_\_\_\_\_  
(Original Applicant)  
  
\_\_\_\_\_  
(Nearest Relative)  
  
\_\_\_\_\_

COPIES TO: Persons designated by patient to be informed of admission. (If None, type in "NONE")

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.  
State and Federal Laws prohibit discrimination based on race, color, creed, national origin, sexual orientation, military status, age, sex, marital status or disability.

**NOTIFICACION DE ESTADO LEGAL Y DERECHOS  
CAMBIO A ESTADO LEGAL INVOLUNTARIO**

(Para ser entregada al paciente al momento del cambio a estado legal involuntario )

Sección 9.27 de la Ley de Higiene Mental

Nombre del paciente (Apellido, Nombre, Iniciales del segundo nombre)	Espejete número
Sexo	Fecha de nacimiento
Nombre de la institución	Unidad, Pabellón, Cuarto, No.

A: \_\_\_\_\_

Fecha de ingreso para cuidado como paciente internado	Mes	Día	Año
Fecha de cambio:	Mes	Día	Año

Basado en los certificados emitidos por dos médicos, usted ha sido cambiado al estado legal de paciente involuntario en este hospital el cual proporciona cuidado y tratamiento a las personas con enfermedades mentales. Usted puede permanecer internado en el hospital por un periodo de hasta 60 días a partir del ingreso inicial como paciente internado (si usted fue anteriormente un paciente con estado legal de emergencia o un paciente C.P.E.P. [Programa Compresivo de Emergencia Psiquiátrica] con estado legal de emergencia), o por un periodo de hasta 60 días a partir de la fecha de cambio (si usted fue anteriormente un paciente con estado legal voluntario o con estado legal informal), a menos que usted haya tenido una audiencia ante el tribunal o haya sometido una solicitud de audiencia. Durante este periodo de 60 días usted puede ser dado de alta o cambiado a un estado legal voluntario o informal, si usted desea continuar con el tratamiento como paciente internado y es apto para dicho estado.

Usted y cualquiera que actúe en representación suya están en libertad de preguntar al personal del hospital acerca de su condición, su estado legal y derechos bajo la Ley de higiene mental y las normas y reglamentos de este hospital.

Si usted o sus representantes consideran que usted no necesita cuidado y tratamiento involuntario, usted o ellos pueden hacer una petición escrita para una audiencia ante el tribunal. Las copias de dicha petición serán enviadas por el director (a) del hospital al tribunal apropiado y al Servicio Legal de Higiene Mental.

**SERVICIO LEGAL DE HIGIENE MENTAL**

El Servicio Legal de Higiene Mental, una agencia del tribunal no relacionada con este hospital, puede proporcionar a usted y a su familia servicios legales de protección, consejería y asistencia, incluyendo representación con relación a su hospitalización. Usted tiene derecho a ser informado sobre sus derechos relacionados con la hospitalización y tratamiento al igual que a una audiencia ante el tribunal, a ser representado por un abogado y a buscar opinión medica independiente.

Usted o cualquier otra persona actuando en representación suya puede ver o comunicarse con un representante del Servicio Legal de Higiene Mental ya sea por teléfono o escribiendo directamente a la oficina del Servicio o solicitando al personal del hospital que haga tales arreglos por usted.

El representante del Servicio Legal de Higiene Mental de este hospital puede ser localizado en:

**AL PACIENTE ANTERIORMENTE MENCIONADO SE LE HA ENTREGADO  
UNA COPIA DE ESTA NOTIFICACION.**

\_\_\_\_\_  
Firma del médico

\_\_\_\_\_  
Fecha

COPIAS A:

COPIAS A: Personas designadas por el paciente para ser informadas acerca del ingreso. (Si es ninguno escriba "NINGUNO").

\_\_\_\_\_  
(Solicitante Original)

\_\_\_\_\_

\_\_\_\_\_  
(Paciente más cercano)

*Una copia de esta notificación de estado legal y derechos será también enviada al Servicio Legal de Higiene Mental.  
Las leyes estatales y federales prohíben la discriminación basada en raza, color credo, nacionalidad, estado militar, edad, sexo, estado civil o discapacidad.*



**EMERGENCY ADMISSION**  
Section 9.39 Mental Hygiene Law

Patient's Name (Last, First, Middle Initial)	No.
BLAYK, BONZE ANNE ROSE	
Se A00082793308 M000597460	
05/01/1956 60 F	th. 5/1/56
Fa Ehmke, Clifford BSU 202-01	
Ward No.	

**I. General Provisions for Emergency Admission**

- A. In order for a person to be admitted to a hospital according to Section 9.39 of the Mental Hygiene Law, all the following requirements must be met:
- The hospital must be approved by the Commissioner of Mental Health to receive and retain patients according to this Section;
  - The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. "Likelihood to result in serious harm" means:
    - 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 himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or
    - 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.
  - A staff physician of the admitting hospital must examine the person and find that the person meets the standard for admission under this Section. The physician then completes this Form, OMH 474, Emergency Admission.
- B. A person who is alleged or appears to be mentally ill may be taken into custody, transported, or removed to a hospital approved to accept emergency admissions, according to the following sections of the Mental Hygiene Law:
- Section 9.41- Powers of Certain Peace Officers and Police Officers, Form OMH 474A/476A, I
  - Section 9.43- Powers of Courts- Form OMH 465, Civil Order for Removal to Hospital
  - Section 9.45- Powers of Directors of Community Services, Form OMH 474A/476A, II
  - Section 9.55- Powers of Qualified Psychiatrists, Form OMH 474A/476A, III
  - Section 9.57- Powers of Emergency Room Physicians, Form OMH 474A/476A, IV
- C. On admission, the person will be given a written notice of status and rights as a patient admitted according to MHL Section 9.39. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.

If a person admitted according to this Section is to be retained in the hospital for more than 48 hours, another physician, who is a member of the psychiatric staff of the hospital, must examine the person and confirm the admitting physician's findings by completing page 2 of this form (OMH 474).

Within 15 days of admission, if it is determined that the person is not in need of involuntary care and treatment, s/he shall be discharged unless s/he is suitable and agrees to remain as a voluntary or informal patient. If the person is in need of continued inpatient care and treatment, and is not suitable or will not agree to remain as a voluntary or informal patient, s/he may be retained beyond 15 days only by completion of an application and two medical examinations as required for admission according to MHL Section 9.27- Involuntary Admission on Medical Certification.

**II. Record of Admission**

A. The above-named person was brought to this hospital by:

Name

Bangs Ambulance

Title/Badge No. (as appropriate)

EMT

Address

Ithaca, NY

Phone

Relationship to Person

Address of Person

Time of arrival at hospital:

1	2	2	4	1	6	2	2	4	5	<input type="checkbox"/> A.M.
Month		Day		Year		Hour		Minute		<input checked="" type="checkbox"/> P.M.

B. Circumstances which led to the person being brought to this hospital:

(If applicable) Person was taken into custody, transported, or removed to this hospital in accordance with MHL Section \_\_\_\_.

Pt called 911 from Sunoco Station downtown reporting feeling unsafe due to altercation at gas station. Pt disoriented, hyperverbal & apparently delusional, so trans 9.41 by ambulance to ER for eval.

C. I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND FIND THERE IS REASONABLE CAUSE TO BELIEVE THAT THE PERSON HAS A MENTAL ILLNESS FOR WHICH IMMEDIATE OBSERVATION, CARE AND TREATMENT IN A MENTAL HOSPITAL IS APPROPRIATE AND WHICH IS LIKELY TO RESULT IN SERIOUS HARM TO HIMSELF OR HERSELF OR OTHERS.

Admitting Physician's Signature:

1	2	2	5	1	6	0	4	3	0	<input checked="" type="checkbox"/> A.M.
Month		Day		Year		Hour		Minute		<input type="checkbox"/> P.M.



BLAYK, BONZE ANNE ROSE  
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**EMERGENCY ADMISSION**  
Section 9.39 Mental Hygiene Law

"C" No.

**III. Examination to Confirm Need for Extension of Emergency Admission Beyond 48 Hours**

A. Pertinent and Significant Factors in Patient's Medical and Psychiatric History:

60 y/o Male to female on hormone therapy has an extensive h/o mental illness and involvement with Forensic Psychiatric Facilities

B. Physical Condition (including any special test reports):

No known Physical Health problems.

C. Mental Condition: The conduct of the patient (including statements made to me by others) has been:

"You are a fake doctor" patient dismissed the writer and at one point got upset, loud and disrespectful with the writer and other staffs.

D. The patient shows the following psychiatric signs and symptoms:

Disorganized thoughts and bizarre behaviors. Unwilling to cooperate with all assessments and treatments. Poses a substantial risk for violence if not medicated in an inpatient setting.

E. Does the patient show a tendency to cause serious harm to him/herself?  Yes  No to others?  Yes  No

If yes, explain: Got into altercation at a local gas station and continues to be verbally irate on the unit.

F. Mental diagnosis (If determined): Psychosis NOS. R/o Schizophrenia.

F. Staff Psychiatrist's Confirmation:

I have personally observed and examined Bonze Anne Rose Blayk on: \_\_\_\_\_  
(Patient's Name)

<input checked="" type="checkbox"/>	26	16	11:00	<input checked="" type="checkbox"/>
12	26	16	Hour	Minute
Month	Day	Year		<input type="checkbox"/> P.M.

Based on such examination and the case history, I hereby confirm that there is reasonable cause to believe that the patient has a mental illness for with immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. The facts stated and information contained herein are true to the best of my knowledge and belief.

I am on the psychiatric staff of CMC Hospital.

[Signature]  
(Signature)

**NOTICE OF STATUS AND RIGHTS  
EMERGENCY ADMISSION**

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

Section 9.39 Mental Hygiene Law

Patient's Name (Last, First, M.I.)

"C" No.



BLAYK, BONZE ANNE ROSE

Sex

A00082793308

M000597460

05/01/1956 60

*M* → should be  
F as this is  
allaytical  
document

ED

Facility Name

Unit/Ward Residence No.

Date of arrival  
at Hospital:

12	24	16
Mo.	Day	Yr.

TO:

*Blayk, Bonze Anne Rose*

*I, Bonze Anne Rose Blayk, following 48 hours of detention, affirm that I have never received a competent psychiatric examination from a qualified physician, that the record stated myself is itself defective, and this instrument executed under MHL 9.39 is entirely defective. Bonze Anne Rose 12/26/16*

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient 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 "(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 himself or herself, or (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." Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of the hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

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 this 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:

**MENTAL HYGIENE LEGAL SERVICE 607-277-9262**

*240-5360*

**THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.**

Signature of Staff Physician

Date

*12/25/16*

COPIES TO: Persons designated by patient to be informed of admission.  
(If None, type in "NONE".)

**NOTIFICACION DE ESTADO LEGAL Y DERECHOS  
INGRESO DE EMERGENCIA**

(Para ser entregada al paciente al momento del ingreso al hospital)

Sección 9.39 de la Ley de Higiene Mental

Nombre del paciente: Expediente número  
(Apellido, Nombre, Iniciales del segundo nombre)

Sexo: Fecha de nacimiento:

Nombre de la institución: Unidad/Pabellón/Cuarto No.:

A: \_\_\_\_\_

Fecha de llegada al hospital:			
	Mes	Día	Año

Basado en los exámenes de un médico de este hospital, usted ha sido admitido, como paciente con estado legal de emergencia, a este hospital para personas con enfermedades mentales, porque se alega que usted padece de una enfermedad mental para la cual se considera apropiado la observación inmediata, cuidado y tratamiento en un hospital. También se considera que es posible que tal enfermedad mental resulte en dano serio lo que de acuerdo a la Sección 9.01 de la Ley de Higiene Mental significa "(a) riesgo sustancial de dano físico a la persona según se manifiesta a través de amenazas o intento de suicidio o dano serio al cuerpo u otra conducta que demuestre que la persona es peligrosa así misma, o (b) riesgo sustancial de dano físico a otras personas manifestado mediante conducta homicida u otras conductas violentas las cuales causan que otras personas sientan miedo razonable de sufrir dano físico serio." Dentro de 48 horas a partir del momento del ingreso, usted será examinado por otro médico miembro del departamento psiquiátrico de este hospital. Si se confirman los informes del primer médico usted permanecerá internado en el hospital por un periodo de hasta 15 días a partir de su llegada. Durante este periodo de 15 días usted puede ser dado de alta, cambiado a estado legal involuntario o permanecer internado como paciente voluntario o informal.

Usted y cualquiera que actúe en representación suya están en libertad de preguntar al personal del hospital acerca de su condición, su estado legal y derechos bajo la ley de higiene mental y las normas y reglamentos de este hospital.

Si usted o sus representantes consideran que usted no necesita observación, cuidado y tratamiento inmediatos, usted o ellos pueden hacer una petición escrita para una audiencia ante el tribunal la que se llevará a cabo tan pronto como sea posible dentro de los próximos cinco días después que la petición sea recibida en el hospital. Las copias de dicha petición serán enviadas por el director(a) del hospital al tribunal apropiado y al Servicio Legal de Higiene mental.

**SERVICIO LEGAL DE HIGIENE MENTAL**

El Servicio Legal de Higiene Mental, una agencia del tribunal no relacionada con este hospital, puede proporcionar a usted y a su familia servicios legales de protección, consejería y asistencia, incluyendo representación con relación a su hospitalización. Usted tiene derecho a ser informado sobre sus derechos relacionados con la hospitalización y tratamiento al igual que a una audiencia ante el tribunal, a ser representado por un abogado y a buscar opinión médica independiente.

Usted o cualquier otra persona actuando en representación suya puede ver o comunicarse con un representante del Servicio Legal de Higiene Mental ya sea por teléfono o escribiendo directamente a la oficina del servicio o solicitando al personal del hospital que haga tales arreglos por usted.

El representante del Servicio Legal de Higiene Mental de este hospital puede ser localizado en:

**AL PACIENTE ANTERIORMENTE MENCIONADO SE LE HA ENTREGADO  
UNA COPIA DE ESTA NOTIFICACION.**

Firma del médico

Fecha


COPIAS A: Personas designadas por el paciente para ser informadas acerca del ingreso. (Si es ninguno escriba "NINGUNO").

_____	_____
_____	_____
_____	_____

*Una copia de esta notificación de estado legal y derechos será también enviada al Servicio Legal de Higiene Mental. Las leyes estatales y federales prohíben la discriminación basada en raza, color credo, nacionalidad, edad, sexo o incapacidad.*

# Request For Court Hearing

(Before Signing See Information Below)

Patient's Name (Last, First, M.I.) *Blayk* "C" No. \_\_\_\_\_  
  
 BLAYK, BONZE ANNE ROSE  
 A00082793308 M000597460  
 Sex: *F* 05/01/1956 60 M *'1956*  
 Rahman, Mafuzur BSU 214-02  
 Facility Name: *Laguardia Center* Unit/Ward/Residence No. \_\_\_\_\_

Part I Request	Admission Date	Current Legal Status
	<i>12</i> / <i>25</i> / <i>2016</i> Mo Day Yr.	

To: Facility Director

I REQUEST THAT A COURT HEARING BE HELD TO DETERMINE WHETHER THE PATIENT NAMED ABOVE IS NEED OF INVOLUNTARY HOSPITALIZATION.

Signature <i>Bonze Blayk</i>	Print Name Signed <i>Bonze Anne Rose Blayk</i>	If Not Patient, State Relationship <i>SELF</i>	Date Signed <i>12</i> / <i>25</i> / <i>16</i> Mo Day Yr.
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**Part II Information**

**Mental Hygiene Legal Service**

*RECEIVED 12/25/16*  
*© 1020*  
*[Signature]*

The Mental Hygiene Legal Service is an agency of the New York State Office of Court Administration which provides protective legal services, advice and assistance, including representation, to all patients admitted to psychiatric facilities. Patients are entitled to be informed of their 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.

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at: \_\_\_\_\_

**General Information**

Copies of any written request for a Court Hearing, along with a record of the patient, will be forwarded by the director to the appropriate court and the Mental Hygiene Legal Service.

The Court Hearing will be held in the County in which the facility is located, unless a specific request for another location is made and is permitted by law.

You and other interested parties will be notified by the court as to the time and place of the hearing.

If you have any questions, feel free to ask any staff member of this facility for assistance.