

Form OMH 474A/476A (6/08)

<p align="center"><b>EMERGENCY or C.P.E.P. EMERGENCY ADMISSION</b> (Sections 9.41, 9.45 and 9.57 Mental Hygiene Law)</p> <p align="center"><b>Custody/Transport of a Person</b> Alleged To Be Mentally Ill To A Hospital Approved To Receive Emergency or C.P.E.P. Emergency Admissions</p>	Person's Name (Last, First, M.I.) "C" No. <u>BLAYK, BONZE</u>
	Sex <u>MALE</u> Date of Birth <u>05-01-1956</u> Address <u>HAMPTON INN ITHACA</u>

**I. § 9.41 Mental Hygiene Law** Custody/Transport By Certain Peace Officers and Police Officers

I, GT. John Joly (Name), a Peace Officer/Police Officer of ITHACA Police Dept (Department/Location), hereby acknowledge that I have taken into custody BONZE BLAYK (Name of Person), who appears to be mentally ill and is conducting him/herself in a manner which is likely to result in serious harm to him/herself or others.\*

A. I have removed or directed the removal of this person to CAYUGA MEDICAL CENTER (Name of §9.39 Hospital/C.P.E.P.\*\*)

OR

B. I am temporarily detaining this person at \_\_\_\_\_ (Location), a safe and comfortable place, pending examination or admission to \_\_\_\_\_ (Name of §9.39 Hospital/C.P.E.P.\*\*). I am notifying \_\_\_\_\_ (Director of Community Services) or \_\_\_\_\_ (Health Officer) of \_\_\_\_\_ (City) or \_\_\_\_\_ (County) of this detention/removal.

Signature of Peace Officer/Police Officer: [Signature] Title/Badge Number: # 7

09/19/84  AM  PM

**II. § 9.45 Mental Hygiene Law** Request By A Director of Community Services or Designee

I, \_\_\_\_\_ (Name), am the Director of Community Services for \_\_\_\_\_ (City or County)

I, \_\_\_\_\_ (Name), am the designee of the Director of Community Services for \_\_\_\_\_ (City or County)

It has been reported to me that BLAYK, BONZE ANNE ROSE (Name of Person), has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.\*

This information has been reported to me by \_\_\_\_\_ (Name), who is:

a licensed physician  a police officer  the adult sibling of the person

a licensed psychologist, registered professional nurse, or certified social worker currently responsible for providing treatment services to the person  the committee or legal guardian

the health officer  case manager \*\*\*

I hereby direct, under the Mental Hygiene Law, that peace/police officers of \_\_\_\_\_ (Department/Location) take this person into custody and transport him/her to \_\_\_\_\_ (Name of §9.39 Hospital/C.P.E.P.\*\*)

OR

I hereby request, under the Mental Hygiene Law, that \_\_\_\_\_ (Name of Ambulance Service) transport this person to \_\_\_\_\_ (Name of §9.39 Hospital/C.P.E.P.)

Signature of Director of Community Services or Designee: \_\_\_\_\_

Mo. Day Yr. Hr. Min.  AM  PM

\*"Likely to result in serious harm" 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 ("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 (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.

\*\*A hospital approved by the Commissioner of OMH, under MHL Section 9.39, as maintaining adequate staff and facilities for admitting patients on an emergency basis, or a C.P.E.P. licensed by OMH to provide psychiatric emergency services to patients admitted under MHL Section 9.40.

\*\*\*Includes a supportive or intensive case manager who meets the applicable qualifications established by OMH, and who has been assigned to a person by a case management program which has been approved by the Office of Mental Health for the purpose of reporting under this section (MHL§9.45).



THE CENTER IS YOU



BLAYK, BONZE ANNE ROSE  
A00088518428 M000597460  
05/01/1956 62 F  
Caballes, Freder ICU ICU06-0

**CONSENT FOR SURGICAL PROCEDURES**

I hereby authorize Cayuga Medical Center at Ithaca and Deidre Blake, MD and his/her associates and such assistants as may be selected by him/her to administer such treatment or diagnostic procedure as is necessary to perform the following procedure;

Left shoulder closed reduction under  
anesthesia

The above named physician has explained to me the nature and purpose of the above procedure, treatment or operation and possible alternative methods of treatment. The possible results, reasonably foreseeable risks, benefits and complications of both the proposed treatment and/or operation and of the alternatives, have also been explained to me. If the physician has included the use of blood or blood components as a purpose or as a risk or consequence of the procedure, treatment, or operation he/she has discussed the need for, risk of and alternatives to their administration with me. I have had the opportunity to ask him/her questions that concern me, and he/she has given answers satisfactory to me.

I understand that during the course of the procedure unforeseen conditions may become apparent which require an extension of the original procedure, or a different procedure than that described above. I therefore authorize my physician, his/her associate or assistant to perform such procedures as they, in the exercise of their professional judgement, deem necessary. This consent includes the treatment of conditions which are not known at the time the procedure begins.

I have been informed and understand that there are possible dangers inherent in medical procedures. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me about the results of the treatment or procedure.

I further understand that most members of the medical staff and adjunct medical staff are independent practitioners who are not employed by or under the control of the Medical Center.

I  DO  DO NOT consent to the presence of medical equipment company representatives in the operating room and to their provision of technical support to the operating physician involved in the procedure; in no event does this consent permit performance of a procedure by such representatives.

I  DO  DO NOT consent to the disposal of any tissue or body parts removed in the course of the operation by hospital authorities/designees.

I certify that I have read and fully understand the above consent after adequate explanations were provided to me. Benjamin Rebe MD

X 2 Physician consent - Deidre Blake MD  
(Patient or Representative) (Witness)

Date: 9/19/18 Time: 1830

**Physician Attestation:** I hereby certify that I have discussed the risks, benefits of, and alternatives to the above procedure(s) with the patient and/or their health care representative, whose questions and concerns have been addressed. The patient and/or their health care representative demonstrates adequate understanding, and desires to proceed with the operation and/or procedure.

Deidre Blake MD (Physician) 9/19/18 (Date / Time) 1830



Cayuga  
Medical Center  
at Ithaca

101 Dates Drive • Ithaca, New York 14850  
(607) 274-4011



BLAYK, BONZE ANNE ROSE  
A00088518428 M000597460  
05/01/1956 62 F  
Caballes, Freder ICU ICU06-0

### CONSENT FOR ANESTHESIA SERVICES

I / my relation Bonze Blayk have / has been scheduled for Closed Reduction of left Dislocated Shoulder. I understand that anesthesia services are needed so that my doctor can perform the operation or procedure. It has been explained to me that all forms of anesthesia involve some risks, and that no guarantees or promises can be made concerning the results of my procedure or treatment. **ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATIONS CAN OCCUR WITH EACH TYPE OF ANESTHESIA, INCLUDING THE POSSIBILITY OF INFECTION, BLEEDING, DRUG REACTIONS, BLOOD CLOTS, LOSS OF SENSATION, LOSS OF LIMB FUNCTION, PARALYSIS, STROKE, BRAIN DAMAGE, HEART ATTACK, OR DEATH.** I understand that these risks apply to ALL forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia checked below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. I **UNDERSTAND THAT SOMETIMES AN ANESTHESIA TECHNIQUE THAT INVOLVES THE USE OF LOCAL ANESTHETICS, WITH OR WITHOUT SEDATION, MAY NOT SUCCEED COMPLETELY AND THEREFORE ANOTHER TECHNIQUE MAY HAVE TO BE USED INCLUDING GENERAL ANESTHESIA.**

<input checked="" type="checkbox"/> General Anesthesia	Expected Result	Total unconscious state.
	Technique	Drug injected into the bloodstream and/or breathed into the lungs by tube in windpipe
	Risks (include but not limited to)	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, vomiting, aspiration, pneumonia.
<input type="checkbox"/> Spinal or Epidural Analgesia / Anesthesia	Expected Result	Temporary decreased or loss of feeling and / or movement to part of the body.
	Technique	Drug injected through a needle and/or catheter placed either directly into the fluid of the spinal canal or immediately outside the spinal canal.
	Risks (include but not limited to)	Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain requiring additional anesthesia, injury to blood vessels. "total spinal."
<input type="checkbox"/> Major / Minor Nerve Block	Expected Result	Temporary loss of feeling and / or movement to a specific limb or area of the body.
	Technique	Drug injected near nerves providing temporary loss of sensation to the area of the operation.
	Risks (include but not limited to)	Infection, convulsions, weakness, persistent numbness, residual pain requiring additional anesthesia, injury to blood vessels, nerve injury.
<input type="checkbox"/> Intravenous Regional Anesthesia	Expected Result	Temporary loss of feeling and / or movement of a limb.
	Technique	Drug injected into veins of arm or leg while using a tourniquet.
	Risks (include but not limited to)	Infection, convulsions, weakness, persistent numbness, residual pain requiring additional anesthesia, injury to blood vessels, nerve injury.
<input type="checkbox"/> Monitored Anesthesia Care	Expected Result	Reduced anxiety and pain, partial numbness, residual pain, requiring additional anesthesia, injury to blood vessels.
	Technique	Drug injected into the bloodstream and/or breathed into the lungs.
	Risks (include but not limited to)	Awareness under anesthesia, vomiting, aspiration, pneumonia, injury to blood vessels.

#### BLOOD TRANSFUSIONS

I understand that there are potential risks from blood transfusions, though rare, and that some of these include transfusion reactions, hepatitis, and AIDS (Acquired Immune Deficiency Syndrome).

- I give consent to receive blood or blood products as determined by my anesthesiologist and doctor to be necessary for my well being.  
 I refuse blood products because (i.e., religious beliefs, etc.) \_\_\_\_\_

I hereby consent to the anesthesia services checked above and authorize Dr. Robeto and his/her associates to provide anesthesia services. I also consent to an alternative type of anesthesia, as deemed appropriate, by them. I certify and acknowledge the risks, alternatives and expected results of the anesthesia service and that I had ample time to ask questions and to consider my decisions. I understand that the anesthesiologists who provide care at Cayuga Medical Center are independent practitioners and are not employed by Cayuga Medical Center.

Patient or Representative PK does not have capacity Date & Time 09/19/18 1935  
 Witness no relatives, two physician consents Date & Time 09/19/18 1935

**Physician Attestation:** I hereby certify that I have discussed the risks, benefits of and alternatives to the above services with the above stated patient and/or their healthcare representative, whose questions and concerns have been addressed. The patient and/or their healthcare representative demonstrates adequate understanding and desires to proceed with the anesthesia services.

Anesthesiologist AS Robeto Date & Time 09/19/18 1935



Form OMH 474A/476A (6/08)

**EMERGENCY or C.P.E.P. EMERGENCY ADMISSION**  
(Sections 9.41, 9.45 and 9.57 Mental Hygiene Law)

Custody/Transport of a Person  
Alleged To Be Mentally Ill To A Hospital Approved  
To Receive Emergency or C.P.E.P. Emergency Admissions

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

BLAYK, BONZE

"C" No.

Sex

MALE

Date of Birth

05-01-1956

Address

HAMPTON INN ITHACA

**I. § 9.41 Mental Hygiene Law**

Custody/Transport By Certain Peace Officers and Police Officers

I, GT. John Joly, a Peace Officer/Police Officer of ITHACA Police Dept, hereby acknowledge that I have taken into custody BONZE BLAYK, who appears to be mentally ill and is conducting him/herself in a manner which is likely to result in serious harm to him/herself or others.\*

A. I have removed or directed the removal of this person to CAYUGA Medical Center.

OR

B. I am temporarily detaining this person at \_\_\_\_\_, a safe and comfortable place, pending examination or admission to \_\_\_\_\_. I am notifying \_\_\_\_\_ or \_\_\_\_\_ of \_\_\_\_\_ of this detention/removal.

Signature of Peace Officer/Police Officer

*[Signature]*

Title/Badge Number

# 7

09/19/18 4:50 PM

**II. § 9.45 Mental Hygiene Law**

Request By A Director of Community Services or Designee

I, \_\_\_\_\_, am the Director of Community Services for \_\_\_\_\_.  
I, \_\_\_\_\_, am the designee of the Director of Community Services for \_\_\_\_\_.  
It has been reported to me that \_\_\_\_\_, has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.\*

This information has been reported to me by \_\_\_\_\_, who is:

- a licensed physician
- a licensed psychologist, registered professional nurse, or certified social worker currently responsible for providing treatment services to the person
- the health officer
- a police officer
- the adult sibling of the person
- the committee or legal guardian
- a case manager
- a case manager

BLAYK, BONZE ANNE ROSE  
A00088518428  
05/01/1956 62 M000597460

I hereby direct, under the Mental Hygiene Law, that peace/police officers of \_\_\_\_\_ take this person into custody and transport him/her to \_\_\_\_\_.

OR

I hereby request, under the Mental Hygiene Law, that \_\_\_\_\_ transport this person to \_\_\_\_\_.

Signature of Director of Community Services or Designee

Mo. Day Yr. Hr. Min. AM PM

\*"Likely to result in serious harm" 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 ("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 (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.

\*\*A hospital approved by the Commissioner of OMH, under MHL Section 9.39, as maintaining adequate staff and facilities for admitting patients on an emergency basis, or a C.P.E.P. licensed by OMH to provide psychiatric emergency services to patients admitted under MHL Section 9.40.

\*\*\*Includes a supportive or intensive case manager who meets the applicable qualifications established by OMH, and who has been assigned to a person by a case management program which has been approved by the Office of Mental Health for the purpose of reporting under this section (MHL §9.45).

EMERGENCY or C.P.E.P.\*\* EMERGENCY ADMISSION (Sections 9.41, 9.45, 9.55 and 9.57 Mental Hygiene Law)

Custody/Transport of a Person Alleged To Be Mentally Ill To A Hospital Approved To Receive Emergency or C.P.E.P. Emergency Admissions

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

"C" No.

Blayk, Bonze; Sex: male; Date of Birth: 5/1/56; Address: Unknown

I. § 9.41 Mental Hygiene Law

Custody/Transport By Certain Peace Officers and Police Officers

I, [Name], a Peace Officer/Police Officer of [Department/Location] hereby acknowledge that I have taken into custody [Name of Person], who appears to be mentally ill and is conducting him/herself in a manner which is likely to result in serious harm to him/herself or others.\*

A. I have removed or directed the removal of this person to [Name of §9.39 Hospital/C.P.E.P.\*\*] OR

B. I am temporarily detaining this person at [Location], a safe and comfortable place, pending examination or admission to [Name of §9.39 Hospital/C.P.E.P.\*\*]. I am notifying [Director of Community Services] or [Health Officer] of [City] OR [County] of this detention/removal.

Signature of Peace Officer/Police Officer

Title/Badge Number

Mo. Day Yr. Hr. Min. AM PM

II. § 9.45 Mental Hygiene Law

Request By A Director of Community Services or Designee

I, Rachel Webb, am the Director of Community Services for Tompkins. I, Rachel Webb, am the designee of the Director of Community Services for Tompkins.

It has been reported to me that Bonze Blayk has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.\*

This information has been reported to me by Susan Spicer, who is:

- checkboxes for: licensed physician, psychologist, nurse, social worker, health officer, police officer, peace officer with special duties, spouse, child, parent, adult sibling, committee or legal guardian, supportive case manager, intensive case manager.

I hereby direct, under section 9.45 of the Mental Hygiene Law, that peace/police officers of Ithaca Police Dept take this person into custody and transport him/her to Cayuga Medical Center.

I hereby request, under section 9.45 of the Mental Hygiene Law, that Bangs Ambulance transport this person to Cayuga Medical Center.

Signature of Director of Community Services or Designee

09/19/18 7:30 AM

\*to result in serious harm means: (a) a substantial risk of physical person is dangerous to himself or herself ("other conduct" shall include such refusal or inability is likely to result in serious harm if there is not immr behavior by which others are placed in reasonable fear of serious physical \*\*A hospital approved by the Commissioner of OMH, under MHL Section 1 to provide psychiatric emergency services to patients admitted under MHL \*\*\*includes a supportive or intensive case manager who meets the applica been approved by the Office of Mental Health for the purpose of reporting



BLAYK, BONZE ANNE ROSE A00088518428 M000597460 05/01/1956 62 F

or serious bodily harm or other conduct demonstrating or food, shelter, clothing, or health care, provided that r persons as manifested by homicidal or other violent n an emergency basis, or, a C.P.E.P. licensed by OMH r person by a case management program which has

Form OMH 474A/476A (6/08)

<p><b>EMERGENCY or C.P.E.P. EMERGENCY ADMISSION</b> (Sections 9.41, 9.45 and 9.57 Mental Hygiene Law)</p> <p>Custody/Transport of a Person Alleged To Be Mentally Ill To A Hospital Approved To Receive Emergency or C.P.E.P. Emergency Admissions</p>	Person's Name (Last, First, M.I.) "C" No. <u>BLAYK, BONZE</u>
	Sex <u>MALE</u> Date of Birth <u>05-01-1956</u> Address <u>HAMPTON INN ITHACA</u>

**I. § 9.41 Mental Hygiene Law** Custody/Transport By Certain Peace Officers and Police Officers

I, Cr. John Joly, a Peace Officer/Police Officer of ITHACA Police Dept, hereby acknowledge that I have taken into custody BONZE BLAYK, who appears to be mentally ill and is conducting him/herself in a manner which is likely to result in serious harm to him/herself or others.\*

A. I have removed or directed the removal of this person to CAYUGA MEDICAL CENTER.

OR

B. I am temporarily detaining this person at \_\_\_\_\_, a safe and comfortable place, pending examination or admission to \_\_\_\_\_, I am notifying \_\_\_\_\_ or \_\_\_\_\_ of \_\_\_\_\_ of this detention/removal.

Signature of Peace Officer/Police Officer: [Signature] Title/Badge Number: # 2 09/19/84  AM  PM

**II. § 9.45 Mental Hygiene Law** Request By A Director of Community Services or Designee

I, \_\_\_\_\_, am the Director of Community Services for \_\_\_\_\_.

I, \_\_\_\_\_, am the designee of the Director of Community Services for \_\_\_\_\_.

It has been reported to me that \_\_\_\_\_, has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.\*

This information has been reported to me by \_\_\_\_\_, who is:

a licensed physician  a police officer  the adult sibling of the person

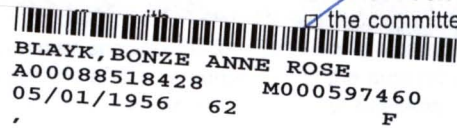
a licensed psychologist, registered professional nurse, or certified social worker currently responsible for providing treatment services to the person  the committee or legal guardian

the health officer  case manager

I hereby direct, under the Mental Hygiene Law, that peace/police officers of \_\_\_\_\_ take this person into custody and transport him/her to \_\_\_\_\_.

OR

I hereby request, under the Mental Hygiene Law, that \_\_\_\_\_ transport this person to \_\_\_\_\_.



Signature of Director of Community Services or Designee: \_\_\_\_\_ Mo. Day Yr. Hr. Min.  AM  PM

\*"Likely to result in serious harm" 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 ("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 (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.

\*\*A hospital approved by the Commissioner of OMH, under MHL Section 9.39, as maintaining adequate staff and facilities for admitting patients on an emergency basis, or, a C.P.E.P. licensed by OMH to provide psychiatric emergency services to patients admitted under MHL Section 9.40.

\*\*\*Includes a supportive or intensive case manager who meets the applicable qualifications established by OMH, and who has been assigned to a person by a case management program which has been approved by the Office of Mental Health for the purpose of reporting under this section (MHL§9.45).

EMERGENCY or C.P.E.P.\*\* EMERGENCY ADMISSION (Sections 9.41, 9.45, 9.55 and 9.57 Mental Hygiene Law)

Custody/Transport of a Person Alleged To Be Mentally Ill To A Hospital Approved To Receive Emergency or C.P.E.P. Emergency Admissions

Person's Name (Last, First, M.I.) "C" No. Blayk, Bonze Anne Rose; Sex male; Date of Birth 5/1/56; Address UNKNOWN

I. § 9.41 Mental Hygiene Law

Custody/Transport By Certain Peace Officers and Police Officers

I, [Name], a Peace Officer/Police Officer of [Department/Location] hereby acknowledge that I have taken into custody [Name of Person], who appears to be mentally ill and is conducting him/herself in a manner which is likely to result in serious harm to him/herself or others.\*

A. I have removed or directed the removal of this person to [Name of §9.39 Hospital/C.P.E.P.\*\*] OR

B. I am temporarily detaining this person at [Location], a safe and comfortable place, pending examination or admission to [Name of §9.39 Hospital/C.P.E.P.\*\*]. I am notifying [Director of Community Services] or [Health Officer] of [City] or [County] of this detention/removal.

Signature of Peace Officer/Police Officer

Title/Badge Number

Time selection: AM/PM, Mo., Day, Yr., Hr. Min.

II. § 9.45 Mental Hygiene Law

Request By A Director of Community Services or Designee

I, Rachel Webb, am the Director of Community Services for Tompkins. It has been reported to me that Bonze Blayk has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.\*

This information has been reported to me by Susan Spicer, who is:

- Checkboxes for reporting agent roles: licensed physician, psychologist, nurse, social worker, health officer, police officer, peace officer with special duties, spouse, child, parent, adult sibling, committee or guardian, supportive case manager, intensive case manager.

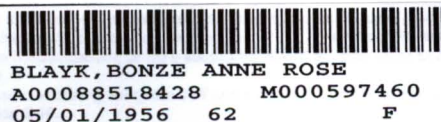
I hereby direct, under section 9.45 of the Mental Hygiene Law, that peace/police officers of Ithaca Police Dept take this person into custody and transport him/her to Cayuga Medical Center.

OR I hereby request, under section 9.45 of the Mental Hygiene Law, that Bangs Ambulance transport this person to Cayuga Medical Center.

Signature of Director of Community Services or Designee

Time selection: AM/PM, Mo., Day, Yr., Hr. Min.

\*\*Likely to result in serious harm means: (a) a substantial risk of physical that the person is dangerous to himself or herself ("other conduct" shall include such refusal or inability is likely to result in serious harm if there is not imminent behavior by which others are placed in reasonable fear of serious physical ...)



or serious bodily harm or other conduct demonstrating or food, shelter, clothing, or health care, provided that r persons as manifested by homicidal or other violent in an emergency basis, or, a C.P.E.P. licensed by OMH a person by a case management program which has

<b>Custody/Transport Of A Person Alleged to be Mentally Ill To A Hospital Approved to Receive Emergency Admissions</b>	Name (Last, First, M.I.)
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<b>III. § 9.55 Mental Hygiene Law</b>	<b>Request By A Qualified Psychiatrist</b>
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I, \_\_\_\_\_, M.D., a qualified psychiatrist\*, am supervising or providing treatment for \_\_\_\_\_ at \_\_\_\_\_, a facility licensed or operated by the Office of Mental Health which does not have an inpatient psychiatric service. I have examined this person and am of the opinion that s/he appears 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 him/herself or others.\*\*

I hereby direct, under section 9.55 of the Mental Hygiene Law, that peace/police officers of \_\_\_\_\_ take into custody and transport this person to \_\_\_\_\_.

-OR-

I hereby request, under section 9.55 of the Mental Hygiene Law, that \_\_\_\_\_ transport this person to \_\_\_\_\_.

Signature of Psychiatrist									"> <input type="checkbox"/> AM <input type="checkbox"/> PM
	Mo.	Day	Yr.	Hr.	Min.				

<b>IV. § 9.57 Mental Hygiene Law</b>	<b>Request By An Emergency Room Physician</b>
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I, \_\_\_\_\_, M.D., am an emergency room physician or provide emergency medical services at \_\_\_\_\_, a general hospital which does not have an inpatient psychiatric service.

-OR-

I, \_\_\_\_\_, M.D., am a physician at \_\_\_\_\_.

It is my opinion, based on examination of \_\_\_\_\_, that s/he appears to have a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.\*\*

I hereby request that the hospital program director, or the director's designee, direct the removal of such person to a hospital approved by the Commissioner of OMH under MHL Section 9.39 or to a comprehensive psychiatric emergency program.

Signature of Physician Examiner								"> <input type="checkbox"/> AM <input type="checkbox"/> PM
	Mo.	Day	Yr.	Hr.	Min.			

Based on the above request, I hereby direct under section 9.57 of the Mental Hygiene Law that peace/police officers of \_\_\_\_\_ take into custody and transport this person to \_\_\_\_\_.

-OR-

Based on the above request, I hereby request under section 9.57 of the Mental Hygiene Law that \_\_\_\_\_ transport this person to \_\_\_\_\_.

Signature of Hospital Director/Designee							"> <input type="checkbox"/> AM <input type="checkbox"/> PM
	Mo.	Day	Yr.	Hr.	Min.		

\* A qualified psychiatrist 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.

\*\* "Likely to result in serious harm" 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 ("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 (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.

\*\*\* A hospital approved by the Commissioner of OMH, under MHL Section 9.39, as maintaining adequate staff and facilities for admitting patients on an emergency basis, or a CPEP licensed by OMH to provide psychiatric emergency services to patients admitted under MHL section 9.40.