

NATIONAL ALLIANCE ON MENTAL ILLNESS
NAMI CONTRA COSTA COUNTY
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COVER LETTER for

- 1) FAMILY INFORMATION FORMS (AB1424) and**
- 2) AUTHORIZATION FOR VERBAL RELEASE OF INFORMATION form.**

1) FAMILY INFORMATION FORM: On October 4, 2001 Assembly Bill 1424 (Thomson) was signed by the Governor and chaptered into law (Welfare & Institutions Code sec. 5150.05). The law became effective Jan. 1, 2002. AB 1424 modifies the LPS Act (Lanterman, Petris, Short Act), which governs involuntary treatment for people with mental illness in California.

Family members need to be aware that their input shall be considered in the determination of whether involuntary treatment is appropriate, and that they may not knowingly give false information without being potentially liable to their mentally ill family member in a civil action.

2) AUTHORIZATION FOR THE VERBAL RELEASE OF PROTECTED HEALTH INFORMATION form was developed as a tool that will, hopefully, facilitate communication between mental health care providers and the family or other care givers. It may be presented to outpatient care providers as well as hospitals. The care provider or facility may have their own forms and require your family member to sign a new authorization for release of information to you.

We suggest, as a guideline, that you fill out the forms in advance, keep the information current, have extra copies, and, if possible have the currently treating physician check the information.

If the police or other professionals are called to determine if your family member shall be retained and treated involuntarily (5150'd), give copies of the **Family Information form** to them to take with the person to the Psychiatric Health Facility.

If your family member is admitted to a 24-hour licensed public or private facility, by law, the facility shall notify the next of kin or any other person designated by the patient, of the patient's admission, unless the patient requests that this information not be provided. Take the completed forms to the facility to which your loved one is admitted. A short hand written note should accompany the forms.

AUTHORIZATION FOR THE VERBAL RELEASE OF HEALTH INFORMATION TO FAMILY, FRIENDS, OR INDIVIDUALS PROVIDING SOCIAL SUPPORT

(Confidential Patient Information: See California Welfare and Institution Code (WIC) Section 5328)

Name of Client/Patient: _____

Social Security #: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Medical Number (if available): _____

I hereby authorize Mental Health Treatment Providers to **verbally** discuss the following information obtained in the course of my psychiatric and/or drug and alcohol assessment and treatment to the designated person(s): My general status in the treatment program; my general physical and mental health; my goals in the program; my medication; how to support my progress in the program; special problem areas; hospitalization (admission and release) The above indicated information may be verbally discussed only with the following designated person(s):

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Relationship: _____

This consent is limited to the release of **verbal** information only. Release of the specified **verbal** information to any person not specified is prohibited. An additional written consent must be obtained for a proposed new use of the verbal information or for its transfer to another person. This authorization shall be valid until consent is withdrawn in writing.

Client/Patient Signature/Date

Witness (Name) Signature/Date

Signature of Designated Person(s) Date

Information Provided by Family Member

This form was developed to provide a means for family members to communicate about their relative's mental health history pursuant to **AB1424**, which requires all individuals making decisions about involuntary treatment to consider information supplied by family members. Mental Health Staff will place this form in the consumers mental health chart. Under California and Federal Law, consumers have the right to view their charts.

Name of Consumer _____

Date of Birth _____ Phone _____

Address _____

Primary Language _____ Religion (Optional) _____

Medi-Cal: ☐ Medi-Care: ☐ Name of Private Insurer: _____

Yes: ☐ No: ☐ Please ask the consumer to sign an authorization permitting Contra Costa County Mental health providers to communicate with me about his/her care.

Yes: ☐ No: ☐ I wish to be contacted as soon as possible in case of emergency, transfer or discharge.

Yes: ☐ No: ☐ My relative has a Wellness Recovery Plan or Advanced Directive. (If yes, and a copy is available please attach a copy to this form.)

Brief history of mental illness: (age of onset, previous capabilities and interests, dangerous to self or others, grave disabilities): **Use additional pages if necessary.

Does family relative have a conservator? Yes: ☐ No: ☐ If yes, name: _____

Consumer's diagnosis? _____

Do you know of any substance abuse problem? Yes: ☐ No: ☐

Client Strengths:

Education: _____ Employment/Volunteer: _____

Goals: _____ Other: _____

Current Medications (psychiatric and medical) and dosage:

Medications consumer has responded well to:

Medications consumer has NOT responded well to:

Treating Psychiatrist: _____ Phone: _____

Treating Case Manager: _____ Phone: _____

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Name of Consumer: _____ Date of Birth: _____

Significant Medical Conditions:

Allergies to Medications, Food, Chemicals, Other:

Primary Care Physician: _____ Phone: _____

Current Living Situation: _____

Description of Crisis Behavior/Events, Action Taken and Results (if multiple crisis/events use additional page if necessary):

Date: _____ Crisis Behavior/Event: _____

Action Taken: _____

Results of the Action: _____

What has helped the consumer deal with these crises? _____

What has not been helpful? _____

Information Submitted By: Name (Print) _____

Relationship to Consumer: _____ Phone: _____

Address: _____

City, State, Zip: _____

Signature/Date: _____

California AB 1424

On October 24, 2001 Assembly Bill 1424 (Thomson-Yolo D) was signed by the Governor and chaptered into law. The law became effective January 1, 2002. AB 1424 modifies the LPS (Lanterman, Petris, Short Act), which governs involuntary treatment for people with mental illness in California. Quoting the legislative intent of the bill, "The legislature finds and declares all of the following: Many families of persons with serious mental illness find the Lanterman-Petris-Short Act system difficult to access and not supportive of family information regarding history and symptoms. Persons with mental illness are best served in a system of care that supports and acknowledges the role of the family, including parents, children and spouses, significant others, and consumer identified natural resource systems. It is the intent of the Legislature that the Lanterman-Petris-Short Act system procedures be clarified to ensure that families are a part of the system response, subject to the rules of evidence and court procedures." More specifically, AB 1424 requires:

- That the historical course of the person's mental illness be considered when it has a direct bearing on the determination of whether the person is a danger to self/others or gravely disabled;
- That relevant evidence in available medical records or presented by family members, treatment providers, or anyone designated by the patient be considered by the court in determining the historical course;
- That facilities make every reasonable effort to make information provided by the family available to the court;
- That the person (a law enforcement officer or designated mental health professional) authorized to place a person in emergency custody (a "5150") consider information provided by the family or a treating professional regarding historical course when deciding whether there is probable cause for hospitalization. Upon the signing of AB 1424, several W & I codes were amended to permit relevant information about the historical course of a person's mental disorder from any source to be considered at all stages of the involuntary hospitalization process. For example, W & I code 5150.05 was added to 5150. It says: (a) When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section shall consider available relevant information about the historical course of the person's mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

Communicating with Mental Health Providers about Adult Mental Health Consumers

NAMI Contra Costa recognizes the key role families play in the recovery of consumers receiving mental health services. We encourage providers at every level of care to seek authorization from the consumer so that the family will be involved and informed in their care. In fact, we have a special authorization form expressly designed to facilitate communication between treatment teams and family members. We hope the summary below clarifies how laws concerning confidentiality affect communications between families and mental health providers concerning mental health consumers aged 18 or older.

- California and Federal law require that mental health providers obtain authorization from the consumer before they are able to communicate with family members, even to reveal that person is a client.
- California law requires that hospitals inform families that a consumer has been admitted, transferred, or discharged unless the consumer requests that the family not be notified.
 - Hospitals are required to notify consumers they have the right not to provide this information.
- California and Federal law require that hospital staff obtain an authorization to disclose anything else to family members.
- Although mental health providers are constrained in their ability to communicate with families, family members may communicate with treatment teams with or without an authorization from the consumer.
 - This form can be used to provide information about the consumer to hospital or outpatient staff. Staff will place this information in the consumer's mental health chart. Under California and Federal law, consumers have the right to view this chart.
 - Although the treatment team may not be able to disclose information to you, they are free to consider any information you offer.