

INVOLUNTARY PATIENT ADVISEMENT
(TO BE READ AND GIVEN TO THE
PATIENT AT TIME OF ADMISSION)
MH 303 E/S (Rev. 08/04)

HI

Name of Facility

UCLA Neuropsychiatric Hospital

Patient's Name

Todd Giffen

Admission Date

4/12/14

Section 5157 (c) and (d) of the Welfare and Institutions Code requires that each person admitted for 72-hour evaluation be given specific information orally and in writing, and a record of the advisement be kept in the patient's medical record.

My name is Dr. Misty Richards My position here is Resident physician

You are being placed in this psychiatric facility because it is the opinion of the professional staff, that as a result of a mental disorder, you are: (check applicable)

☐ Dangerous to yourself☐ Dangerous to others☒ Gravely Disabled (unable to provide for your own food clothing or shelter)

(Document specific evidence which substantiates reason for hold):

We feel this is true because you are unable to care for yourself in your current state.

You will be held for a period of up to 72 hours. This does include weekends or holidays.

Your 72-hour period will begin: 4/12/14 @ 12:30 am
(Time and Date)

Your 72-hour evaluation and treatment period will end at: 4/15/14 @ 12:30 am
(Time and Date)

During these 72 hours you will be evaluated by the hospital staff, and the treatment you receive may include medications. IT is possible for you to be released before the end of the 72 hours, but if the professional staff decide 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 free.

State law presumes you to be competent regardless of whether you have been evaluated or treated for mental disorder as a voluntary or involuntary patient.

Good cause for Incomplete Advisement

Date

Advisement Completed by

Dr. Misty Richards

Position

Resident physician

Date

4/12/14

CC: Original to the Patient
Carbon to the Patient's Record

NOTICE OF CERTIFICATION

MH 1760 (Rev. 08/04)

(14 Day Hold)

Confidential Patient Information
See Welfare & Institutions Code
Section 5328 and Penal Code 11142HIPAA Privacy Rule
45 C.F.R. § 164.508The authorized agency providing evaluation services in the County of Los Angeles has evaluated the condition of:Name Todd GiffenAddress 3921 Weston Way Modesto CA 95356Marital Status Single Date of Birth 3/13/1985 Sex M

We, the undersigned, allege that the above-named person is, as a result of a mental disorder or impairment by chronic alcoholism (Mark all that apply):

- ☐ A danger to others ☐ A danger to himself or herself ☒ Gravely disabled as defined in paragraph (1) of subdivision (h) or subdivision (1) of Section 5008 of the Welfare and Institutions Code

The specific facts which form the basis for our opinion that the above-named person meets one or more of the classifications indicated above are as follows:

Pt believes he is being attacked by the government and is too disorganized to provide a viable plan of care.

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:

Inpatient hospitalization

We, therefore, certify the above-named person to receive intensive treatment related to the mental disorder or impairment by chronic alcoholism beginning this 14th day of April, 2014, in the intensive treatment facility herein named Stewart & Lynda Resnick Neuropsychiatric Hospital at UCLA.Signature of Certifying Physician: [Signature] #7288 Date: 4/19/14Countersignature: [Signature] Date: 4/14/14

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.

Signature of Certifying Physician: [Signature] #7288 Date: 4/14/14

Original In Chart

Copies: Person Certified-Personally delivered
Person's Attorney/Advocat

APPLICATION FOR 72-HOUR DETENTION

FOR EVALUATION AND TREATMENT

Confidential Client / Patient Information

See California Welfare and Institutions Code (W & I) Code, Section 532

W & I Code, Section 5157, requires that each person when first detained for psychiatric evaluation be given certain specific information orally, and record be kept of the advisement by the evaluating facility.

☒ Advisement Complete ☐ Advisement Incomplete

Good Cause For Incomplete Advisement

RRMC/MRN: 4656194

HAR: 11378834 CSN: 90010250940

GIFFEN, TODD

3/13/1985 (29 yrs) Male

4/11/2014 RR ED

Pcp, No, MD

NOTE: If taken into custody at his or her residence, the person shall also be told the following information in substantially the following form:

You may bring a few personal items with you which I will have to approve. You can make a phone call and/or leave a note to tell your friends and/or family where you have been taken.

Advisement Completed By: Dr. Misty RichardsPosition: Resident physician Date: 4/12/14Application is hereby made to R-NPH for the admission ofTodd Giffen residing at Los Angeles, California, for 72-hour treatment and evaluation pursuant to Section 5150 et seq. (adult), or Section 5585 et seq. (minor), of the W & I Code. If a minor, to the best of my knowledge, the legally responsible party appears to be/is: (Circle one) Parent; Legal Guardian; Juvenile Court as a W & I Code, Section 601/ 302; Conservator. If, available provide names, addresses and telephone numbers, as well as for the Conservator of an adult

The above person's condition was called to my attention under the following circumstances:

patient presented to the UCLA Emergency Department.

The following information has been established: (Please give sufficiently detailed information to support the belief that the person for whom the evaluation and treatment is sought is in fact a danger to others, a danger to himself/herself and/or gravely disabled. For minors detained under W & I Code, Section 5585, please also provide the basis for concluding that authorization for voluntary treatment is not available.)

patient presented in an acutely psychotic state, with delusions that the military is targeting his body and injuring him with radiation energy. Disorganized, disheveled, and medication nonadherent, patient requires psychiatric hospitalization and stabilization. He is unable to care for himself in his current state.

Based upon the above information it appears that there is probable cause to believe that said person is, as a result of mental disorder:

☐ A danger to himself / herself ☐ A danger to others ☒ Gravely disabled adult ☐ Gravely disabled minorMinors only: ☐ Based upon the above information, it appears that there is probable cause to believe that authorization for voluntary treatment is not available.Peace Officer/Member of Attending Staff of Evaluation Facility/Person Designated by County
Signature: [Signature] Title: Resident physician

Badge #

1311Date: 4/12/14Time: 12:30 am.

Name of Law Enforcement Agency or Evaluation Facility/Person:

Stewart & Lynda Resnick Neuropsychiatric Hospital at UCLA

Phone:

p29042

For patients in medical ER's, detention began:

Address of Law Enforcement Agency or Evaluation Facility/Person:

150 Westwood Plaza, Los Angeles, California 90095

Date:

Time:

☐ Weapon was confiscated and detained person notified of procedure for return of weapon pursuant to W & I Code Section 8102. (officer/unit & phone #)

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

NOTIFICATION OF PERSON'S RELEASE FROM AN EVALUATION AND TREATMENT FACILITY IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

Person has been referred under circumstances in which criminal charges might be filed pursuant to W & I Code Section 5152.1 and 5152.2.

Notify (officer/unit & phone #)

☐ Weapon was confiscated pursuant to W & I Code Section 8102.

Notify (officer/unit & phone #)

SEE REVERSE SIDE FOR LEGAL AUTHORITY

original

UCLA Health System**Resnick Neuropsychiatric Hospital**

757 Westwood Plaza

Los Angeles CA 90095

(310) 825-0511 (page operator)

Medical ProblemsComment

Hospital Problem List

Never Reviewed

ICD-9-CM

Noted

POA

Psychotic disorder

4/14/2014

Yes

Allergies as of 4/16/2014

No Known Allergies

Medication List

As of 4/16/2014 5:42 PM

START taking these medications

Indications For Use

risperidone 2 mg disintegrating tablet

Commonly known as: Risperdal M-Tabs

Take 1 tablet (2 mg total) by mouth at
bedtime**Medication Review**Discharge medication(s)
list reviewed

Most Recent Value

NA**Physician Review**

Antipsychotic Cross-Taper

Most Recent Value

Does not Apply

Medication to be

--

Discontinued

Medication to be

--

Increased

Return Patient's own

N/A

Medications(s)

Reason for Admission

Psychosis NOSExpected course of
recovery**Fair**

Recommendations

**Take medications as prescribed, Avoid alcohol and drug
use**I have discussed
discharge plan with follow-
up clinician**Yes**

Completed By

Dr. Misty Richards

Instructions For After Discharge

Activity as tolerated

Diet regular

Regular diet

Full code

Use emergency medication kit to dispense any needed medication until the pharmacy delivery is completed

Vital signs per unit routine

Follow Up Appointments

	Most Recent Value
Psychiatry Provider	Walter Lampa, MD is the accepting psychiatrist at Psychiatric Health Facility-Stanislaus Recovery Center [Lanea Juecl, RN is the charge nurse]
Address	1904 Richland Ave, Ceres, CA 95307
Phone	(209) 541-2121
Therapy Provider	TBD by treatment team at Psychiatric Health Facility-Stanislaus Recovery Center
Primary Care Provider	You will be followed by MD at Psychiatric Health Facility-Stanislaus Recovery Center
Support Groups/Other Recommendations	The National Alliance on Mental Illness (NAMI.org) provides support groups and local resources for individuals and family members of individuals coping with mental illness
Completed By	Brianna Ziegler, MSW

Additional Patient Instructions & Education

- Treatment plan reviewed with the patient. Medication risks/benefit reviewed with the patient
- The patient was counseled to maintain full compliance with all discharge medications and follow-up appointments.
- The patient was strongly counseled to return to the RRUCLA ED or nearest emergency department (1) should patient's symptoms persist or worsen, (2) should there be any concern for his safety or the safety of others, or (3) should he no longer be able to care for his basic needs or avail himself of adequate assistance.

Discharge location

	Most Recent Value
Residence Upon Discharge	Psychiatric Health Facility, Stanislaus Recovery Center
Transportation was arranged by	1904 Richland Ave Ceres, CA 95307 hospital <i>(ambulance)</i>
Completed By	ACreamer, RN.

I know that I can refuse to go to the place named above. I know that I can change my mind at any time and go to another place. Patients initials: X

(Transportation consent applies only to adult patients age 18 or older who are not being transferred to another medical facility.)

Patient Belongings

	Most Recent Value
I have Received Valuables	N/A
I have Received Belongings	Yes
I have received Medications	N/A

Patient's initials: X J

Patient Acknowledgement

I have been provided instructions on the safe and effective use of my medication(s), including potential side effects, food/drug interactions and/or dietary restrictions. I have received a copy of this aftercare plan and information about community resources.

X Todd Giffen

Signature of Patient or Representative

4-16-2014
Date/Time

Staff Acknowledgement

Staff who reviewed these instructions with the patient:

Adrienne Creamer

Name

Adrienne Creamer

Signature

4-16-2014

Date

Additional Information

Release of Information:

To request a copy of your medical record, please call Medical Records at (310) 206-8182 for instructions. Processing time can take up to 15 days and there is a processing fee.

If you feel so hopeless that you are considering hurting or killing yourself, please go to the nearest hospital emergency department or call the hotline below:

SUICIDE PREVENTION CENTER CRISIS LINE: 1-877-727-4747

24 hours per day, 7 days per week

IN CASE OF ANY EMERGENCY, CALL 911

Section 5331 of the California Mental Health Services Act: No person may be presumed to be incompetent because he or she has been evaluated or treated for mental disorder or chronic alcoholism, regardless of whether such evaluation or treatment was voluntary or involuntarily received. Any person who leaves a public or private mental health facility following evaluation or treatment for a mental disorder or chronic alcoholism,

regardless of whether that evaluation or treatment was voluntary or involuntarily received, shall be given a statement of California law as stated in this paragraph.