

SHB 1071 - S COMM AMD

By Committee on Health & Long-Term Care

ADOPTED AND ENGROSSED 4/7/09

1 Strike everything after the enacting clause and insert the
2 following:

3 "Sec. 1. RCW 71.05.210 and 2000 c 94 s 6 are each amended to read
4 as follows:

5 Each person involuntarily detained and accepted or admitted at an
6 evaluation and treatment facility (1) shall, within twenty-four hours
7 of his or her admission or acceptance at the facility, be examined and
8 evaluated by (a) a licensed physician who may be assisted by a
9 physician assistant according to chapter 18.71A RCW ~~((or))~~ and a mental
10 health professional, (b) an advanced registered nurse practitioner
11 according to chapter 18.79 RCW and a mental health professional, or (c)
12 a licensed physician and a psychiatric advanced registered nurse
13 practitioner and (2) shall receive such treatment and care as his or
14 her condition requires including treatment on an outpatient basis for
15 the period that he or she is detained, except that, beginning twenty-
16 four hours prior to a trial or hearing pursuant to RCW 71.05.215,
17 71.05.240, 71.05.310, 71.05.320, 71.05.340, or ~~((71.05.370))~~ 71.05.217,
18 the individual may refuse psychiatric medications, but may not refuse:
19 ~~((1))~~ (a) Any other medication previously prescribed by a person
20 licensed under Title 18 RCW; or ~~((2))~~ (b) emergency lifesaving
21 treatment, and the individual shall be informed at an appropriate time
22 of his or her right of such refusal. The person shall be detained up
23 to seventy-two hours, if, in the opinion of the professional person in
24 charge of the facility, or his or her professional designee, the person
25 presents a likelihood of serious harm, or is gravely disabled. A
26 person who has been detained for seventy-two hours shall no later than
27 the end of such period be released, unless referred for further care on
28 a voluntary basis, or detained pursuant to court order for further
29 treatment as provided in this chapter.

1 If, after examination and evaluation, the mental health
2 professional and licensed physician (~~(and mental health professional)~~)
3 or psychiatric advanced registered nurse practitioner determine that
4 the initial needs of the person would be better served by placement in
5 a chemical dependency treatment facility, then the person shall be
6 referred to an approved treatment program defined under RCW 70.96A.020.

7 An evaluation and treatment center admitting or accepting any
8 person pursuant to this chapter whose physical condition reveals the
9 need for hospitalization shall assure that such person is transferred
10 to an appropriate hospital for evaluation or admission for treatment.
11 Notice of such fact shall be given to the court, the designated
12 attorney, and the (~~county~~) designated mental health professional and
13 the court shall order such continuance in proceedings under this
14 chapter as may be necessary, but in no event may this continuance be
15 more than fourteen days.

16 **Sec. 2.** RCW 71.05.230 and 2006 c 333 s 302 are each amended to
17 read as follows:

18 A person detained for seventy-two hour evaluation and treatment may
19 be detained for not more than fourteen additional days of involuntary
20 intensive treatment or ninety additional days of a less restrictive
21 alternative to involuntary intensive treatment. There shall be no fee
22 for filing petitions for fourteen days of involuntary intensive
23 treatment. A petition may only be filed if the following conditions
24 are met:

25 (1) The professional staff of the agency or facility providing
26 evaluation services has analyzed the person's condition and finds that
27 the condition is caused by mental disorder and either results in a
28 likelihood of serious harm, or results in the detained person being
29 gravely disabled and are prepared to testify those conditions are met;
30 and

31 (2) The person has been advised of the need for voluntary treatment
32 and the professional staff of the facility has evidence that he or she
33 has not in good faith volunteered; and

34 (3) The facility providing intensive treatment is certified to
35 provide such treatment by the department; and

36 (4) The professional staff of the agency or facility or the

1 designated mental health professional has filed a petition for fourteen
2 day involuntary detention or a ninety day less restrictive alternative
3 with the court. The petition must be signed either by:

4 (a) Two physicians ((~~or by~~));

5 (b) One physician and a mental health professional((~~who~~));

6 (c) Two psychiatric advanced registered nurse practitioners;

7 (d) One psychiatric advanced registered nurse practitioner and a
8 mental health professional; or

9 (e) A physician and a psychiatric advanced registered nurse
10 practitioner. The persons signing the petition must have examined the
11 person. If involuntary detention is sought the petition shall state
12 facts that support the finding that such person, as a result of mental
13 disorder, presents a likelihood of serious harm, or is gravely disabled
14 and that there are no less restrictive alternatives to detention in the
15 best interest of such person or others. The petition shall state
16 specifically that less restrictive alternative treatment was considered
17 and specify why treatment less restrictive than detention is not
18 appropriate. If an involuntary less restrictive alternative is sought,
19 the petition shall state facts that support the finding that such
20 person, as a result of mental disorder, presents a likelihood of
21 serious harm, or is gravely disabled and shall set forth the less
22 restrictive alternative proposed by the facility; and

23 (5) A copy of the petition has been served on the detained person,
24 his or her attorney and his or her guardian or conservator, if any,
25 prior to the probable cause hearing; and

26 (6) The court at the time the petition was filed and before the
27 probable cause hearing has appointed counsel to represent such person
28 if no other counsel has appeared; and

29 (7) The court has ordered a fourteen day involuntary intensive
30 treatment or a ninety day less restrictive alternative treatment after
31 a probable cause hearing has been held pursuant to RCW 71.05.240; and

32 (8) At the conclusion of the initial commitment period, the
33 professional staff of the agency or facility or the designated mental
34 health professional may petition for an additional period of either
35 ninety days of less restrictive alternative treatment or ninety days of
36 involuntary intensive treatment as provided in RCW 71.05.290; and

37 (9) If the hospital or facility designated to provide outpatient

1 treatment is other than the facility providing involuntary treatment,
2 the outpatient facility so designated has agreed to assume such
3 responsibility.

4 **Sec. 3.** RCW 71.05.290 and 2008 c 213 s 7 are each amended to read
5 as follows:

6 (1) At any time during a person's fourteen day intensive treatment
7 period, the professional person in charge of a treatment facility or
8 his or her professional designee or the designated mental health
9 professional may petition the superior court for an order requiring
10 such person to undergo an additional period of treatment. Such
11 petition must be based on one or more of the grounds set forth in RCW
12 71.05.280.

13 (2) The petition shall summarize the facts which support the need
14 for further confinement and shall be supported by affidavits signed by:

15 (a) Two examining physicians(~~(, or by)~~);

16 (b) One examining physician and examining mental health
17 professional;

18 (c) Two psychiatric advanced registered nurse practitioners;

19 (d) One psychiatric advanced registered nurse practitioner and a
20 mental health professional; or

21 (e) An examining physician and an examining psychiatric advanced
22 registered nurse practitioner. The affidavits shall describe in detail
23 the behavior of the detained person which supports the petition and
24 shall explain what, if any, less restrictive treatments which are
25 alternatives to detention are available to such person, and shall state
26 the willingness of the affiant to testify to such facts in subsequent
27 judicial proceedings under this chapter.

28 (3) If a person has been determined to be incompetent pursuant to
29 RCW 10.77.086(4), then the professional person in charge of the
30 treatment facility or his or her professional designee or the
31 designated mental health professional may directly file a petition for
32 one hundred eighty day treatment under RCW 71.05.280(3). No petition
33 for initial detention or fourteen day detention is required before such
34 a petition may be filed.

35 **Sec. 4.** RCW 71.05.300 and 2008 c 213 s 8 are each amended to read
36 as follows:

1 (1) The petition for ninety day treatment shall be filed with the
2 clerk of the superior court at least three days before expiration of
3 the fourteen-day period of intensive treatment. At the time of filing
4 such petition, the clerk shall set a time for the person to come before
5 the court on the next judicial day after the day of filing unless such
6 appearance is waived by the person's attorney, and the clerk shall
7 notify the designated mental health professional. The designated
8 mental health professional shall immediately notify the person
9 detained, his or her attorney, if any, and his or her guardian or
10 conservator, if any, the prosecuting attorney, and the regional support
11 network administrator, and provide a copy of the petition to such
12 persons as soon as possible. The regional support network
13 administrator or designee may review the petition and may appear and
14 testify at the full hearing on the petition.

15 (2) At the time set for appearance the detained person shall be
16 brought before the court, unless such appearance has been waived and
17 the court shall advise him or her of his or her right to be represented
18 by an attorney and of his or her right to a jury trial. If the
19 detained person is not represented by an attorney, or is indigent or is
20 unwilling to retain an attorney, the court shall immediately appoint an
21 attorney to represent him or her. The court shall, if requested,
22 appoint a reasonably available licensed physician, psychiatric advanced
23 registered __ nurse __ practitioner, psychologist, or psychiatrist,
24 designated by the detained person to examine and testify on behalf of
25 the detained person.

26 (3) The court may, if requested, also appoint a professional person
27 as defined in RCW 71.05.020 to seek less restrictive alternative
28 courses of treatment and to testify on behalf of the detained person.
29 In the case of a person with a developmental disability who has been
30 determined to be incompetent pursuant to RCW 10.77.086(4), then the
31 appointed professional person under this section shall be a
32 developmental disabilities professional.

33 (4) The court shall also set a date for a full hearing on the
34 petition as provided in RCW 71.05.310.

35 **Sec. 5.** RCW 71.05.360 and 2007 c 375 s 14 are each amended to read
36 as follows:

37 (1)(a) Every person involuntarily detained or committed under the

1 provisions of this chapter shall be entitled to all the rights set
2 forth in this chapter, which shall be prominently posted in the
3 facility, and shall retain all rights not denied him or her under this
4 chapter except as chapter 9.41 RCW may limit the right of a person to
5 purchase or possess a firearm or to qualify for a concealed pistol
6 license.

7 (b) No person shall be presumed incompetent as a consequence of
8 receiving an evaluation or voluntary or involuntary treatment for a
9 mental disorder, under this chapter or any prior laws of this state
10 dealing with mental illness. Competency shall not be determined or
11 withdrawn except under the provisions of chapter 10.77 or 11.88 RCW.

12 (c) Any person who leaves a public or private agency following
13 evaluation or treatment for mental disorder shall be given a written
14 statement setting forth the substance of this section.

15 (2) Each person involuntarily detained or committed pursuant to
16 this chapter shall have the right to adequate care and individualized
17 treatment.

18 (3) The provisions of this chapter shall not be construed to deny
19 to any person treatment by spiritual means through prayer in accordance
20 with the tenets and practices of a church or religious denomination.

21 (4) Persons receiving evaluation or treatment under this chapter
22 shall be given a reasonable choice of an available physician,
23 psychiatric _ advanced _ registered _ nurse _ practitioner, or other
24 professional person qualified to provide such services.

25 (5) Whenever any person is detained for evaluation and treatment
26 pursuant to this chapter, both the person and, if possible, a
27 responsible member of his or her immediate family, personal
28 representative, guardian, or conservator, if any, shall be advised as
29 soon as possible in writing or orally, by the officer or person taking
30 him or her into custody or by personnel of the evaluation and treatment
31 facility where the person is detained that unless the person is
32 released or voluntarily admits himself or herself for treatment within
33 seventy-two hours of the initial detention:

34 (a) A judicial hearing in a superior court, either by a judge or
35 court commissioner thereof, shall be held not more than seventy-two
36 hours after the initial detention to determine whether there is
37 probable cause to detain the person after the seventy-two hours have
38 expired for up to an additional fourteen days without further automatic

1 hearing for the reason that the person is a person whose mental
2 disorder presents a likelihood of serious harm or that the person is
3 gravely disabled;

4 (b) The person has a right to communicate immediately with an
5 attorney; has a right to have an attorney appointed to represent him or
6 her before and at the probable cause hearing if he or she is indigent;
7 and has the right to be told the name and address of the attorney that
8 the mental health professional has designated pursuant to this chapter;

9 (c) The person has the right to remain silent and that any
10 statement he or she makes may be used against him or her;

11 (d) The person has the right to present evidence and to cross-
12 examine witnesses who testify against him or her at the probable cause
13 hearing; and

14 (e) The person has the right to refuse psychiatric medications,
15 including antipsychotic medication beginning twenty-four hours prior to
16 the probable cause hearing.

17 (6) When proceedings are initiated under RCW 71.05.153, no later
18 than twelve hours after such person is admitted to the evaluation and
19 treatment facility the personnel of the evaluation and treatment
20 facility or the designated mental health professional shall serve on
21 such person a copy of the petition for initial detention and the name,
22 business address, and phone number of the designated attorney and shall
23 forthwith commence service of a copy of the petition for initial
24 detention on the designated attorney.

25 (7) The judicial hearing described in subsection (5) of this
26 section is hereby authorized, and shall be held according to the
27 provisions of subsection (5) of this section and rules promulgated by
28 the supreme court.

29 (8) At the probable cause hearing the detained person shall have
30 the following rights in addition to the rights previously specified:

- 31 (a) To present evidence on his or her behalf;
- 32 (b) To cross-examine witnesses who testify against him or her;
- 33 (c) To be proceeded against by the rules of evidence;
- 34 (d) To remain silent;
- 35 (e) To view and copy all petitions and reports in the court file.

36 (9) (~~The physician patient privilege or the psychologist client~~
37 ~~privilege shall be~~) Privileges between patients and physicians,
38 psychologists, or psychiatric advanced registered nurse practitioners

1 are deemed waived in proceedings under this chapter relating to the
2 administration of antipsychotic medications. As to other proceedings
3 under this chapter, the privileges shall be waived when a court of
4 competent jurisdiction in its discretion determines that such waiver is
5 necessary to protect either the detained person or the public.

6 The waiver of a privilege under this section is limited to records
7 or testimony relevant to evaluation of the detained person for purposes
8 of a proceeding under this chapter. Upon motion by the detained person
9 or on its own motion, the court shall examine a record or testimony
10 sought by a petitioner to determine whether it is within the scope of
11 the waiver.

12 The record maker shall not be required to testify in order to
13 introduce medical or psychological records of the detained person so
14 long as the requirements of RCW 5.45.020 are met except that portions
15 of the record which contain opinions as to the detained person's mental
16 state must be deleted from such records unless the person making such
17 conclusions is available for cross-examination.

18 (10) Insofar as danger to the person or others is not created, each
19 person involuntarily detained, treated in a less restrictive
20 alternative course of treatment, or committed for treatment and
21 evaluation pursuant to this chapter shall have, in addition to other
22 rights not specifically withheld by law, the following rights:

23 (a) To wear his or her own clothes and to keep and use his or her
24 own personal possessions, except when deprivation of same is essential
25 to protect the safety of the resident or other persons;

26 (b) To keep and be allowed to spend a reasonable sum of his or her
27 own money for canteen expenses and small purchases;

28 (c) To have access to individual storage space for his or her
29 private use;

30 (d) To have visitors at reasonable times;

31 (e) To have reasonable access to a telephone, both to make and
32 receive confidential calls, consistent with an effective treatment
33 program;

34 (f) To have ready access to letter writing materials, including
35 stamps, and to send and receive uncensored correspondence through the
36 mails;

37 (g) To discuss treatment plans and decisions with professional
38 persons;

1 (h) Not to consent to the administration of antipsychotic
2 medications and not to thereafter be administered antipsychotic
3 medications unless ordered by a court under RCW 71.05.217 or pursuant
4 to an administrative hearing under RCW 71.05.215;

5 (i) Not to consent to the performance of electroconvulsant therapy
6 or surgery, except emergency life-saving surgery, unless ordered by a
7 court under RCW 71.05.217;

8 (j) Not to have psychosurgery performed on him or her under any
9 circumstances;

10 (k) To dispose of property and sign contracts unless such person
11 has been adjudicated an incompetent in a court proceeding directed to
12 that particular issue.

13 (11) Every person involuntarily detained shall immediately be
14 informed of his or her right to a hearing to review the legality of his
15 or her detention and of his or her right to counsel, by the
16 professional person in charge of the facility providing evaluation and
17 treatment, or his or her designee, and, when appropriate, by the court.
18 If the person so elects, the court shall immediately appoint an
19 attorney to assist him or her.

20 (12) A person challenging his or her detention or his or her
21 attorney shall have the right to designate and have the court appoint
22 a reasonably available independent physician, psychiatric advanced
23 registered nurse practitioner, or licensed mental health professional
24 to examine the person detained, the results of which examination may be
25 used in the proceeding. The person shall, if he or she is financially
26 able, bear the cost of such expert examination, otherwise such expert
27 examination shall be at public expense.

28 (13) Nothing contained in this chapter shall prohibit the patient
29 from petitioning by writ of habeas corpus for release.

30 (14) Nothing in this chapter shall prohibit a person committed on
31 or prior to January 1, 1974, from exercising a right available to him
32 or her at or prior to January 1, 1974, for obtaining release from
33 confinement.

34 (15) Nothing in this section permits any person to knowingly
35 violate a no-contact order or a condition of an active judgment and
36 sentence or an active condition of supervision by the department of
37 corrections.

1 **Sec. 6.** RCW 71.05.390 and 2007 c 375 s 15 are each amended to read
2 as follows:

3 Except as provided in this section, RCW 71.05.445, 71.05.630,
4 70.96A.150, or pursuant to a valid release under RCW 70.02.030, the
5 fact of admission and all information and records compiled, obtained,
6 or maintained in the course of providing services to either voluntary
7 or involuntary recipients of services at public or private agencies
8 shall be confidential.

9 Information and records may be disclosed only:

10 (1) In communications between qualified professional persons to
11 meet the requirements of this chapter, in the provision of services or
12 appropriate referrals, or in the course of guardianship proceedings.
13 The consent of the person, or his or her personal representative or
14 guardian, shall be obtained before information or records may be
15 disclosed by a professional person employed by a facility unless
16 provided to a professional person:

17 (a) Employed by the facility;

18 (b) Who has medical responsibility for the patient's care;

19 (c) Who is a designated mental health professional;

20 (d) Who is providing services under chapter 71.24 RCW;

21 (e) Who is employed by a state or local correctional facility where
22 the person is confined or supervised; or

23 (f) Who is providing evaluation, treatment, or follow-up services
24 under chapter 10.77 RCW.

25 (2) When the communications regard the special needs of a patient
26 and the necessary circumstances giving rise to such needs and the
27 disclosure is made by a facility providing services to the operator of
28 a facility in which the patient resides or will reside.

29 (3)(a) When the person receiving services, or his or her guardian,
30 designates persons to whom information or records may be released, or
31 if the person is a minor, when his or her parents make such
32 designation.

33 (b) A public or private agency shall release to a person's next of
34 kin, attorney, personal representative, guardian, or conservator, if
35 any:

36 (i) The information that the person is presently a patient in the
37 facility or that the person is seriously physically ill;

1 (ii) A statement evaluating the mental and physical condition of
2 the patient, and a statement of the probable duration of the patient's
3 confinement, if such information is requested by the next of kin,
4 attorney, personal representative, guardian, or conservator; and

5 (iii) Such other information requested by the next of kin or
6 attorney as may be necessary to decide whether or not proceedings
7 should be instituted to appoint a guardian or conservator.

8 (4) To the extent necessary for a recipient to make a claim, or for
9 a claim to be made on behalf of a recipient for aid, insurance, or
10 medical assistance to which he or she may be entitled.

11 (5)(a) For either program evaluation or research, or both:
12 PROVIDED, That the secretary adopts rules for the conduct of the
13 evaluation or research, or both. Such rules shall include, but need
14 not be limited to, the requirement that all evaluators and researchers
15 must sign an oath of confidentiality substantially as follows:

16 "As a condition of conducting evaluation or research concerning
17 persons who have received services from (fill in the facility, agency,
18 or person) I,, agree not to divulge, publish, or
19 otherwise make known to unauthorized persons or the public any
20 information obtained in the course of such evaluation or research
21 regarding persons who have received services such that the person who
22 received such services is identifiable.

23 I recognize that unauthorized release of confidential information
24 may subject me to civil liability under the provisions of state law.

25

26 /s/"

27 (b) Nothing in this chapter shall be construed to prohibit the
28 compilation and publication of statistical data for use by government
29 or researchers under standards, including standards to assure
30 maintenance of confidentiality, set forth by the secretary.

31 (6)(a) To the courts as necessary to the administration of this
32 chapter or to a court ordering an evaluation or treatment under chapter
33 10.77 RCW solely for the purpose of preventing the entry of any

1 evaluation or treatment order that is inconsistent with any order
2 entered under this chapter.

3 (b) To a court or its designee in which a motion under chapter
4 10.77 RCW has been made for involuntary medication of a defendant for
5 the purpose of competency restoration.

6 (c) Disclosure under this subsection is mandatory for the purpose
7 of the health insurance portability and accountability act.

8 (7)(a) When a mental health professional is requested by a
9 representative of a law enforcement or corrections agency, including a
10 police officer, sheriff, community corrections officer, a municipal
11 attorney, or prosecuting attorney to undertake an investigation or
12 provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the
13 mental health professional shall, if requested to do so, advise the
14 representative in writing of the results of the investigation including
15 a statement of reasons for the decision to detain or release the person
16 investigated. Such written report shall be submitted within seventy-
17 two hours of the completion of the investigation or the request from
18 the law enforcement or corrections representative, whichever occurs
19 later.

20 (b) To law enforcement officers, public health officers, or
21 personnel of the department of corrections or the indeterminate
22 sentence review board for persons who are the subject of the records
23 and who are committed to the custody or supervision of the department
24 of corrections or indeterminate sentence review board which information
25 or records are necessary to carry out the responsibilities of their
26 office. Except for dissemination of information released pursuant to
27 RCW 71.05.425 and 4.24.550, regarding persons committed under this
28 chapter under RCW 71.05.280(3) and 71.05.320(3)(c) after dismissal of
29 a sex offense as defined in RCW 9.94A.030, the extent of information
30 that may be released is limited as follows:

31 (i) Only the fact, place, and date of involuntary commitment, the
32 fact and date of discharge or release, and the last known address shall
33 be disclosed upon request;

34 (ii) The law enforcement and public health officers or personnel of
35 the department of corrections or indeterminate sentence review board
36 shall be obligated to keep such information confidential in accordance
37 with this chapter;

1 (iii) Additional information shall be disclosed only after giving
2 notice to said person and his or her counsel and upon a showing of
3 clear, cogent, and convincing evidence that such information is
4 necessary and that appropriate safeguards for strict confidentiality
5 are and will be maintained. However, in the event the said person has
6 escaped from custody, said notice prior to disclosure is not necessary
7 and that the facility from which the person escaped shall include an
8 evaluation as to whether the person is of danger to persons or property
9 and has a propensity toward violence;

10 (iv) Information and records shall be disclosed to the department
11 of corrections pursuant to and in compliance with the provisions of RCW
12 71.05.445 for the purposes of completing presentence investigations or
13 risk assessment reports, supervision of an incarcerated offender or
14 offender under supervision in the community, planning for and provision
15 of supervision of an offender, or assessment of an offender's risk to
16 the community; and

17 (v) Disclosure under this subsection is mandatory for the purposes
18 of the health insurance portability and accountability act.

19 (8) To the attorney of the detained person.

20 (9) To the prosecuting attorney as necessary to carry out the
21 responsibilities of the office under RCW 71.05.330(2) and
22 71.05.340(1)(b) and 71.05.335. The prosecutor shall be provided access
23 to records regarding the committed person's treatment and prognosis,
24 medication, behavior problems, and other records relevant to the issue
25 of whether treatment less restrictive than inpatient treatment is in
26 the best interest of the committed person or others. Information shall
27 be disclosed only after giving notice to the committed person and the
28 person's counsel.

29 (10) To appropriate law enforcement agencies and to a person, when
30 the identity of the person is known to the public or private agency,
31 whose health and safety has been threatened, or who is known to have
32 been repeatedly harassed, by the patient. The person may designate a
33 representative to receive the disclosure. The disclosure shall be made
34 by the professional person in charge of the public or private agency or
35 his or her designee and shall include the dates of commitment,
36 admission, discharge, or release, authorized or unauthorized absence
37 from the agency's facility, and only such other information that is
38 pertinent to the threat or harassment. The decision to disclose or not

1 shall not result in civil liability for the agency or its employees so
2 long as the decision was reached in good faith and without gross
3 negligence.

4 (11) To appropriate corrections and law enforcement agencies all
5 necessary and relevant information in the event of a crisis or emergent
6 situation that poses a significant and imminent risk to the public.
7 The decision to disclose or not shall not result in civil liability for
8 the mental health service provider or its employees so long as the
9 decision was reached in good faith and without gross negligence.

10 (12) To the persons designated in RCW 71.05.425 for the purposes
11 described in that section.

12 (13) Civil liability and immunity for the release of information
13 about a particular person who is committed to the department under RCW
14 71.05.280(3) and 71.05.320(3)(c) after dismissal of a sex offense as
15 defined in RCW 9.94A.030, is governed by RCW 4.24.550.

16 (14) Upon the death of a person, his or her next of kin, personal
17 representative, guardian, or conservator, if any, shall be notified.

18 Next of kin who are of legal age and competent shall be notified
19 under this section in the following order: Spouse, parents, children,
20 brothers and sisters, and other relatives according to the degree of
21 relation. Access to all records and information compiled, obtained, or
22 maintained in the course of providing services to a deceased patient
23 shall be governed by RCW 70.02.140.

24 (15) To the department of health for the purposes of determining
25 compliance with state or federal licensure, certification, or
26 registration rules or laws. However, the information and records
27 obtained under this subsection are exempt from public inspection and
28 copying pursuant to chapter 42.56 RCW.

29 (16) To mark headstones or otherwise memorialize patients interred
30 at state hospital cemeteries. The department of social and health
31 services shall make available the name, date of birth, and date of
32 death of patients buried in state hospital cemeteries fifty years after
33 the death of a patient.

34 (17) To law enforcement officers and to prosecuting attorneys as
35 are necessary to enforce RCW 9.41.040(2)(a)(ii). The extent of
36 information that may be released is limited as follows:

37 (a) Only the fact, place, and date of involuntary commitment, an
38 official copy of any order or orders of commitment, and an official

1 copy of any written or oral notice of ineligibility to possess a
2 firearm that was provided to the person pursuant to RCW 9.41.047(1),
3 shall be disclosed upon request;

4 (b) The law enforcement and prosecuting attorneys may only release
5 the information obtained to the person's attorney as required by court
6 rule and to a jury or judge, if a jury is waived, that presides over
7 any trial at which the person is charged with violating RCW
8 9.41.040(2)(a)(ii);

9 (c) Disclosure under this subsection is mandatory for the purposes
10 of the health insurance portability and accountability act.

11 (18) When a patient would otherwise be subject to the provisions of
12 RCW 71.05.390 and disclosure is necessary for the protection of the
13 patient or others due to his or her unauthorized disappearance from the
14 facility, and his or her whereabouts is unknown, notice of such
15 disappearance, along with relevant information, may be made to
16 relatives, the department of corrections when the person is under the
17 supervision of the department, and governmental law enforcement
18 agencies designated by the physician or psychiatric advanced registered
19 nurse practitioner in charge of the patient or the professional person
20 in charge of the facility, or his or her professional designee.

21 Except as otherwise provided in this chapter, the uniform health
22 care information act, chapter 70.02 RCW, applies to all records and
23 information compiled, obtained, or maintained in the course of
24 providing services.

25 (19) The fact of admission, as well as all records, files,
26 evidence, findings, or orders made, prepared, collected, or maintained
27 pursuant to this chapter shall not be admissible as evidence in any
28 legal proceeding outside this chapter without the written consent of
29 the person who was the subject of the proceeding except in a subsequent
30 criminal prosecution of a person committed pursuant to RCW 71.05.280(3)
31 or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter
32 10.77 RCW due to incompetency to stand trial, in a civil commitment
33 proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor,
34 a guardianship or dependency proceeding. The records and files
35 maintained in any court proceeding pursuant to this chapter shall be
36 confidential and available subsequent to such proceedings only to the
37 person who was the subject of the proceeding or his or her attorney.
38 In addition, the court may order the subsequent release or use of such

1 records or files only upon good cause shown if the court finds that
2 appropriate safeguards for strict confidentiality are and will be
3 maintained.

4 **Sec. 7.** RCW 71.05.420 and 2005 c 504 s 110 are each amended to
5 read as follows:

6 Except as provided in RCW 71.05.425, when any disclosure of
7 information or records is made as authorized by RCW 71.05.390, the
8 physician or psychiatric advanced registered nurse practitioner in
9 charge of the patient or the professional person in charge of the
10 facility shall promptly cause to be entered into the patient's medical
11 record the date and circumstances under which said disclosure was made,
12 the names and relationships to the patient, if any, of the persons or
13 agencies to whom such disclosure was made, and the information
14 disclosed.

15 **Sec. 8.** RCW 71.05.630 and 2007 c 191 s 1 are each amended to read
16 as follows:

17 (1) Except as otherwise provided by law, all treatment records
18 shall remain confidential and may be released only to the persons
19 designated in this section, or to other persons designated in an
20 informed written consent of the patient.

21 (2) Treatment records of a person may be released without informed
22 written consent in the following circumstances:

23 (a) To a person, organization, or agency as necessary for
24 management or financial audits, or program monitoring and evaluation.
25 Information obtained under this subsection shall remain confidential
26 and may not be used in a manner that discloses the name or other
27 identifying information about the person whose records are being
28 released.

29 (b) To the department, the director of regional support networks,
30 or a qualified staff member designated by the director only when
31 necessary to be used for billing or collection purposes. The
32 information shall remain confidential.

33 (c) For purposes of research as permitted in chapter 42.48 RCW.

34 (d) Pursuant to lawful order of a court.

35 (e) To qualified staff members of the department, to the director
36 of regional support networks, to resource management services

1 responsible for serving a patient, or to service providers designated
2 by resource management services as necessary to determine the progress
3 and adequacy of treatment and to determine whether the person should be
4 transferred to a less restrictive or more appropriate treatment
5 modality or facility. The information shall remain confidential.

6 (f) Within the treatment facility where the patient is receiving
7 treatment, confidential information may be disclosed to persons
8 employed, serving in bona fide training programs, or participating in
9 supervised volunteer programs, at the facility when it is necessary to
10 perform their duties.

11 (g) Within the department as necessary to coordinate treatment for
12 mental illness, developmental disabilities, alcoholism, or drug abuse
13 of persons who are under the supervision of the department.

14 (h) To a licensed physician or psychiatric advanced registered
15 nurse practitioner who has determined that the life or health of the
16 person is in danger and that treatment without the information
17 contained in the treatment records could be injurious to the patient's
18 health. Disclosure shall be limited to the portions of the records
19 necessary to meet the medical emergency.

20 (i) To a facility that is to receive a person who is involuntarily
21 committed under chapter 71.05 RCW, or upon transfer of the person from
22 one treatment facility to another. The release of records under this
23 subsection shall be limited to the treatment records required by law,
24 a record or summary of all somatic treatments, and a discharge summary.
25 The discharge summary may include a statement of the patient's problem,
26 the treatment goals, the type of treatment which has been provided, and
27 recommendation for future treatment, but may not include the patient's
28 complete treatment record.

29 (j) Notwithstanding the provisions of RCW 71.05.390(7), to a
30 correctional facility or a corrections officer who is responsible for
31 the supervision of a person who is receiving inpatient or outpatient
32 evaluation or treatment. Except as provided in RCW 71.05.445 and
33 71.34.345, release of records under this section is limited to:

34 (i) An evaluation report provided pursuant to a written supervision
35 plan.

36 (ii) The discharge summary, including a record or summary of all
37 somatic treatments, at the termination of any treatment provided as
38 part of the supervision plan.

1 (iii) When a person is returned from a treatment facility to a
2 correctional facility, the information provided under (j)(iv) of this
3 subsection.

4 (iv) Any information necessary to establish or implement changes in
5 the person's treatment plan or the level or kind of supervision as
6 determined by resource management services. In cases involving a
7 person transferred back to a correctional facility, disclosure shall be
8 made to clinical staff only.

9 (k) To the person's counsel or guardian ad litem, without
10 modification, at any time in order to prepare for involuntary
11 commitment or recommitment proceedings, reexaminations, appeals, or
12 other actions relating to detention, admission, commitment, or
13 patient's rights under chapter 71.05 RCW.

14 (l) To staff members of the protection and advocacy agency or to
15 staff members of a private, nonprofit corporation for the purpose of
16 protecting and advocating the rights of persons with mental disorders
17 or developmental disabilities. Resource management services may limit
18 the release of information to the name, birthdate, and county of
19 residence of the patient, information regarding whether the patient was
20 voluntarily admitted, or involuntarily committed, the date and place of
21 admission, placement, or commitment, the name and address of a guardian
22 of the patient, and the date and place of the guardian's appointment.
23 Any staff member who wishes to obtain additional information shall
24 notify the patient's resource management services in writing of the
25 request and of the resource management services' right to object. The
26 staff member shall send the notice by mail to the guardian's address.
27 If the guardian does not object in writing within fifteen days after
28 the notice is mailed, the staff member may obtain the additional
29 information. If the guardian objects in writing within fifteen days
30 after the notice is mailed, the staff member may not obtain the
31 additional information.

32 (m) For purposes of coordinating health care, the department may
33 release without informed written consent of the patient, information
34 acquired for billing and collection purposes as described in (b) of
35 this subsection to all current treating providers of the patient with
36 prescriptive authority who have written a prescription for the patient
37 within the last twelve months. The department shall notify the patient
38 that billing and collection information has been released to named

1 providers, and provide the substance of the information released and
2 the dates of such release. The department shall not release
3 counseling, inpatient psychiatric hospitalization, or drug and alcohol
4 treatment information without a signed written release from the client.

5 (3) Whenever federal law or federal regulations restrict the
6 release of information contained in the treatment records of any
7 patient who receives treatment for chemical dependency, the department
8 may restrict the release of the information as necessary to comply with
9 federal law and regulations.

10 **Sec. 9.** RCW 71.05.660 and 2005 c 504 s 114 are each amended to
11 read as follows:

12 Nothing in this chapter or chapter 70.96A, 71.05, 71.34, or 70.96B
13 RCW shall be construed to interfere with communications between
14 physicians, psychiatric advanced registered nurse practitioners, or
15 psychologists and patients and attorneys and clients.

16 **Sec. 10.** RCW 71.06.040 and 1959 c 25 s 71.06.040 are each amended
17 to read as follows:

18 At a preliminary hearing upon the charge of sexual psychopathy, the
19 court may require the testimony of two duly licensed physicians or
20 psychiatric advanced registered nurse practitioners who have examined
21 the defendant. If the court finds that there are reasonable grounds to
22 believe the defendant is a sexual psychopath, the court shall order
23 said defendant confined at the nearest state hospital for observation
24 as to the existence of sexual psychopathy. Such observation shall be
25 for a period of not to exceed ninety days. The defendant shall be
26 detained in the county jail or other county facilities pending
27 execution of such observation order by the department.

28 **Sec. 11.** RCW 71.12.540 and 1989 1st ex.s. c 9 s 233 are each
29 amended to read as follows:

30 The authorities of each establishment as defined in this chapter
31 shall place on file in the office of the establishment the
32 recommendations made by the department of health as a result of such
33 visits, for the purpose of consultation by such authorities, and for
34 reference by the department representatives upon their visits. Every
35 such establishment shall keep records of every person admitted thereto

1 as follows and shall furnish to the department, when required, the
2 following data: Name, age, sex, marital status, date of admission,
3 voluntary or other commitment, name of physician or psychiatric
4 advanced registered nurse practitioner, diagnosis, and date of
5 discharge.

6 **Sec. 12.** RCW 71.32.140 and 2004 c 39 s 2 are each amended to read
7 as follows:

8 (1) A principal who:

9 (a) Chose not to be able to revoke his or her directive during any
10 period of incapacity;

11 (b) Consented to voluntary admission to inpatient mental health
12 treatment, or authorized an agent to consent on the principal's behalf;
13 and

14 (c) At the time of admission to inpatient treatment, refuses to be
15 admitted,
16 may only be admitted into inpatient mental health treatment under
17 subsection (2) of this section.

18 (2) A principal may only be admitted to inpatient mental health
19 treatment under his or her directive if, prior to admission, a
20 (~~physician~~) member of the treating facility's professional staff who
21 is a physician or psychiatric advanced registered nurse practitioner:

22 (a) Evaluates the principal's mental condition, including a review
23 of reasonably available psychiatric and psychological history,
24 diagnosis, and treatment needs, and determines, in conjunction with
25 another health care provider or mental health professional, that the
26 principal is incapacitated;

27 (b) Obtains the informed consent of the agent, if any, designated
28 in the directive;

29 (c) Makes a written determination that the principal needs an
30 inpatient evaluation or is in need of inpatient treatment and that the
31 evaluation or treatment cannot be accomplished in a less restrictive
32 setting; and

33 (d) Documents in the principal's medical record a summary of the
34 physician's or psychiatric advanced registered nurse practitioner's
35 findings and recommendations for treatment or evaluation.

36 (3) In the event the admitting physician is not a psychiatrist, or
37 the advanced registered nurse practitioner is not a psychiatric

1 advanced registered nurse practitioner, the principal shall receive a
2 complete psychological assessment by a mental health professional
3 within twenty-four hours of admission to determine the continued need
4 for inpatient evaluation or treatment.

5 (4)(a) If it is determined that the principal has capacity, then
6 the principal may only be admitted to, or remain in, inpatient
7 treatment if he or she consents at the time or is detained under the
8 involuntary treatment provisions of chapter 70.96A, 71.05, or 71.34
9 RCW.

10 (b) If a principal who is determined by two health care providers
11 or one mental health professional and one health care provider to be
12 incapacitated continues to refuse inpatient treatment, the principal
13 may immediately seek injunctive relief for release from the facility.

14 (5) If, at the end of the period of time that the principal or the
15 principal's agent, if any, has consented to voluntary inpatient
16 treatment, but no more than fourteen days after admission, the
17 principal has not regained capacity or has regained capacity but
18 refuses to consent to remain for additional treatment, the principal
19 must be released during reasonable daylight hours, unless detained
20 under chapter 70.96A, 71.05, or 71.34 RCW.

21 (6)(a) Except as provided in (b) of this subsection, any principal
22 who is voluntarily admitted to inpatient mental health treatment under
23 this chapter shall have all the rights provided to individuals who are
24 voluntarily admitted to inpatient treatment under chapter 71.05, 71.34,
25 or 72.23 RCW.

26 (b) Notwithstanding RCW 71.05.050 regarding consent to inpatient
27 treatment for a specified length of time, the choices an incapacitated
28 principal expressed in his or her directive shall control, provided,
29 however, that a principal who takes action demonstrating a desire to be
30 discharged, in addition to making statements requesting to be
31 discharged, shall be discharged, and no principal shall be restrained
32 in any way in order to prevent his or her discharge. Nothing in this
33 subsection shall be construed to prevent detention and evaluation for
34 civil commitment under chapter 71.05 RCW.

35 (7) Consent to inpatient admission in a directive is effective only
36 while the professional person, health care provider, and health care
37 facility are in substantial compliance with the material provisions of
38 the directive related to inpatient treatment.

1 **Sec. 13.** RCW 71.32.250 and 2003 c 283 s 25 are each amended to
2 read as follows:

3 (1) If a principal who is a resident of a long-term care facility
4 is admitted to inpatient mental health treatment pursuant to his or her
5 directive, the principal shall be allowed to be readmitted to the same
6 long-term care facility as if his or her inpatient admission had been
7 for a physical condition on the same basis that the principal would be
8 readmitted under state or federal statute or rule when:

9 (a) The treating facility's professional staff determine that
10 inpatient mental health treatment is no longer medically necessary for
11 the resident. The determination shall be made in writing by a
12 psychiatrist, psychiatric advanced registered nurse practitioner, or
13 ~~((by))~~ a mental health professional and either (i) a physician or (ii)
14 psychiatric advanced registered nurse practitioner; or

15 (b) The person's consent to admission in his or her directive has
16 expired.

17 (2)(a) If the long-term care facility does not have a bed available
18 at the time of discharge, the treating facility may discharge the
19 resident, in consultation with the resident and agent if any, and in
20 accordance with a medically appropriate discharge plan, to another
21 long-term care facility.

22 (b) This section shall apply to inpatient mental health treatment
23 admission of long-term care facility residents, regardless of whether
24 the admission is directly from a facility, hospital emergency room, or
25 other location.

26 (c) This section does not restrict the right of the resident to an
27 earlier release from the inpatient treatment facility. This section
28 does not restrict the right of a long-term care facility to initiate
29 transfer or discharge of a resident who is readmitted pursuant to this
30 section, provided that the facility has complied with the laws
31 governing the transfer or discharge of a resident.

32 (3) The joint legislative audit and review committee shall conduct
33 an evaluation of the operation and impact of this section. The
34 committee shall report its findings to the appropriate committees of
35 the legislature by December 1, 2004.

36 **Sec. 14.** RCW 71.32.260 and 2003 c 283 s 26 are each amended to
37 read as follows:

1 The directive shall be in substantially the following form:

2 Mental Health Advance Directive

3 **NOTICE TO PERSONS**

4 **CREATING A MENTAL HEALTH ADVANCE DIRECTIVE**

5 This is an important legal document. It creates an advance directive for mental health treatment. Before signing this
6 document you should know these important facts:

7 (1) This document is called an advance directive and allows you to make decisions in advance about your mental health
8 treatment, including medications, short-term admission to inpatient treatment and electroconvulsive therapy.

9 **YOU DO NOT HAVE TO FILL OUT OR SIGN THIS FORM.**

10 **IF YOU DO NOT SIGN THIS FORM, IT WILL NOT TAKE EFFECT.**

11 If you choose to complete and sign this document, you may still decide to leave some items blank.

12 (2) You have the right to appoint a person as your agent to make treatment decisions for you. You must notify your
13 agent that you have appointed him or her as an agent. The person you appoint has a duty to act consistently with
14 your wishes made known by you. If your agent does not know what your wishes are, he or she has a duty to act in
15 your best interest. Your agent has the right to withdraw from the appointment at any time.

16 (3) The instructions you include with this advance directive and the authority you give your agent to act will only become
17 effective under the conditions you select in this document. You may choose to limit this directive and your agent's
18 authority to times when you are incapacitated or to times when you are exhibiting symptoms or behavior that you
19 specify. You may also make this directive effective immediately. No matter when you choose to make this directive
20 effective, your treatment providers must still seek your informed consent at all times that you have capacity to give
21 informed consent.

22 (4) You have the right to revoke this document in writing at any time you have capacity.

23 **YOU MAY NOT REVOKE THIS DIRECTIVE WHEN YOU HAVE BEEN FOUND TO BE**
24 **INCAPACITATED UNLESS YOU HAVE SPECIFICALLY STATED IN THIS DIRECTIVE THAT**
25 **YOU WANT IT TO BE REVOCABLE WHEN YOU ARE INCAPACITATED.**

26 (5) This directive will stay in effect until you revoke it unless you specify an expiration date. If you specify an expiration
27 date and you are incapacitated at the time it expires, it will remain in effect until you have capacity to make
28 treatment decisions again unless you chose to be able to revoke it while you are incapacitated and you revoke the
29 directive.

30 (6) You cannot use your advance directive to consent to civil commitment. The procedures that apply to your advance
31 directive are different than those provided for in the Involuntary Treatment Act. Involuntary treatment is a different
32 process.

33 (7) If there is anything in this directive that you do not understand, you should ask a lawyer to explain it to you.

34 (8) You should be aware that there are some circumstances where your provider may not have to follow your directive.

35 (9) You should discuss any treatment decisions in your directive with your provider.

36 (10) You may ask the court to rule on the validity of your directive.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36

PART I.
STATEMENT OF INTENT TO CREATE A
MENTAL HEALTH ADVANCE DIRECTIVE

I, being a person with capacity, willfully and voluntarily execute this mental health advance directive so that my choices regarding my mental health care will be carried out in circumstances when I am unable to express my instructions and preferences regarding my mental health care. If a guardian is appointed by a court to make mental health decisions for me, I intend this document to take precedence over all other means of ascertaining my intent.

The fact that I may have left blanks in this directive does not affect its validity in any way. I intend that all completed sections be followed. If I have not expressed a choice, my agent should make the decision that he or she determines is in my best interest. I intend this directive to take precedence over any other directives I have previously executed, to the extent that they are inconsistent with this document, or unless I expressly state otherwise in either document.

I understand that I may revoke this directive in whole or in part if I am a person with capacity. I understand that I cannot revoke this directive if a court, two health care providers, or one mental health professional and one health care provider find that I am an incapacitated person, unless, when I executed this directive, I chose to be able to revoke this directive while incapacitated.

I understand that, except as otherwise provided in law, revocation must be in writing. I understand that nothing in this directive, or in my refusal of treatment to which I consent in this directive, authorizes any health care provider, professional person, health care facility, or agent appointed in this directive to use or threaten to use abuse, neglect, financial exploitation, or abandonment to carry out my directive.

I understand that there are some circumstances where my provider may not have to follow my directive.

PART II.
WHEN THIS DIRECTIVE IS EFFECTIVE

YOU MUST COMPLETE THIS PART FOR YOUR DIRECTIVE TO BE VALID.

I intend that this directive become effective (*YOU MUST CHOOSE ONLY ONE*):

- Immediately upon my signing of this directive.
- If I become incapacitated.
- When the following circumstances, symptoms, or behaviors occur:
-
-

PART III.
DURATION OF THIS DIRECTIVE

YOU MUST COMPLETE THIS PART FOR YOUR DIRECTIVE TO BE VALID.

I want this directive to (*YOU MUST CHOOSE ONLY ONE*):

- Remain valid and in effect for an indefinite period of time.
- Automatically expire years from the date it was created.

1
2 **PART IV.**

3 **WHEN I MAY REVOKE THIS DIRECTIVE**

4 *YOU MUST COMPLETE THIS PART FOR THIS DIRECTIVE TO BE VALID.*

5 I intend that I be able to revoke this directive (*YOU MUST CHOOSE ONLY ONE*):

6 Only when I have capacity.

7 I understand that choosing this option means I may only revoke this directive if I have capacity. I further understand
8 that if I choose this option and become incapacitated while this directive is in effect, I may receive treatment
9 that I specify in this directive, even if I object at the time.

10 Even if I am incapacitated.

11 I understand that choosing this option means that I may revoke this directive even if I am incapacitated. I further
12 understand that if I choose this option and revoke this directive while I am incapacitated I may not receive
13 treatment that I specify in this directive, even if I want the treatment.

14 **PART V.**

15 **PREFERENCES AND INSTRUCTIONS ABOUT TREATMENT, FACILITIES, AND PHYSICIANS OR
16 PSYCHIATRIC ADVANCED REGISTERED NURSE PRACTITIONERS**

17 **A. Preferences and Instructions About Physician(s) or Psychiatric Advanced Registered Nurse Practitioner(s) to
18 be Involved in My Treatment**

19 I would like the physician(s) or psychiatric advanced registered nurse practitioner(s) named below to be involved in my
20 treatment decisions:

21 Dr. or PARNP Contact information:

22 Dr. or PARNP Contact information:

23 I do not wish to be treated by Dr. or PARNP

24 **B. Preferences and Instructions About Other Providers**

25 I am receiving other treatment or care from providers who I feel have an impact on my mental health care. I would like
26 the following treatment provider(s) to be contacted when this directive is effective:

27 Name Profession Contact information

28 Name Profession Contact information

29 **C. Preferences and Instructions About Medications for Psychiatric Treatment** (*initial and complete all that apply*)

30 I consent, and authorize my agent (if appointed) to consent, to the following
31 medications:

32 I do not consent, and I do not authorize my agent (if appointed) to consent, to the administration of the following
33 medications:

34 I am willing to take the medications excluded above if my only reason for excluding them is the side effects
35 which include

36 and these side effects can be eliminated by dosage adjustment or other means

37 I am willing to try any other medication the hospital doctor or psychiatric advanced registered nurse practitioner
recommends

1 I am willing to try any other medications my outpatient doctor or psychiatric advanced registered nurse
2 practitioner recommends

3 I do not want to try any other medications.

4 **Medication Allergies**

5 I have allergies to, or severe side effects from, the following:

6

7 **Other Medication Preferences or Instructions**

8 I have the following other preferences or instructions about medications

9

10 **D. Preferences and Instructions About Hospitalization and Alternatives**

11 *(initial all that apply and, if desired, rank "1" for first choice, "2" for second choice, and so on)*

12 In the event my psychiatric condition is serious enough to require 24-hour care and I have no physical conditions
13 that require immediate access to emergency medical care, I prefer to receive this care in programs/facilities designed as
14 alternatives to psychiatric hospitalizations.

15 I would also like the interventions below to be tried before hospitalization is considered:

16 Calling someone or having someone call me when needed.

17 Name: Telephone:

18 Staying overnight with someone

19 Name: Telephone:

20 Having a mental health service provider come to see me

21 Going to a crisis triage center or emergency room

22 Staying overnight at a crisis respite (temporary) bed

23 Seeing a service provider for help with psychiatric medications

24 Other, specify:

25 **Authority to Consent to Inpatient Treatment**

26 I consent, and authorize my agent (if appointed) to consent, to voluntary admission to inpatient mental health treatment
27 for days (*not to exceed 14 days*)

28 (Sign one):

29 If deemed appropriate by my agent (if appointed) and treating physician or psychiatric advanced registered nurse
30 practitioner

31

32 (Signature)

33 or

34 Under the following circumstances (specify symptoms, behaviors, or circumstances that indicate the need for
35 hospitalization)

36

37 (Signature)

1 I do **not** consent, or authorize my agent (if appointed) to consent, to inpatient treatment

2

3 (Signature)

4 **Hospital Preferences and Instructions**

5 If hospitalization is required, I prefer the following hospitals:

6 I do not consent to be admitted to the following hospitals:

7 **E. Preferences and Instructions About Preemergency**

8 I would like the interventions below to be tried before use of seclusion or restraint is considered

9 (*initial all that apply*):

10 "Talk me down" one-on-one

11 More medication

12 Time out/privacy

13 Show of authority/force

14 Shift my attention to something else

15 Set firm limits on my behavior

16 Help me to discuss/vent feelings

17 Decrease stimulation

18 Offer to have neutral person settle dispute

19 Other, specify

20 **F. Preferences and Instructions About Seclusion, Restraint, and Emergency Medications**

21 If it is determined that I am engaging in behavior that requires seclusion, physical restraint, and/or emergency use of
22 medication, I prefer these interventions in the order I have chosen (*choose "1" for first choice, "2" for second choice,
23 and so on*):

24 Seclusion

25 Seclusion and physical restraint (combined)

26 Medication by injection

27 Medication in pill or liquid form

28 In the event that my attending physician or psychiatric advanced registered nurse practitioner decides to use medication
29 in response to an emergency situation after due consideration of my preferences and instructions for emergency
30 treatments stated above, I expect the choice of medication to reflect any preferences and instructions I have expressed in
31 Part III C of this form. The preferences and instructions I express in this section regarding medication in emergency
32 situations do not constitute consent to use of the medication for nonemergency treatment.

33 **G. Preferences and Instructions About Electroconvulsive Therapy**

34 **(ECT or Shock Therapy)**

35 My wishes regarding electroconvulsive therapy are (*sign one*):

36 I do not consent, nor authorize my agent (if appointed) to consent, to the administration of electroconvulsive
37 therapy

1

2 (Signature)

3 I consent, and authorize my agent (if appointed) to consent, to the administration of electroconvulsive therapy

4

5 (Signature)

6 I consent, and authorize my agent (if appointed) to consent, to the administration of electroconvulsive therapy,
7 but only under the following conditions:

8

9

10 (Signature)

11 **H. Preferences and Instructions About Who is Permitted to Visit**

12 If I have been admitted to a mental health treatment facility, the following people are not permitted to visit me there:

13 Name:

14 Name:

15 Name:

16 I understand that persons not listed above may be permitted to visit me.

17 **I. Additional Instructions About My Mental Health Care**

18 Other instructions about my mental health care:

19

20 In case of emergency, please contact:

21 Name: Address:

22 Work telephone: Home telephone:

23 Physician or Psychiatric Advanced Registered Address:

24 Nurse Practitioner

25 Telephone:

26 The following may help me to avoid a hospitalization:

27

28 I generally react to being hospitalized as follows:

29

30 Staff of the hospital or crisis unit can help me by doing the following:

31

32

33 **J. Refusal of Treatment**

34 I do not consent to any mental health treatment.

35

36 (Signature)

PART VI.

DURABLE POWER OF ATTORNEY (APPOINTMENT OF MY AGENT)

(Fill out this part only if you wish to appoint an agent or nominate a guardian.)

I authorize an agent to make mental health treatment decisions on my behalf. The authority granted to my agent includes the right to consent, refuse consent, or withdraw consent to any mental health care, treatment, service, or procedure, consistent with any instructions and/or limitations I have set forth in this directive. I intend that those decisions should be made in accordance with my expressed wishes as set forth in this document. If I have not expressed a choice in this document **and my agent does not otherwise know my wishes**, I authorize my agent to make the decision that my agent determines is in my best interest. This agency shall not be affected by my incapacity. Unless I state otherwise in this durable power of attorney, I may revoke it unless prohibited by other state law.

A. Designation of an Agent

I appoint the following person as my agent to make mental health treatment decisions for me as authorized in this document and request that this person be notified immediately when this directive becomes effective:

Name: Address:
Work telephone: Home telephone:
Relationship:

B. Designation of Alternate Agent

If the person named above is unavailable, unable, or refuses to serve as my agent, or I revoke that person's authority to serve as my agent, I hereby appoint the following person as my alternate agent and request that this person be notified immediately when this directive becomes effective or when my original agent is no longer my agent:

Name: Address:
Work telephone: Home telephone:
Relationship:

C. When My Spouse is My Agent *(initial if desired)*

..... If my spouse is my agent, that person shall remain my agent even if we become legally separated or our marriage is dissolved, unless there is a court order to the contrary or I have remarried.

D. Limitations on My Agent's Authority

I do not grant my agent the authority to consent on my behalf to the following:

.....
.....

E. Limitations on My Ability to Revoke this Durable Power of Attorney

I choose to limit my ability to revoke this durable power of attorney as follows:

.....
.....

F. Preference as to Court-Appointed Guardian

In the event a court appoints a guardian who will make decisions regarding my mental health treatment, I **nominate** the following person **as my guardian**:

1 Name: Address:
2 Work telephone: Home telephone:
3 Relationship:

4 The appointment of a guardian of my estate or my person or any other decision maker shall not give the guardian or
5 decision maker the power to revoke, suspend, or terminate this directive or the powers of my agent, except as authorized
6 by law.

7
8 (Signature required if nomination is made)

9
10 **PART VII.**
OTHER DOCUMENTS

11 *(Initial all that apply)*

12 I have executed the following documents that include the power to make decisions regarding health care services for
13 myself:

- 14 Health care power of attorney (chapter 11.94 RCW)
- 15 "Living will" (Health care directive; chapter 70.122 RCW)

16 I have appointed more than one agent. I understand that the most recently appointed agent controls except as
17 stated below:

18

19
20 **PART VIII.**
NOTIFICATION OF OTHERS AND CARE OF PERSONAL AFFAIRS

21 *(Fill out this part only if you wish to provide nontreatment instructions.)*

22 I understand the preferences and instructions in this part are **NOT** the responsibility of my treatment provider and that no
23 treatment provider is required to act on them.

24 **A. Who Should Be Notified**

25 I desire my agent to notify the following individuals as soon as possible when this directive becomes effective:

26 Name: Address:

27 Day telephone: Evening telephone:

28 Name: Address:

29 Day telephone: Evening telephone:

30 **B. Preferences or Instructions About Personal Affairs**

31 I have the following preferences or instructions about my personal affairs (e.g., care of dependents, pets, household) if I
32 am admitted to a mental health treatment facility:

33
34

35 **C. Additional Preferences and Instructions:**

36
37

1
2
3
4 **PART IX.**
5 **SIGNATURE**

6 By signing here, I indicate that I understand the purpose and effect of this document and that I am giving my
7 informed consent to the treatments and/or admission to which I have consented or authorized my agent to consent in this
8 directive. I intend that my consent in this directive be construed as being consistent with the elements of informed
9 consent under chapter 7.70 RCW.

10 Signature: Date:

11 Printed Name:

12 This directive was signed and declared by the "Principal," to be his or her directive, in our presence who, at his or her
13 request, have signed our names below as witnesses. We declare that, at the time of the creation of this instrument, the
14 Principal is personally known to us, and, according to our best knowledge and belief, has capacity at this time and does
15 not appear to be acting under duress, undue influence, or fraud. We further declare that none of us is:

16 (A) A person designated to make medical decisions on the principal's behalf;

17 (B) A health care provider or professional person directly involved with the provision of care to the principal at the
18 time the directive is executed;

19 (C) An owner, operator, employee, or relative of an owner or operator of a health care facility or long-term care
20 facility in which the principal is a patient or resident;

21 (D) A person who is related by blood, marriage, or adoption to the person, or with whom the principal has a dating
22 relationship as defined in RCW 26.50.010;

23 (E) An incapacitated person;

24 (F) A person who would benefit financially if the principal undergoes mental health treatment; or

25 (G) A minor.

26 Witness 1: Signature: Date:

27 Printed Name:

28 Telephone: Address:

29 Witness 2: Signature: Date:

30 Printed Name:

31 Telephone: Address:

32 **PART X.**
33 **RECORD OF DIRECTIVE**

34 I have given a copy of this directive to the following persons:
35

36 DO NOT FILL OUT PART XI UNLESS YOU INTEND TO REVOKE

THIS DIRECTIVE IN PART OR IN WHOLE

1 **PART XI.**

2 **REVOCAION OF THIS DIRECTIVE**

3 *(Initial any that apply):*

4I am revoking the following part(s) of this directive (specify):
5

6I am revoking all of this directive.

7 By signing here, I indicate that I understand the purpose and effect of my revocation and that no person is bound by any
8 revoked provision(s). I intend this revocation to be interpreted as if I had never completed the revoked provision(s).

9 Signature: Date:

10 Printed Name:

11 **DO NOT SIGN THIS PART UNLESS YOU INTEND TO REVOKE THIS**
12 **DIRECTIVE IN PART OR IN WHOLE**

13 **Sec. 15.** RCW 71.34.355 and 1985 c 354 s 16 are each amended to
14 read as follows:

15 Absent a risk to self or others, minors treated under this chapter
16 have the following rights, which shall be prominently posted in the
17 evaluation and treatment facility:

18 (1) To wear their own clothes and to keep and use personal
19 possessions;

20 (2) To keep and be allowed to spend a reasonable sum of their own
21 money for canteen expenses and small purchases;

22 (3) To have individual storage space for private use;

23 (4) To have visitors at reasonable times;

24 (5) To have reasonable access to a telephone, both to make and
25 receive confidential calls;

26 (6) To have ready access to letter-writing materials, including
27 stamps, and to send and receive uncensored correspondence through the
28 mails;

29 (7) To discuss treatment plans and decisions with mental health
30 professionals;

31 (8) To have the right to adequate care and individualized
32 treatment;

33 (9) Not to consent to the performance of electro-convulsive
34 treatment or surgery, except emergency life-saving surgery, upon him or
35 her, and not to have electro-convulsive treatment or nonemergency
36 surgery in such circumstance unless ordered by a court pursuant to a
37 judicial hearing in which the minor is present and represented by

1 counsel, and the court shall appoint a psychiatrist, psychologist,
2 psychiatric advanced registered nurse practitioner, or physician
3 designated by the minor or the minor's counsel to testify on behalf of
4 the minor. The minor's parent may exercise this right on the minor's
5 behalf, and must be informed of any impending treatment;

6 (10) Not to have psychosurgery performed on him or her under any
7 circumstances.

8 **Sec. 16.** RCW 71.34.720 and 1991 c 364 s 12 are each amended to
9 read as follows:

10 (1) Each minor approved by the facility for inpatient admission
11 shall be examined and evaluated by a children's mental health
12 specialist as to the child's mental condition and by a physician or
13 psychiatric advanced registered nurse practitioner as to the child's
14 physical condition within twenty-four hours of admission. Reasonable
15 measures shall be taken to ensure medical treatment is provided for any
16 condition requiring immediate medical attention.

17 (2) If, after examination and evaluation, the children's mental
18 health specialist and the physician or psychiatric advanced registered
19 nurse practitioner determine that the initial needs of the minor would
20 be better served by placement in a chemical dependency treatment
21 facility, then the minor shall be referred to an approved treatment
22 program defined under RCW 70.96A.020.

23 (3) The admitting facility shall take reasonable steps to notify
24 immediately the minor's parent of the admission.

25 (4) During the initial seventy-two hour treatment period, the minor
26 has a right to associate or receive communications from parents or
27 others unless the professional person in charge determines that such
28 communication would be seriously detrimental to the minor's condition
29 or treatment and so indicates in the minor's clinical record, and
30 notifies the minor's parents of this determination. In no event may
31 the minor be denied the opportunity to consult an attorney.

32 (5) If the evaluation and treatment facility admits the minor, it
33 may detain the minor for evaluation and treatment for a period not to
34 exceed seventy-two hours from the time of provisional acceptance. The
35 computation of such seventy-two hour period shall exclude Saturdays,
36 Sundays, and holidays. This initial treatment period shall not exceed

1 seventy-two hours except when an application for voluntary inpatient
2 treatment is received or a petition for fourteen-day commitment is
3 filed.

4 (6) Within twelve hours of the admission, the facility shall advise
5 the minor of his or her rights as set forth in this chapter.

6 **Sec. 17.** RCW 71.34.730 and 1995 c 312 s 54 are each amended to
7 read as follows:

8 (1) The professional person in charge of an evaluation and
9 treatment facility where a minor has been admitted involuntarily for
10 the initial seventy-two hour treatment period under this chapter may
11 petition to have a minor committed to an evaluation and treatment
12 facility for fourteen-day diagnosis, evaluation, and treatment.

13 If the professional person in charge of the treatment and
14 evaluation facility does not petition to have the minor committed, the
15 parent who has custody of the minor may seek review of that decision in
16 court. The parent shall file notice with the court and provide a copy
17 of the treatment and evaluation facility's report.

18 (2) A petition for commitment of a minor under this section shall
19 be filed with the superior court in the county where the minor is
20 residing or being detained.

21 (a) A petition for a fourteen-day commitment shall be signed
22 ~~((either))~~ by (i) two physicians ~~((or by one physician and))~~, (ii) two
23 psychiatric advanced registered nurse practitioners, (iii) a mental
24 health professional ~~((who))~~ and either a physician or a psychiatric
25 advanced registered nurse practitioner, or (iv) a physician and a
26 psychiatric advanced registered nurse practitioner. The person signing
27 the petition must have examined the minor, and ~~((shall))~~ the petition
28 must contain the following:

29 ~~((+i))~~ (A) The name and address of the petitioner;

30 ~~((+ii))~~ (B) The name of the minor alleged to meet the criteria for
31 fourteen-day commitment;

32 ~~((+iii))~~ (C) The name, telephone number, and address if known of
33 every person believed by the petitioner to be legally responsible for
34 the minor;

35 ~~((+iv))~~ (D) A statement that the petitioner has examined the minor
36 and finds that the minor's condition meets required criteria for
37 fourteen-day commitment and the supporting facts therefor;

1 (~~(v)~~) (E) A statement that the minor has been advised of the need
2 for voluntary treatment but has been unwilling or unable to consent to
3 necessary treatment;

4 (~~(vi)~~) (F) A statement recommending the appropriate facility or
5 facilities to provide the necessary treatment; and

6 (~~(vii)~~) (G) A statement concerning whether a less restrictive
7 alternative to inpatient treatment is in the best interests of the
8 minor.

9 (b) A copy of the petition shall be personally delivered to the
10 minor by the petitioner or petitioner's designee. A copy of the
11 petition shall be sent to the minor's attorney and the minor's parent.

12 **Sec. 18.** RCW 71.34.750 and 1985 c 354 s 9 are each amended to read
13 as follows:

14 (1) At any time during the minor's period of fourteen-day
15 commitment, the professional person in charge may petition the court
16 for an order requiring the minor to undergo an additional one hundred
17 eighty-day period of treatment. The evidence in support of the
18 petition shall be presented by the county prosecutor unless the
19 petition is filed by the professional person in charge of a state-
20 operated facility in which case the evidence shall be presented by the
21 attorney general.

22 (2) The petition for one hundred eighty-day commitment shall
23 contain the following:

24 (a) The name and address of the petitioner or petitioners;

25 (b) The name of the minor alleged to meet the criteria for one
26 hundred eighty-day commitment;

27 (c) A statement that the petitioner is the professional person in
28 charge of the evaluation and treatment facility responsible for the
29 treatment of the minor;

30 (d) The date of the fourteen-day commitment order; and

31 (e) A summary of the facts supporting the petition.

32 (3) The petition shall be supported by accompanying affidavits
33 signed by (a) two examining physicians, one of whom shall be a child
34 psychiatrist, (~~or by one examining physician and~~) or two psychiatric
35 advanced registered nurse practitioners, one of whom shall be a child
36 and adolescent or family psychiatric advanced registered nurse
37 practitioner, (b) one children's mental health specialist and either an

1 examining physician or a psychiatric advanced registered nurse
2 practitioner, or (c) an examining physician and a psychiatric advanced
3 registered nurse practitioner, one of which needs to be a child
4 psychiatrist or a child and adolescent psychiatric nurse practitioner.

5 The affidavits shall describe in detail the behavior of the detained
6 minor which supports the petition and shall state whether a less
7 restrictive alternative to inpatient treatment is in the best interests
8 of the minor.

9 (4) The petition for one hundred eighty-day commitment shall be
10 filed with the clerk of the court at least three days before the
11 expiration of the fourteen-day commitment period. The petitioner or
12 the petitioner's designee shall within twenty-four hours of filing
13 serve a copy of the petition on the minor and notify the minor's
14 attorney and the minor's parent. A copy of the petition shall be
15 provided to such persons at least twenty-four hours prior to the
16 hearing.

17 (5) At the time of filing, the court shall set a date within seven
18 days for the hearing on the petition. The court may continue the
19 hearing upon the written request of the minor or the minor's attorney
20 for not more than ten days. The minor or the parents shall be afforded
21 the same rights as in a fourteen-day commitment hearing. Treatment of
22 the minor shall continue pending the proceeding.

23 (6) For one hundred eighty-day commitment, the court must find by
24 clear, cogent, and convincing evidence that the minor:

- 25 (a) Is suffering from a mental disorder;
- 26 (b) Presents a likelihood of serious harm or is gravely disabled;
- 27 and

28 (c) Is in need of further treatment that only can be provided in a
29 one hundred eighty-day commitment.

30 (7) If the court finds that the criteria for commitment are met and
31 that less restrictive treatment in a community setting is not
32 appropriate or available, the court shall order the minor committed for
33 further inpatient treatment to the custody of the secretary or to a
34 private treatment and evaluation facility if the minor's parents have
35 assumed responsibility for payment for the treatment. If the court
36 finds that a less restrictive alternative is in the best interest of
37 the minor, the court shall order less restrictive alternative treatment
38 upon such conditions as necessary.

1 If the court determines that the minor does not meet the criteria
2 for one hundred eighty-day commitment, the minor shall be released.

3 (8) Successive one hundred eighty-day commitments are permissible
4 on the same grounds and under the same procedures as the original one
5 hundred eighty-day commitment. Such petitions shall be filed at least
6 five days prior to the expiration of the previous one hundred eighty-
7 day commitment order.

8 **Sec. 19.** RCW 71.34.770 and 1985 c 354 s 12 are each amended to
9 read as follows:

10 (1) The professional person in charge of the inpatient treatment
11 facility may authorize release for the minor under such conditions as
12 appropriate. Conditional release may be revoked pursuant to RCW
13 71.34.780 if leave conditions are not met or the minor's functioning
14 substantially deteriorates.

15 (2) Minors may be discharged prior to expiration of the commitment
16 period if the treating physician, psychiatric advanced registered nurse
17 practitioner, or professional person in charge concludes that the minor
18 no longer meets commitment criteria.

19 **Sec. 20.** RCW 71.05.020 and 2008 c 156 s 1 are each amended to read
20 as follows:

21 The definitions in this section apply throughout this chapter
22 unless the context clearly requires otherwise.

23 (1) "Admission" or "admit" means a decision by a physician or
24 psychiatric advanced registered nurse practitioner that a person should
25 be examined or treated as a patient in a hospital;

26 (2) "Antipsychotic medications" means that class of drugs primarily
27 used to treat serious manifestations of mental illness associated with
28 thought disorders, which includes, but is not limited to atypical
29 antipsychotic medications;

30 (3) "Attending staff" means any person on the staff of a public or
31 private agency having responsibility for the care and treatment of a
32 patient;

33 (4) "Commitment" means the determination by a court that a person
34 should be detained for a period of either evaluation or treatment, or
35 both, in an inpatient or a less restrictive setting;

- 1 (5) "Conditional release" means a revocable modification of a
2 commitment, which may be revoked upon violation of any of its terms;
- 3 (6) "Crisis stabilization unit" means a short-term facility or a
4 portion of a facility licensed by the department of health and
5 certified by the department of social and health services under RCW
6 71.24.035, such as an evaluation and treatment facility or a hospital,
7 which has been designed to assess, diagnose, and treat individuals
8 experiencing an acute crisis without the use of long-term
9 hospitalization;
- 10 (7) "Custody" means involuntary detention under the provisions of
11 this chapter or chapter 10.77 RCW, uninterrupted by any period of
12 unconditional release from commitment from a facility providing
13 involuntary care and treatment;
- 14 (8) "Department" means the department of social and health
15 services;
- 16 (9) "Designated chemical dependency specialist" means a person
17 designated by the county alcoholism and other drug addiction program
18 coordinator designated under RCW 70.96A.310 to perform the commitment
19 duties described in chapters 70.96A and 70.96B RCW;
- 20 (10) "Designated crisis responder" means a mental health
21 professional appointed by the county or the regional support network to
22 perform the duties specified in this chapter;
- 23 (11) "Designated mental health professional" means a mental health
24 professional designated by the county or other authority authorized in
25 rule to perform the duties specified in this chapter;
- 26 (12) "Detention" or "detain" means the lawful confinement of a
27 person, under the provisions of this chapter;
- 28 (13) "Developmental disabilities professional" means a person who
29 has specialized training and three years of experience in directly
30 treating or working with persons with developmental disabilities and is
31 a psychiatrist, psychologist, psychiatric advanced registered nurse
32 practitioner, or social worker, and such other developmental
33 disabilities professionals as may be defined by rules adopted by the
34 secretary;
- 35 (14) "Developmental disability" means that condition defined in RCW
36 71A.10.020(3);
- 37 (15) "Discharge" means the termination of hospital medical

1 authority. The commitment may remain in place, be terminated, or be
2 amended by court order;

3 (16) "Evaluation and treatment facility" means any facility which
4 can provide directly, or by direct arrangement with other public or
5 private agencies, emergency evaluation and treatment, outpatient care,
6 and timely and appropriate inpatient care to persons suffering from a
7 mental disorder, and which is certified as such by the department. A
8 physically separate and separately operated portion of a state hospital
9 may be designated as an evaluation and treatment facility. A facility
10 which is part of, or operated by, the department or any federal agency
11 will not require certification. No correctional institution or
12 facility, or jail, shall be an evaluation and treatment facility within
13 the meaning of this chapter;

14 (17) "Gravely disabled" means a condition in which a person, as a
15 result of a mental disorder: (a) Is in danger of serious physical harm
16 resulting from a failure to provide for his or her essential human
17 needs of health or safety; or (b) manifests severe deterioration in
18 routine functioning evidenced by repeated and escalating loss of
19 cognitive or volitional control over his or her actions and is not
20 receiving such care as is essential for his or her health or safety;

21 (18) "Habilitative services" means those services provided by
22 program personnel to assist persons in acquiring and maintaining life
23 skills and in raising their levels of physical, mental, social, and
24 vocational functioning. Habilitative services include education,
25 training for employment, and therapy. The habilitative process shall
26 be undertaken with recognition of the risk to the public safety
27 presented by the person being assisted as manifested by prior charged
28 criminal conduct;

29 (19) "History of one or more violent acts" refers to the period of
30 time ten years prior to the filing of a petition under this chapter,
31 excluding any time spent, but not any violent acts committed, in a
32 mental health facility or in confinement as a result of a criminal
33 conviction;

34 (20) "Imminent" means the state or condition of being likely to
35 occur at any moment or near at hand, rather than distant or remote;

36 (21) "Individualized service plan" means a plan prepared by a
37 developmental disabilities professional with other professionals as a
38 team, for a person with developmental disabilities, which shall state:

1 (a) The nature of the person's specific problems, prior charged
2 criminal behavior, and habilitation needs;

3 (b) The conditions and strategies necessary to achieve the purposes
4 of habilitation;

5 (c) The intermediate and long-range goals of the habilitation
6 program, with a projected timetable for the attainment;

7 (d) The rationale for using this plan of habilitation to achieve
8 those intermediate and long-range goals;

9 (e) The staff responsible for carrying out the plan;

10 (f) Where relevant in light of past criminal behavior and due
11 consideration for public safety, the criteria for proposed movement to
12 less-restrictive settings, criteria for proposed eventual discharge or
13 release, and a projected possible date for discharge or release; and

14 (g) The type of residence immediately anticipated for the person
15 and possible future types of residences;

16 (22) "Judicial commitment" means a commitment by a court pursuant
17 to the provisions of this chapter;

18 (23) "Likelihood of serious harm" means:

19 (a) A substantial risk that: (i) Physical harm will be inflicted
20 by a person upon his or her own person, as evidenced by threats or
21 attempts to commit suicide or inflict physical harm on oneself; (ii)
22 physical harm will be inflicted by a person upon another, as evidenced
23 by behavior which has caused such harm or which places another person
24 or persons in reasonable fear of sustaining such harm; or (iii)
25 physical harm will be inflicted by a person upon the property of
26 others, as evidenced by behavior which has caused substantial loss or
27 damage to the property of others; or

28 (b) The person has threatened the physical safety of another and
29 has a history of one or more violent acts;

30 (24) "Mental disorder" means any organic, mental, or emotional
31 impairment which has substantial adverse effects on a person's
32 cognitive or volitional functions;

33 (25) "Mental health professional" means a psychiatrist,
34 psychologist, psychiatric advanced registered nurse practitioner,
35 psychiatric nurse, or social worker, and such other mental health
36 professionals as may be defined by rules adopted by the secretary
37 pursuant to the provisions of this chapter;

1 (26) "Peace officer" means a law enforcement official of a public
2 agency or governmental unit, and includes persons specifically given
3 peace officer powers by any state law, local ordinance, or judicial
4 order of appointment;

5 (27) "Private agency" means any person, partnership, corporation,
6 or association that is not a public agency, whether or not financed in
7 whole or in part by public funds, which constitutes an evaluation and
8 treatment facility or private institution, or hospital, which is
9 conducted for, or includes a department or ward conducted for, the care
10 and treatment of persons who are mentally ill;

11 (28) "Professional person" means a mental health professional and
12 shall also mean a physician, psychiatric advanced registered nurse
13 practitioner, registered nurse, and such others as may be defined by
14 rules adopted by the secretary pursuant to the provisions of this
15 chapter;

16 (29) "Psychiatric advanced registered nurse practitioner" means a
17 person who is licensed as an advanced registered nurse practitioner
18 pursuant to chapter 18.79 RCW; and who is board certified in advanced
19 practice psychiatric and mental health nursing;

20 (30) "Psychiatrist" means a person having a license as a physician
21 and surgeon in this state who has in addition completed three years of
22 graduate training in psychiatry in a program approved by the American
23 medical association or the American osteopathic association and is
24 certified or eligible to be certified by the American board of
25 psychiatry and neurology;

26 (31) "Psychologist" means a person who has been licensed as a
27 psychologist pursuant to chapter 18.83 RCW;

28 (32) "Public agency" means any evaluation and treatment facility or
29 institution, or hospital which is conducted for, or includes a
30 department or ward conducted for, the care and treatment of persons
31 with mental illness, if the agency is operated directly by, federal,
32 state, county, or municipal government, or a combination of such
33 governments;

34 (33) "Registration records" include all the records of the
35 department, regional support networks, treatment facilities, and other
36 persons providing services to the department, county departments, or
37 facilities which identify persons who are receiving or who at any time
38 have received services for mental illness;

1 (34) "Release" means legal termination of the commitment under the
2 provisions of this chapter;

3 (35) "Resource management services" has the meaning given in
4 chapter 71.24 RCW;

5 (36) "Secretary" means the secretary of the department of social
6 and health services, or his or her designee;

7 (37) "Social worker" means a person with a master's or further
8 advanced degree from an accredited school of social work or a degree
9 deemed equivalent under rules adopted by the secretary;

10 (38) "Treatment records" include registration and all other records
11 concerning persons who are receiving or who at any time have received
12 services for mental illness, which are maintained by the department, by
13 regional support networks and their staffs, and by treatment
14 facilities. Treatment records include mental health information
15 contained in a medical bill including but not limited to mental health
16 drugs, a mental health diagnosis, provider name, and dates of service
17 stemming from a medical service. Treatment records do not include
18 notes or records maintained for personal use by a person providing
19 treatment services for the department, regional support networks, or a
20 treatment facility if the notes or records are not available to others;

21 (39) "Violent act" means behavior that resulted in homicide,
22 attempted suicide, nonfatal injuries, or substantial damage to
23 property."

SHB 1071 - S COMM AMD
By Committee on Health & Long-Term Care

ADOPTED 4/7/09

24 On page 1, line 1 of the title, after "practitioners;" strike the
25 remainder of the title and insert "and amending RCW 71.05.210,
26 71.05.230, 71.05.290, 71.05.300, 71.05.360, 71.05.390, 71.05.420,
27 71.05.630, 71.05.660, 71.06.040, 71.12.540, 71.32.140, 71.32.250,
28 71.32.260, 71.34.355, 71.34.720, 71.34.730, 71.34.750, 71.34.770, and
29 71.05.020."

--- END ---