

NOTICE OF CERTIFICATION

MH 1760 (Rev. 08/06)

Confidential Patient Information
See Welfare & Institutions Code
Section 5328 and Penal Code 11142

HIPAA Privacy Rule
45 C.F.R. § 164.508

The authorized agency providing evaluation services in the County of _____ has evaluated the condition of:

Name _____

Address _____

Marital Status _____ Date of Birth _____ Sex _____

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

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

*Strike out all inapplicable classifications.

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

The above-named person has been informed of this evaluation, and has been advised of the need for, but has not been able or willing to accept treatment on a voluntary basis, or to accept referral to, the following services:

We, therefore, certify the above-named person to receive intensive treatment related to the mental disorder or impairment by chronic alcoholism beginning this _____ day of _____, 20____, in the intensive treatment facility herein named _____

Date

Signature _____

Signature _____

I hereby state that I delivered a copy of this notice this day to the above-named person and that I informed him or her that unless judicial review is requested, a certification review hearing will be held within four days of the date on which the person is certified for a period of intensive treatment and that an attorney or advocate will visit him or her to provide assistance in preparing for the hearing or to answer questions regarding his or her commitment or to provide other assistance. The court has been notified of this certification on this day.

Signature _____