

Hospital Determination That Individual Does Not Meet Involuntary Placement Criteria

I have personally examined _____, an individual for whom an involuntary examination has been initiated pursuant to s. 394.463, F.S. who was brought to _____ Hospital (**not designated as a Baker Act receiving facility**) for evaluation or treatment of an emergency medical condition.

I have conducted the initial mandatory involuntary examination, including documenting observations of the individual's recent behavior, reviewing the form initiating this examination and the transportation form, conducting a brief psychiatric history, and conducting a face-to-face examination of the individual.

Check at least one box from each of the two categories below:

I have determined that he/she does **NOT** meet the criteria for involuntary **inpatient** placement pursuant to s. 394.467, F.S. based upon one or more of the following reasons:

- Does not suffer from a mental illness, as defined in s. 394.455, F.S.
- Has not refused placement or is able to determine for himself or herself that placement is necessary.
- Is not likely to suffer from neglect posing a real and present threat of substantial harm nor is there substantial likelihood that in the near future he/she will inflict serious bodily harm on self or others as evidenced by recent behavior causing, attempting, or threatening such harm.
- There are available less restrictive treatment alternatives offering an opportunity for improvement of his/her condition.

AND

I have determined that he/she does **NOT** meet the criteria for involuntary **outpatient** services pursuant to s. 394.4655, F.S. based upon one or more of the following reasons:

- Individual is under age 18;
- Does not suffer from a mental illness, as defined in s. 394.455, F.S.;
- Individual is likely to survive safely in the community without supervision, based on my clinical determination;
- Individual has no history of lacking compliance with treatment for a mental illness;
- Individual has not within the preceding 36 months been involuntarily admitted to a Baker Act receiving or treatment facility, or received mental health services in a forensic correctional facility or engaged in one or more acts of serious violent behavior toward self or other, or attempts at serious bodily harm to self/others;
- Individual has not been found to be unlikely to voluntarily participate in recommended treatment and has not either refused voluntary services or been found to be unable to determine whether services is necessary;
- Individual hasn't been found, based on his/her treatment history and current behavior, to need involuntary outpatient services to prevent a relapse or deterioration that would be likely to result in serious bodily harm to self or others, or a substantial harm to his/her well-being;
- There has been no finding that it is likely the individual will benefit from involuntary outpatient services; **or**
- There are less restrictive treatment alternatives available that offer an opportunity for improvement of his/her condition

This examination was conducted at _____ a.m. p.m. on _____.
Time of Examination Date of Examination

As a physician or licensed clinical psychologist and recognized by this hospital as eligible to perform the involuntary examination, I have: Offered voluntary placement to this individual OR Approved the direct release of this individual from the hospital.

Signature of Physician Clinical Psychologist _____ Date _____ Time _____ am pm

Typed or Printed Name of Examiner _____ License Number _____

If a individual is released from a hospital after being evaluated or treated for an emergency medical condition, this completed form or its equivalent must be completed and retained in the individual's clinical record and a Notice of Release or Discharge (CF-MH 3038 or equivalent) must be given or sent to the individual, the individual's guardian, to any individual who executed a Certificate, and to any Court which ordered the individual's examination.