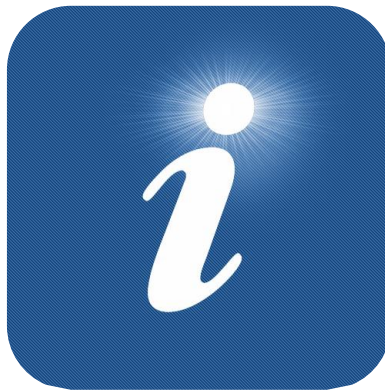




HOW TO CREATE A 302 PETITION COMMUNITY PROVIDER



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Introduction and Overview

What is IRES and How Can I Use This Application?

Information, Referral & Emergency Services (IRES) is an online system provided by the Allegheny County Department of Human Services to assist with completing and automating the 302 Civil Commitment process.

As Community Provider staff, IRES can be used to enter the same information found on the paper 302 form. Users can capture client and staff/petitioner signatures using this online system.

This guide will cover how to create a 302 petition.

The next several sections explain how to use some fields and other elements in the IRES system.

Mandatory and Conditionally Mandatory Fields

302 Authorization Summary

*Denotes Required Fields **Denotes Half-Mandatory Fields

Fields marked with a single red asterisk [*] and a yellow background are *mandatory*.

You will not be able to proceed without entering information in these fields.

Fields marked with two red asterisks [**] are *conditionally mandatory*. One of these fields (but not both) must be filled out before you can save your information and proceed to the next screen.

All fields not marked with an asterisk are not mandatory, but it is helpful to enter as much information about the client as you have.



Multi-Select Lists

The IRES system contains several MultiSelect lists which look similar to the image below:

Click to select as many values as apply. To select more than one value, hold down the CTRL button on your keyboard while clicking.

If you accidentally select too many values, click on the incorrect value again while holding down CTRL and the value will no longer be selected.

Click the **>>** button to move the selected value(s) to the Selected Value column on the right.

A user can add as many multi-list values as needed. Click **OK** to close this pop-up window and save the values in the right-hand column. Click **Cancel** to close this window without saving.



Electronically Capturing a Signature in IRES

Users of the IRES system can capture signatures electronically using their mouse or touchscreen.

Upon clicking **Capture Signature**, a Capture Signature pop-up window will appear:

In the first dropdown menu below the word Status, click the arrow button [▼] and select **Signed**.

- If a signature has already been captured on paper, select **Paper Signed** instead, enter a **Signature Capture Date** and select **Save Signature** to close the pop-up window.

Then click **Go to Summary Page** and follow the steps on page **Error! Bookmark not defined.** to upload a PDF file of the scanned signature and save it to the electronic 302 petition.

Click in the box under **Signature Capture Date*** to type the date in MM/DD/YYYY format, or select the arrow button [▼] to select the date from a calendar view instead.

If using a device with a mouse, click the mouse inside the box marked **Sign Here** and drag the mouse as if signing on paper. If using a touchpad device, touch inside the **Sign Here** box and have the petitioner sign using a finger or stylus. If the first attempt was unsuccessful, press **Clear Signature** to reset this field and make another attempt.

Press **Save Signature** to save this signature to the system. The pop-up will close.

Press **Cancel** to close the pop-up without saving the signature.



Status of Forms Pane

At the bottom of the 302 Authorization Summary page is the Status of Forms Pane (shown below).

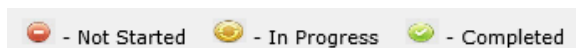
Status of Forms
Please select the form you would like to view/edit from the list below, and click the "Show" button. If you would like to view instructions on how to complete these forms, Click this link: [Instructions](#)

- Not Started - In Progress - Completed

Form Name	User Name	User Title	Scanned Form/E-Form?	Completion Status
☐ Client Information	COMMUNITY PROVIDER_1	COMMUNITY PROVIDER	E-Form	
☐ Application & Acknowledgement (Part I)			E-Form	
☐ Authorization For Transportation Without Warrant (Part II)			E-Form	
☐ Warrant (Part III)			E-Form	
☐ Patient's Rights (Part IV)			E-Form	
☐ Actions Taken To Protect Patient's Interest (Part V)			E-Form	
☐ Physician's Examination (Part VI)			E-Form	

[Show](#) [Attach\Upload Form](#) [Preview 302 Form](#) [Save](#) [Complete](#) [Cancel](#) [Send Revision to OnBase](#) [Back to Results](#)

The Completion Status column shows whether a section of the 302 has been Completed, In Progress or Not Started. The key for these icons is shown below:



The User Name column shows the name of the user who has last saved information on the screen. Your name will appear in the Client Information row if you have created a new 302 petition.

To navigate to a different section of the 302, select the radio button to the left of the Form Name in the grid and then click the **Show** button. You can also navigate using the tabs at the top of the page.

Navigation Buttons

Below the Status of Forms pane there is a row of buttons (shown below):



The **Show** button takes the user to the selected portion of the 302 petition.

The **Attach\Upload Form** button can be used to upload a form and attach it to the 302 petition (see next section). **(community provider role does not have access to upload documents)**

The **Preview 302 Form** button creates a PDF preview of the paper version of 302 form for this petition. This preview will appear in a new pop up window.

The **Save** button updates the petition by saving the information on the screen.



Search for Existing 302 Petitions

Before creating a new 302 petition, a user must search for existing 302 petitions. This prevents users from creating a duplicate 302 if someone else has started a 302 for the same client.

Beginning a Search



1. To begin a search, select Petition Search under the 302 Petition menu. You may not see all of the tabs shown above, depending on your role in the IRES system.

2. A user can search by Characteristics, Petition ID and Petition Status

- a. To search by any of those criteria you must check the box beside the title, then enter the search criteria in the text field:



Search Result: Petition Exists at Facility

1. A user searches a name and results are shown in a grid in the Search Results pane. This entry has a Petition Status of "In Progress".

Search Results

Results 1 - 1 of 1

Petition ID▼	First Name	Last Name	Gender	Date of Birth	Initiated By	Petition Status	Authorized By	Examining Facility
2319	Person	Person	Female		Hospital Staff	In Progress		WPIC

Client Information | Name Revisions | Petition Details

Prefix: First Name: Middle Initial: Last Name: Suffix: Gender:

Date of Birth: SSN:

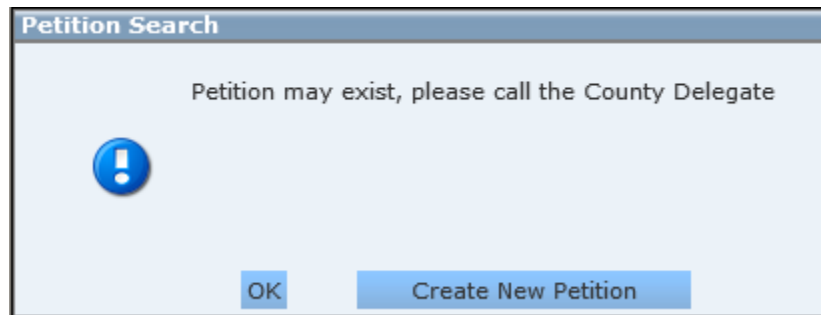
Search **Show** **Create New Petition** **Clear** **Cancel**

- a. This means the 302 is in your workload and you can click the **Show** button to continue the existing 302 form. Clicking **Show** will open the search result highlighted in orange.
- b. If this is not the correct 302, you can also click the **Create New Petition** button to create a new petition. **Only create a new petition when you have determined that the 302 in the search results is not the one that is needed.**



Search Result: Petition May Exist At Another Facility

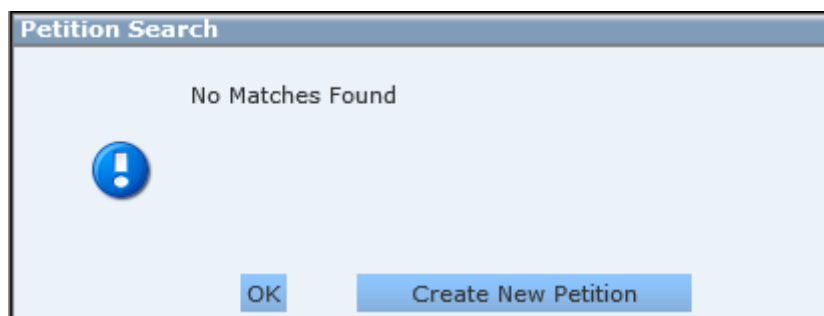
1. A user completes a search and receives **Petition May Exist, Please Call the County Delegate** pop up, as shown in the picture below. This could mean that a user at another facility has begun a 302 petition and you do not currently have access to this 302.



2. A user can click **Create New Petition** to begin creating a new petition. **HOWEVER**, it would be best practice to call the county delegate to determine if there is an in-progress petition in another hospital's workload.
3. If a user clicks **OK** on this pop-up, the pop-up will close and the search screen will appear again.

Search Result: No Matches Found

1. A user completes a search and receives **No Matches Found** pop up.



- a. When a user receives this pop up, they should click **Create New Petition** button to create a new 302 petition.
- b. If a user clicks **OK** on this pop-up, the pop-up will close and the search screen will appear again.



Entering Client Information

After searching for an existing 302 petition, the next step in creating a new petition or completing an existing petition is to enter a client's information on the 302 Authorization Summary screen (shown below). The client's first and last name automatically populate with the name that was searched, along with a Date of Birth and Gender if these were entered in the search for existing 302 petitions. All the fields marked with a red asterisk [*] and a yellow background are mandatory fields. Fields marked with two red asterisks [**] are conditionally mandatory as detailed on page 3 of this guide.

302 Authorization Summary
*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
--------------------	--	---	--------------------	--------------------------------	--	---------------------------------

Client Information

Prefix: [] First Name*: [mickey] Middle Name: [] Last Name*: [mouse] Suffix: [] Maiden Name: [] Alias: []

☐ Date of Birth** ☐ Approx. Age**

Date of Birth*: [] Approx. Age*: [] Gender*: [] SSN: []

Address: []

[Edit](#)

Race: []

Eyes: [] Hair Color: []

Height: Feet [] Inches [] Weight: Lbs. [] Oz. []

[Select](#)

Name of BSU: [] BSU Number: [] County Authorizing Commitment*: [Allegheny County] Allegheny County Resident?*: []

Please specify: []

Petition Criteria Date*: [] Petition Expiry Date: [] Is the patient being admitted to this facility? [No]

Name of Admitting Facility: [] Admission to Unit Date: [] Admission Number: [0] Admission Floor: []

Please specify: []

Comments: []

Client Information

Admission Information*

- * Admission information will be entered at the end of the 302 process if the client is admitted to a facility. Users will be unable to fill in this information before completing the remaining sections of the 302. **(Community Provider Role does not complete the admission information)**



Date of Birth/Approximate Age

The form contains two radio buttons. The first is labeled "Date of Birth" and is selected. Below it is a text field containing "01/23/1966" and a small downward arrow icon. The second radio button is labeled "Approx. Age" and is not selected. Below it is a text field containing "Approx. Age" and a small downward arrow icon.

If you entered a Date of Birth when searching for an existing 302 petition, that Date of Birth will automatically populate in the Date of Birth field.

If a Date of Birth is not automatically populated, click in this field to enter a date in MM/DD/YYYY format, or select the arrow button [v] to select the date from a calendar view instead.

If the client's exact Date of Birth is unknown, select the **Approx. Age** radio button and type the age in the box.

Address Field

A text input field labeled "Address" with a small downward arrow icon on the right side. Below the field is a blue button labeled "Edit".

To enter an address, press the Edit button. An Enter Address window will pop up.

The "Enter Address" window has a title bar and a "Address Details" section. It contains two radio buttons: "Domestic Address" (selected) and "Foreign Address". Below these are several fields: "Address Type" (dropdown menu showing "Local Address"), "Address Line 1" (text field with "123 Forbes Ave"), "Address Line 2" (text field), "City" (text field with "Pittsburgh"), "State" (dropdown menu with "PA"), "Zip" (text field with "15222 - 1803"), "County" (text field), "Municipality" (text field with "Golden Triangle - Pitts"), "School District" (text field with "Pittsburgh Public Scho"), "Residency" (text field with "City of Pittsburgh"), "City Council District" (text field), and "County Council District" (text field). There is a checkbox labeled "Current Residence" which is checked. At the bottom, there is a checkbox labeled "Save Without Verification" which is unchecked, and three buttons: "OK", "Search", and "Cancel".

After entering the address, the OK button is not active. Before saving this information, you must either select **Search** to validate the address before saving **OR** select the **Save Without Verification** checkbox and then click **OK**.



After address validation, the **OK** button is clickable. Click **OK** to save and close the pop-up. Pressing **Cancel** closes this pop-up without saving the information.

Race Field

To fill in the Race field, click **Select** and a MultiSelect Race List window will pop up. To review how to use a MultiSelect list, refer to page 4 of this guide.

Click to select as many values as apply, then click the **>>** button to move it to the Selected Value list on the right.

A user can add as many Race values as needed. Click **OK** to save.



Saving and Creating a Petition ID Number

Once all mandatory information has been entered, scroll to the bottom of the 302 Authorization Summary page and select **Save** to save the information. This will create a Petition ID number for the 302 petition (highlighted in a red box below).

The screenshot shows the '302 Authorization Summary' screen. On the left, there is a sidebar with a list of entities. The 'Entity ID' field is highlighted with a red box. The main area shows the 'Client Information' tab, which is highlighted in green. The 'Client Information' section includes fields for Prefix, First Name, Middle Name, Last Name, Suffix, Maiden Name, and Alias. It also has a 'Date of Birth' field with a dropdown menu, an 'Approx. Age' field, a 'Gender' dropdown, and an 'SSN' field. The 'Address' field is also present. The 'Entity ID' field is highlighted with a red box.

After a Petition ID number is created, there is also a change to the seven tabs at the top of the 302 Authorization Summary screen.

The screenshot shows the seven tabs at the top of the 302 Authorization Summary screen. The 'Client Information' tab is highlighted in green. The other tabs are 'Application & Acknowledgement (Part I)', 'Oral Authorization for Transportation (Part II)', 'Warrant (Part III)', 'The Patient's Rights (Part IV)', 'Actions Taken to Protect Patient's Interest (Part V)', and 'Physician Examination (Part VI)'.

The box for Client Information is now green instead of white. This green color indicates that this section of the 302 has been completed. A white box indicates that a screen has not been started yet, and a yellow box indicates that a screen has been started but not completed yet.

To complete a 302 petition, Parts I, IV, V and VI must be completed, along with Part III, depending on who the petitioner is. If the petitioner is a physician or a police officer, then a warrant will not be completed. If the petitioner is anyone other than a physician or a police officer, then Part III will need to be completed by IRES staff.



Application & Acknowledgement (Part I)

Application & Acknowledgement (Part I)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
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302 - Part I - Application and Acknowledgement

I believe that is severely mentally disabled. Check and complete all applicable for the patient.

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

☐ Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days;

☐ i) the person has acted in such a manner as to evidence that he/she should be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under the act; or

☐ ii) the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

☐ iii) the person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is the reasonable probability or mutilation unless adequate treatment is afforded under the act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

I understand that I may be required to testify at a court hearing concerning the information I gave.

On the basis of the information I gave above, I believe that the client is in need of involuntary examination and treatment. I request that (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

☐ **Acknowledgement**

By checking this box, the Petitioner acknowledges that he/she has been informed that the above-named client may be subject to an additional period of involuntary treatment not to exceed twenty (20) days. He/She further acknowledges that He/She understands that this additional period of time for treatment will be decided at a Court Hearing at which He/She will be required to testify.

He/She has been advised that a hearing may be scheduled at the Hospital/Facility providing treatment on a determined Hearing Date and agree to verify the date and time by contacting County MH/MR at 350-4457 or 350-4456.

He/She understands that failure to attend the hearing may result in the Client's discharge.

Tentative Hearing Location*
Tentative Hearing Date*
Please Specify

A. ☐ The County Administrator issues a warrant authorizing a policeman or someone representing the County Administrator to take the patient to a facility for examination and treatment.

B. ☐ That this facility examines the patient to determine his/her need for treatment.

Petitioner Information

Petitioner Name	Petitioner Role	Signature Status

Prefix First Name* Middle Name Last Name* Suffix

Primary Contact Number* Other Phone 1 Other Phone 2 Ext Address

Role* Please Specify

Describe in detail the specific behavior within the last 30 days which supports your belief (include location, date and time whenever possible, and state who observed the behavior)*

Person Witnessing Petitioner's Acknowledgement

Prefix First Name Middle Name Last Name Suffix

Application

Acknowledgement

Tentative Hearing
Location and Date

Petitioner Information
and Signature Section



Application – Clear and Present Danger

302 – Part I – Application and Acknowledgement

I believe that is severely mentally disabled. Check and complete all applicable for the patient.

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

☐ Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days;

☐ i) the person has acted in such a manner as to evidence that he/she should be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under the act; or

☐ ii) the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

☐ iii) the person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is the reasonable probability or mutilation unless adequate treatment is afforded under the act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

I understand that I may be required to testify at a court hearing concerning the information I gave.

On the basis of the information I gave above, I believe that the client is in need of involuntary examination and treatment. I request that (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

You can select as many checkboxes as apply to the client's situation. At least one must be selected to continue with the petition.

Acknowledgement

☐ **Acknowledgement**

By checking this box, the Petitioner acknowledges that he/she has been informed that the above-named client may be subject to an additional period of involuntary treatment not to exceed twenty (20) days. He/She further acknowledges that He/She understands that this additional period of time for treatment will be decided at a Court Hearing at which He/She will be required to testify.

He/She has been advised that a hearing may be scheduled at the Hospital/Facility providing treatment on a determined Hearing Date and agree to verify the date and time by contacting County MH/MR at 350-4457 or 350-4456.

He/She understands that failure to attend the hearing may result in the Client's discharge.

The Acknowledgement box must be selected to complete this section of the petition. By checking this box, the petitioner acknowledges that they will be required to testify at a court hearing.

Tentative Hearing Location & Date

Tentative Hearing Location*

Tentative Hearing Date*

Please Specify

This section contains the Tentative Hearing Location and Date. The Location contains a dropdown of hearing locations. Select a facility name or, if applicable, select "Other – Please Specify" and the Please Specify field will become mandatory and you can enter details about the hearing location in the text box.

Click in the Tentative Hearing Date field to begin typing a date or click on the down arrow button  to select a date from a calendar view. The Tentative Hearing Date must be in the future (cannot be the same as the date you are completing Part I of the petition).



Acknowledgement Option A or B

- A. ☐ The County Administrator issues a warrant authorizing a policeman or someone representing the County Administrator to take the patient to a facility for examination and treatment.
- B. ☐ That this facility examines the patient to determine his/her need for treatment.

These options refer back to this text above the Tentative Hearing Location section:

On the basis of the information I gave above, I believe that the client is in need of involuntary examination and treatment. I request that (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

Select B if the petitioner is a police officer or a physician. Select option A if the petitioner is hospital staff, a family member, or any other individual who is not a police officer or a physician.

Petitioner Information

Petitioner Information

Petitioner Name	Petitioner Role	Signature Status

Prefix First Name* Middle Name Last Name* Suffix

Primary Contact Number* Other Phone 1 Other Phone 2 Ext Address

Role* Please Specify

Describe in detail the specific behavior within the last 30 days which supports your belief (include location, date and time whenever possible, and state who observed the behavior)*

Person Witnessing Petitioner's Acknowledgement

Prefix First Name Middle Name Last Name Suffix

Capture Signature Preview Save Go to Summary Page

Above is the Petitioner Information portion of the screen. The grid at the top of this section is empty. After saving the petitioner's name and contact information, the petitioner's name will show in this grid, along with whether or not the petitioner has signed this acknowledgement.

Enter the Petitioner's first and last names and phone number in the text boxes marked with a red asterisk [*]. The Address field functions the same as the Address field discussed in the Client Information section.

County Administrator
Family Member/Relative
Hospital Staff
Physician
Police Officer
Other - Please Specify

Select the Petitioner's Role from the dropdown menu shown to the right. If "Other - Please Specify" is selected, use the Please Specify text box to describe the Petitioner's Role.



Describe in detail the specific behavior within the last 30 days which supports your belief (include location, date and time whenever possible, and state who observed the behavior)*

Enter a description of the client's behavior in this box, as directed. There is a 4000-character limit on entries in this field. Click on the magnifying glass icon to [] open a pop-up window shown below.

This view shows the number of characters entered and a spell check button. Misspelled words will show with a red underline to indicate incorrect spelling. Select **OK** to close this pop-up window.

Capturing Petitioner Signature

After completing the mandatory fields, select **Save** to save the Petitioner Information. This saves the Petitioner's name into the grid at the top of the Petitioner Information pane, and activates the Capture Signature button at the bottom of the page (see below). Note at this point that the Signature Status is blank, since it is unsigned.



Select the **Capture Signature** button to open the Capture Signature screen in a pop-up window.

Capture a signature as described in the Introduction/Overview section of this guide (see page 5) or upload a scanned signature through the Attach/Upload Form process described on page **Error!**
Bookmark not defined..

Petitioner Information			
Petitioner Name ▼	Petitioner Role	Signature Status	New
▶ Firstname Lastname	Physician	Signed	Save
			Delete

After saving the signature, the Signature Status column in the Petitioner Information grid now shows as Signed and the buttons to the right of the grid are no longer clickable.

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
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The navigation grid at the top of the screen shows Part I in green to show that it is completed. You can now move on to another part of the 302 petition.



Oral Authorization for Transportation (Part II)

As Community Provider you will not be able to edit this page. Your access to this section is Read Only.

Authorization For Transportation Without Warrant (Part II)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
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302 Part II- Authorization For Transportation To An Approved Facility For Examination Without A Warrant

For use in emergency situations when the Administrator orally authorizes a responsible person to take a patient to a designated facility for examination without a warrant. When such authorization of a County Administrator or designee is obtained by telephone, the documentation below is required.

Person Requesting Authorization

Prefix	First Name*	Middle Name	Last Name*	Suffix
Date*	Time*			

Warrant (Part III)

As Community Provider you will not be able to edit this page. Your access to this section is Read Only. IRES Staff will complete this section. This section is completed when Option A is selected on Part I.

Warrant (Part III)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
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302 Part III - Warrant

☐ A Based upon representations made to me by the Petitioner(s), I hereby order that the client shall be taken to and examined at the selected facility and if required, shall be admitted to a facility designated for treatment for a period of time not to exceed 120 hours.

Petitioner Name▼	Petitioner Role	Signature Status
▶ Test doctor	Physician	Signed

Examination Facility Name

Date Time

Please Specify



The Patient's Rights (Part IV)

As Community Provider this page is read only for your role. This is completed by the Hospital Staff.

Patient's Rights (Part IV)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
--------------------	--	---	--------------------	--------------------------------	--	---------------------------------

302 - Part IV - The Patient's Rights

Name of the facility Patient Arrived At
I affirm that when the patient arrived at UPMC - Shadyside I explained the rights to the patient. These rights are described in the section below:

Please Specify

You have been brought to this facility because a responsible person has observed your conduct and feels that you present a clear danger to yourself or to other people. Within two hours from now you will be examined by a physician. If the doctor finds that you do not need treatment, you will be returned to whatever place you desire within reason. If the doctor agrees that you are mentally ill and clearly in danger of harming yourself or someone else, you will be admitted to a facility designated by the County Administrator for a period of treatment of up to 120 hours. While you are under examination or in treatment, you have the following rights:

1. You must be told specifically why you were brought here for emergency examination.
2. You may make up to 3 completed phone calls immediately.
3. You have the right to communicate with others.
4. You may give to the facility the names of 3 people whom you want contacted, and they will contact them and keep them informed of your progress while here.
5. The County Mental Health Administrator must take reasonable steps to assure that while you are detained, the health and safety needs of any of your dependents are met and that your personal property and your premises where you live are looked after.
6. You will be provided treatment which is necessary to deal with the emergency so as to protect your health and safety and that of other additional treatment may be provided with your consent.
7. When you are no longer in need of treatment or in 120 hours, whichever comes sooner, you will be discharged unless you agree to remain at the treating facility voluntarily or unless the director of the facility asks the court to extend your treatment for a longer period of time.

In addition to the above rights, the attached [Bill of Rights](#) applies to you. You will receive a longer more detailed version of Department of Public Welfare Regulations on rights within 72 hours after your commitment. If you do not understand these rights A Hospital Staff Member will be pleased to explain them further to you.

I believe he/she:

☐ does understand these rights

☐ does not understand these rights

Person Explaining Rights

Prefix	First Name*	Middle Name	Last Name*	Suffix

Role*

Preview Save/Capture Signature Go to Summary Page



Actions Taken to Protect Patient's Interest (Part V)

As Community Provider you will not be able to edit this page. Your access to this section is Read Only.

Actions Taken To Protect Patient's Interest (Part V)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
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302 - Part V - Actions Taken to Protect Patient's Interest

I affirm that to the best of my knowledge and belief the following actions which were taken constituted all reasonable steps needed to assure that while the patient is detained the health and safety needs of any of his/her dependents are met and that his/her personal property and the premises he/she occupies are secure.

Describe the actions taken below*

Person Accepting Responsibility

Prefix

First Name*

Middle Name

Last Name*

Suffix

Role*

Preview

Save/Capture Signature

Go to Summary Page



For Further Assistance

For assistance, please contact the Allegheny County Delegates at:

412-350-4457 - 24 hours a day, 7 days a week. OR

DHS Application Specialist Supervisor — Christina Matsook Christina.Matsook@alleghenycounty.us

You may also contact our Service Desk at 412-350-HELP