

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1071

Chapter 217, Laws of 2009

61st Legislature
2009 Regular Session

ADVANCED REGISTERED NURSE PRACTITIONERS--MENTAL HEALTH

EFFECTIVE DATE: 07/26/09

Passed by the House April 16, 2009
Yeas 97 Nays 0

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 7, 2009
Yeas 43 Nays 0

BRAD OWEN

President of the Senate

Approved April 25, 2009, 11:20 a.m.

CHRISTINE GREGOIRE

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1071** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

Chief Clerk

FILED

April 27, 2009

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1071

AS AMENDED BY THE SENATE

Passed Legislature - 2009 Regular Session

State of Washington 61st Legislature 2009 Regular Session

By House Health Care & Wellness (originally sponsored by
Representatives Green, Morrell, Dickerson, and Kenney)

READ FIRST TIME 02/03/09.

1 AN ACT Relating to advanced registered nurse practitioners; and
2 amending RCW 71.05.210, 71.05.230, 71.05.290, 71.05.300, 71.05.360,
3 71.05.390, 71.05.420, 71.05.630, 71.05.660, 71.06.040, 71.12.540,
4 71.32.140, 71.32.250, 71.32.260, 71.34.355, 71.34.720, 71.34.730,
5 71.34.750, 71.34.770, and 71.05.020.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 **Sec. 1.** RCW 71.05.210 and 2000 c 94 s 6 are each amended to read
8 as follows:

9 Each person involuntarily detained and accepted or admitted at an
10 evaluation and treatment facility (1) shall, within twenty-four hours
11 of his or her admission or acceptance at the facility, be examined and
12 evaluated by (a) a licensed physician who may be assisted by a
13 physician assistant according to chapter 18.71A RCW (~~(or)~~) and a mental
14 health professional, (b) an advanced registered nurse practitioner
15 according to chapter 18.79 RCW and a mental health professional, or (c)
16 a licensed physician and a psychiatric advanced registered nurse
17 practitioner and (2) shall receive such treatment and care as his or
18 her condition requires including treatment on an outpatient basis for
19 the period that he or she is detained, except that, beginning twenty-

1 four hours prior to a trial or hearing pursuant to RCW 71.05.215,
2 71.05.240, 71.05.310, 71.05.320, 71.05.340, or (~~(71.05.370)~~) 71.05.217,
3 the individual may refuse psychiatric medications, but may not refuse:
4 (~~(+1)~~) (a) Any other medication previously prescribed by a person
5 licensed under Title 18 RCW; or (~~(+2)~~) (b) emergency lifesaving
6 treatment, and the individual shall be informed at an appropriate time
7 of his or her right of such refusal. The person shall be detained up
8 to seventy-two hours, if, in the opinion of the professional person in
9 charge of the facility, or his or her professional designee, the person
10 presents a likelihood of serious harm, or is gravely disabled. A
11 person who has been detained for seventy-two hours shall no later than
12 the end of such period be released, unless referred for further care on
13 a voluntary basis, or detained pursuant to court order for further
14 treatment as provided in this chapter.

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

21 An evaluation and treatment center admitting or accepting any
22 person pursuant to this chapter whose physical condition reveals the
23 need for hospitalization shall assure that such person is transferred
24 to an appropriate hospital for evaluation or admission for treatment.
25 Notice of such fact shall be given to the court, the designated
26 attorney, and the (~~county~~) designated mental health professional and
27 the court shall order such continuance in proceedings under this
28 chapter as may be necessary, but in no event may this continuance be
29 more than fourteen days.

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

32 A person detained for seventy-two hour evaluation and treatment may
33 be detained for not more than fourteen additional days of involuntary
34 intensive treatment or ninety additional days of a less restrictive
35 alternative to involuntary intensive treatment. There shall be no fee
36 for filing petitions for fourteen days of involuntary intensive

1 treatment. A petition may only be filed if the following conditions
2 are met:

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

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

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

14 (4) The professional staff of the agency or facility or the
15 designated mental health professional has filed a petition for fourteen
16 day involuntary detention or a ninety day less restrictive alternative
17 with the court. The petition must be signed either by:

- 18 (a) Two physicians ((~~or by~~));
- 19 (b) One physician and a mental health professional((~~who~~));
- 20 (c) Two psychiatric advanced registered nurse practitioners;
- 21 (d) One psychiatric advanced registered nurse practitioner and a
22 mental health professional; or

23 (e) A physician and a psychiatric advanced registered nurse
24 practitioner. The persons signing the petition must have examined the
25 person. If involuntary detention is sought the petition shall state
26 facts that support the finding that such person, as a result of mental
27 disorder, presents a likelihood of serious harm, or is gravely disabled
28 and that there are no less restrictive alternatives to detention in the
29 best interest of such person or others. The petition shall state
30 specifically that less restrictive alternative treatment was considered
31 and specify why treatment less restrictive than detention is not
32 appropriate. If an involuntary less restrictive alternative is sought,
33 the petition shall state facts that support the finding that such
34 person, as a result of mental disorder, presents a likelihood of
35 serious harm, or is gravely disabled and shall set forth the less
36 restrictive alternative proposed by the facility; and

37 (5) A copy of the petition has been served on the detained person,

1 his or her attorney and his or her guardian or conservator, if any,
2 prior to the probable cause hearing; and

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

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

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

14 (9) If the hospital or facility designated to provide outpatient
15 treatment is other than the facility providing involuntary treatment,
16 the outpatient facility so designated has agreed to assume such
17 responsibility.

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

20 (1) At any time during a person's fourteen day intensive treatment
21 period, the professional person in charge of a treatment facility or
22 his or her professional designee or the designated mental health
23 professional may petition the superior court for an order requiring
24 such person to undergo an additional period of treatment. Such
25 petition must be based on one or more of the grounds set forth in RCW
26 71.05.280.

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

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

30 (b) One examining physician and examining mental health
31 professional;

32 (c) Two psychiatric advanced registered nurse practitioners;

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

35 (e) An examining physician and an examining psychiatric advanced
36 registered nurse practitioner. The affidavits shall describe in detail
37 the behavior of the detained person which supports the petition and

1 shall explain what, if any, less restrictive treatments which are
2 alternatives to detention are available to such person, and shall state
3 the willingness of the affiant to testify to such facts in subsequent
4 judicial proceedings under this chapter.

5 (3) If a person has been determined to be incompetent pursuant to
6 RCW 10.77.086(4), then the professional person in charge of the
7 treatment facility or his or her professional designee or the
8 designated mental health professional may directly file a petition for
9 one hundred eighty day treatment under RCW 71.05.280(3). No petition
10 for initial detention or fourteen day detention is required before such
11 a petition may be filed.

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

14 (1) The petition for ninety day treatment shall be filed with the
15 clerk of the superior court at least three days before expiration of
16 the fourteen-day period of intensive treatment. At the time of filing
17 such petition, the clerk shall set a time for the person to come before
18 the court on the next judicial day after the day of filing unless such
19 appearance is waived by the person's attorney, and the clerk shall
20 notify the designated mental health professional. The designated
21 mental health professional shall immediately notify the person
22 detained, his or her attorney, if any, and his or her guardian or
23 conservator, if any, the prosecuting attorney, and the regional support
24 network administrator, and provide a copy of the petition to such
25 persons as soon as possible. The regional support network
26 administrator or designee may review the petition and may appear and
27 testify at the full hearing on the petition.

28 (2) At the time set for appearance the detained person shall be
29 brought before the court, unless such appearance has been waived and
30 the court shall advise him or her of his or her right to be represented
31 by an attorney and of his or her right to a jury trial. If the
32 detained person is not represented by an attorney, or is indigent or is
33 unwilling to retain an attorney, the court shall immediately appoint an
34 attorney to represent him or her. The court shall, if requested,
35 appoint a reasonably available licensed physician, psychiatric advanced
36 registered __ nurse __ practitioner, psychologist, or psychiatrist,

1 designated by the detained person to examine and testify on behalf of
2 the detained person.

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

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

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

14 (1)(a) Every person involuntarily detained or committed under the
15 provisions of this chapter shall be entitled to all the rights set
16 forth in this chapter, which shall be prominently posted in the
17 facility, and shall retain all rights not denied him or her under this
18 chapter except as chapter 9.41 RCW may limit the right of a person to
19 purchase or possess a firearm or to qualify for a concealed pistol
20 license.

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

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

29 (2) Each person involuntarily detained or committed pursuant to
30 this chapter shall have the right to adequate care and individualized
31 treatment.

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

35 (4) Persons receiving evaluation or treatment under this chapter
36 shall be given a reasonable choice of an available physician,

1 psychiatric advanced registered nurse practitioner, or other
2 professional person qualified to provide such services.

3 (5) Whenever any person is detained for evaluation and treatment
4 pursuant to this chapter, both the person and, if possible, a
5 responsible member of his or her immediate family, personal
6 representative, guardian, or conservator, if any, shall be advised as
7 soon as possible in writing or orally, by the officer or person taking
8 him or her into custody or by personnel of the evaluation and treatment
9 facility where the person is detained that unless the person is
10 released or voluntarily admits himself or herself for treatment within
11 seventy-two hours of the initial detention:

12 (a) A judicial hearing in a superior court, either by a judge or
13 court commissioner thereof, shall be held not more than seventy-two
14 hours after the initial detention to determine whether there is
15 probable cause to detain the person after the seventy-two hours have
16 expired for up to an additional fourteen days without further automatic
17 hearing for the reason that the person is a person whose mental
18 disorder presents a likelihood of serious harm or that the person is
19 gravely disabled;

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

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

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

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

33 (6) When proceedings are initiated under RCW 71.05.153, no later
34 than twelve hours after such person is admitted to the evaluation and
35 treatment facility the personnel of the evaluation and treatment
36 facility or the designated mental health professional shall serve on
37 such person a copy of the petition for initial detention and the name,

1 business address, and phone number of the designated attorney and shall
2 forthwith commence service of a copy of the petition for initial
3 detention on the designated attorney.

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

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

10 (a) To present evidence on his or her behalf;

11 (b) To cross-examine witnesses who testify against him or her;

12 (c) To be proceeded against by the rules of evidence;

13 (d) To remain silent;

14 (e) To view and copy all petitions and reports in the court file.

15 (9) (~~The physician patient privilege or the psychologist client~~
16 ~~privilege shall be~~) Privileges between patients and physicians,
17 psychologists, or psychiatric advanced registered nurse practitioners
18 are deemed waived in proceedings under this chapter relating to the
19 administration of antipsychotic medications. As to other proceedings
20 under this chapter, the privileges shall be waived when a court of
21 competent jurisdiction in its discretion determines that such waiver is
22 necessary to protect either the detained person or the public.

23 The waiver of a privilege under this section is limited to records
24 or testimony relevant to evaluation of the detained person for purposes
25 of a proceeding under this chapter. Upon motion by the detained person
26 or on its own motion, the court shall examine a record or testimony
27 sought by a petitioner to determine whether it is within the scope of
28 the waiver.

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

35 (10) Insofar as danger to the person or others is not created, each
36 person involuntarily detained, treated in a less restrictive
37 alternative course of treatment, or committed for treatment and

1 evaluation pursuant to this chapter shall have, in addition to other
2 rights not specifically withheld by law, the following rights:

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

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

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

10 (d) To have visitors at reasonable times;

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

14 (f) To have ready access to letter writing materials, including
15 stamps, and to send and receive uncensored correspondence through the
16 mails;

17 (g) To discuss treatment plans and decisions with professional
18 persons;

19 (h) Not to consent to the administration of antipsychotic
20 medications and not to thereafter be administered antipsychotic
21 medications unless ordered by a court under RCW 71.05.217 or pursuant
22 to an administrative hearing under RCW 71.05.215;

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

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

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

31 (11) Every person involuntarily detained shall immediately be
32 informed of his or her right to a hearing to review the legality of his
33 or her detention and of his or her right to counsel, by the
34 professional person in charge of the facility providing evaluation and
35 treatment, or his or her designee, and, when appropriate, by the court.
36 If the person so elects, the court shall immediately appoint an
37 attorney to assist him or her.

1 (12) A person challenging his or her detention or his or her
2 attorney shall have the right to designate and have the court appoint
3 a reasonably available independent physician, psychiatric advanced
4 registered nurse practitioner, or licensed mental health professional
5 to examine the person detained, the results of which examination may be
6 used in the proceeding. The person shall, if he or she is financially
7 able, bear the cost of such expert examination, otherwise such expert
8 examination shall be at public expense.

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

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

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

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

21 Except as provided in this section, RCW 71.05.445, 71.05.630,
22 70.96A.150, or pursuant to a valid release under RCW 70.02.030, the
23 fact of admission and all information and records compiled, obtained,
24 or maintained in the course of providing services to either voluntary
25 or involuntary recipients of services at public or private agencies
26 shall be confidential.

27 Information and records may be disclosed only:

28 (1) In communications between qualified professional persons to
29 meet the requirements of this chapter, in the provision of services or
30 appropriate referrals, or in the course of guardianship proceedings.
31 The consent of the person, or his or her personal representative or
32 guardian, shall be obtained before information or records may be
33 disclosed by a professional person employed by a facility unless
34 provided to a professional person:

- 35 (a) Employed by the facility;
36 (b) Who has medical responsibility for the patient's care;
37 (c) Who is a designated mental health professional;

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

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

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

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

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

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

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

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

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

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

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

34 "As a condition of conducting evaluation or research concerning
35 persons who have received services from (fill in the facility, agency,
36 or person) I,, agree not to divulge, publish, or
37 otherwise make known to unauthorized persons or the public any

1 information obtained in the course of such evaluation or research
2 regarding persons who have received services such that the person who
3 received such services is identifiable.

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

6

7

/s/"

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

12 (6)(a) To the courts as necessary to the administration of this
13 chapter or to a court ordering an evaluation or treatment under chapter
14 10.77 RCW solely for the purpose of preventing the entry of any
15 evaluation or treatment order that is inconsistent with any order
16 entered under this chapter.

17 (b) To a court or its designee in which a motion under chapter
18 10.77 RCW has been made for involuntary medication of a defendant for
19 the purpose of competency restoration.

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

22 (7)(a) When a mental health professional is requested by a
23 representative of a law enforcement or corrections agency, including a
24 police officer, sheriff, community corrections officer, a municipal
25 attorney, or prosecuting attorney to undertake an investigation or
26 provide treatment under RCW 71.05.150, 10.31.110, or 71.05.153, the
27 mental health professional shall, if requested to do so, advise the
28 representative in writing of the results of the investigation including
29 a statement of reasons for the decision to detain or release the person
30 investigated. Such written report shall be submitted within seventy-
31 two hours of the completion of the investigation or the request from
32 the law enforcement or corrections representative, whichever occurs
33 later.

1 (b) To law enforcement officers, public health officers, or
2 personnel of the department of corrections or the indeterminate
3 sentence review board for persons who are the subject of the records
4 and who are committed to the custody or supervision of the department
5 of corrections or indeterminate sentence review board which information
6 or records are necessary to carry out the responsibilities of their
7 office. Except for dissemination of information released pursuant to
8 RCW 71.05.425 and 4.24.550, regarding persons committed under this
9 chapter under RCW 71.05.280(3) and 71.05.320(3)(c) after dismissal of
10 a sex offense as defined in RCW 9.94A.030, the extent of information
11 that may be released is limited as follows:

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

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

19 (iii) Additional information shall be disclosed only after giving
20 notice to said person and his or her counsel and upon a showing of
21 clear, cogent, and convincing evidence that such information is
22 necessary and that appropriate safeguards for strict confidentiality
23 are and will be maintained. However, in the event the said person has
24 escaped from custody, said notice prior to disclosure is not necessary
25 and that the facility from which the person escaped shall include an
26 evaluation as to whether the person is of danger to persons or property
27 and has a propensity toward violence;

28 (iv) Information and records shall be disclosed to the department
29 of corrections pursuant to and in compliance with the provisions of RCW
30 71.05.445 for the purposes of completing presentence investigations or
31 risk assessment reports, supervision of an incarcerated offender or
32 offender under supervision in the community, planning for and provision
33 of supervision of an offender, or assessment of an offender's risk to
34 the community; and

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

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

1 (9) To the prosecuting attorney as necessary to carry out the
2 responsibilities of the office under RCW 71.05.330(2) and
3 71.05.340(1)(b) and 71.05.335. The prosecutor shall be provided access
4 to records regarding the committed person's treatment and prognosis,
5 medication, behavior problems, and other records relevant to the issue
6 of whether treatment less restrictive than inpatient treatment is in
7 the best interest of the committed person or others. Information shall
8 be disclosed only after giving notice to the committed person and the
9 person's counsel.

10 (10) To appropriate law enforcement agencies and to a person, when
11 the identity of the person is known to the public or private agency,
12 whose health and safety has been threatened, or who is known to have
13 been repeatedly harassed, by the patient. The person may designate a
14 representative to receive the disclosure. The disclosure shall be made
15 by the professional person in charge of the public or private agency or
16 his or her designee and shall include the dates of commitment,
17 admission, discharge, or release, authorized or unauthorized absence
18 from the agency's facility, and only such other information that is
19 pertinent to the threat or harassment. The decision to disclose or not
20 shall not result in civil liability for the agency or its employees so
21 long as the decision was reached in good faith and without gross
22 negligence.

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

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

31 (13) Civil liability and immunity for the release of information
32 about a particular person who is committed to the department under RCW
33 71.05.280(3) and 71.05.320(3)(c) after dismissal of a sex offense as
34 defined in RCW 9.94A.030, is governed by RCW 4.24.550.

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

37 Next of kin who are of legal age and competent shall be notified
38 under this section in the following order: Spouse, parents, children,

1 brothers and sisters, and other relatives according to the degree of
2 relation. Access to all records and information compiled, obtained, or
3 maintained in the course of providing services to a deceased patient
4 shall be governed by RCW 70.02.140.

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

10 (16) To mark headstones or otherwise memorialize patients interred
11 at state hospital cemeteries. The department of social and health
12 services shall make available the name, date of birth, and date of
13 death of patients buried in state hospital cemeteries fifty years after
14 the death of a patient.

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

18 (a) Only the fact, place, and date of involuntary commitment, an
19 official copy of any order or orders of commitment, and an official
20 copy of any written or oral notice of ineligibility to possess a
21 firearm that was provided to the person pursuant to RCW 9.41.047(1),
22 shall be disclosed upon request;

23 (b) The law enforcement and prosecuting attorneys may only release
24 the information obtained to the person's attorney as required by court
25 rule and to a jury or judge, if a jury is waived, that presides over
26 any trial at which the person is charged with violating RCW
27 9.41.040(2)(a)(ii);

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

30 (18) When a patient would otherwise be subject to the provisions of
31 RCW 71.05.390 and disclosure is necessary for the protection of the
32 patient or others due to his or her unauthorized disappearance from the
33 facility, and his or her whereabouts is unknown, notice of such
34 disappearance, along with relevant information, may be made to
35 relatives, the department of corrections when the person is under the
36 supervision of the department, and governmental law enforcement
37 agencies designated by the physician or psychiatric advanced registered

1 nurse practitioner in charge of the patient or the professional person
2 in charge of the facility, or his or her professional designee.

3 Except as otherwise provided in this chapter, the uniform health
4 care information act, chapter 70.02 RCW, applies to all records and
5 information compiled, obtained, or maintained in the course of
6 providing services.

7 (19) The fact of admission, as well as all records, files,
8 evidence, findings, or orders made, prepared, collected, or maintained
9 pursuant to this chapter shall not be admissible as evidence in any
10 legal proceeding outside this chapter without the written consent of
11 the person who was the subject of the proceeding except in a subsequent
12 criminal prosecution of a person committed pursuant to RCW 71.05.280(3)
13 or 71.05.320(3)(c) on charges that were dismissed pursuant to chapter
14 10.77 RCW due to incompetency to stand trial, in a civil commitment
15 proceeding pursuant to chapter 71.09 RCW, or, in the case of a minor,
16 a guardianship or dependency proceeding. The records and files
17 maintained in any court proceeding pursuant to this chapter shall be
18 confidential and available subsequent to such proceedings only to the
19 person who was the subject of the proceeding or his or her attorney.
20 In addition, the court may order the subsequent release or use of such
21 records or files only upon good cause shown if the court finds that
22 appropriate safeguards for strict confidentiality are and will be
23 maintained.

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

26 Except as provided in RCW 71.05.425, when any disclosure of
27 information or records is made as authorized by RCW 71.05.390, the
28 physician or psychiatric advanced registered nurse practitioner in
29 charge of the patient or the professional person in charge of the
30 facility shall promptly cause to be entered into the patient's medical
31 record the date and circumstances under which said disclosure was made,
32 the names and relationships to the patient, if any, of the persons or
33 agencies to whom such disclosure was made, and the information
34 disclosed.

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

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

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

7 (a) To a person, organization, or agency as necessary for
8 management or financial audits, or program monitoring and evaluation.
9 Information obtained under this subsection shall remain confidential
10 and may not be used in a manner that discloses the name or other
11 identifying information about the person whose records are being
12 released.

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

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

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

19 (e) To qualified staff members of the department, to the director
20 of regional support networks, to resource management services
21 responsible for serving a patient, or to service providers designated
22 by resource management services as necessary to determine the progress
23 and adequacy of treatment and to determine whether the person should be
24 transferred to a less restrictive or more appropriate treatment
25 modality or facility. The information shall remain confidential.

26 (f) Within the treatment facility where the patient is receiving
27 treatment, confidential information may be disclosed to persons
28 employed, serving in bona fide training programs, or participating in
29 supervised volunteer programs, at the facility when it is necessary to
30 perform their duties.

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

34 (h) To a licensed physician or psychiatric advanced registered
35 nurse practitioner who has determined that the life or health of the
36 person is in danger and that treatment without the information
37 contained in the treatment records could be injurious to the patient's

1 health. Disclosure shall be limited to the portions of the records
2 necessary to meet the medical emergency.

3 (i) To a facility that is to receive a person who is involuntarily
4 committed under chapter 71.05 RCW, or upon transfer of the person from
5 one treatment facility to another. The release of records under this
6 subsection shall be limited to the treatment records required by law,
7 a record or summary of all somatic treatments, and a discharge summary.
8 The discharge summary may include a statement of the patient's problem,
9 the treatment goals, the type of treatment which has been provided, and
10 recommendation for future treatment, but may not include the patient's
11 complete treatment record.

12 (j) Notwithstanding the provisions of RCW 71.05.390(7), to a
13 correctional facility or a corrections officer who is responsible for
14 the supervision of a person who is receiving inpatient or outpatient
15 evaluation or treatment. Except as provided in RCW 71.05.445 and
16 71.34.345, release of records under this section is limited to:

17 (i) An evaluation report provided pursuant to a written supervision
18 plan.

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

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

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

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

35 (l) To staff members of the protection and advocacy agency or to
36 staff members of a private, nonprofit corporation for the purpose of
37 protecting and advocating the rights of persons with mental disorders
38 or developmental disabilities. Resource management services may limit

1 the release of information to the name, birthdate, and county of
2 residence of the patient, information regarding whether the patient was
3 voluntarily admitted, or involuntarily committed, the date and place of
4 admission, placement, or commitment, the name and address of a guardian
5 of the patient, and the date and place of the guardian's appointment.
6 Any staff member who wishes to obtain additional information shall
7 notify the patient's resource management services in writing of the
8 request and of the resource management services' right to object. The
9 staff member shall send the notice by mail to the guardian's address.
10 If the guardian does not object in writing within fifteen days after
11 the notice is mailed, the staff member may obtain the additional
12 information. If the guardian objects in writing within fifteen days
13 after the notice is mailed, the staff member may not obtain the
14 additional information.

15 (m) For purposes of coordinating health care, the department may
16 release without informed written consent of the patient, information
17 acquired for billing and collection purposes as described in (b) of
18 this subsection to all current treating providers of the patient with
19 prescriptive authority who have written a prescription for the patient
20 within the last twelve months. The department shall notify the patient
21 that billing and collection information has been released to named
22 providers, and provide the substance of the information released and
23 the dates of such release. The department shall not release
24 counseling, inpatient psychiatric hospitalization, or drug and alcohol
25 treatment information without a signed written release from the client.

26 (3) Whenever federal law or federal regulations restrict the
27 release of information contained in the treatment records of any
28 patient who receives treatment for chemical dependency, the department
29 may restrict the release of the information as necessary to comply with
30 federal law and regulations.

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

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

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

3 At a preliminary hearing upon the charge of sexual psychopathy, the
4 court may require the testimony of two duly licensed physicians or
5 psychiatric advanced registered nurse practitioners who have examined
6 the defendant. If the court finds that there are reasonable grounds to
7 believe the defendant is a sexual psychopath, the court shall order
8 said defendant confined at the nearest state hospital for observation
9 as to the existence of sexual psychopathy. Such observation shall be
10 for a period of not to exceed ninety days. The defendant shall be
11 detained in the county jail or other county facilities pending
12 execution of such observation order by the department.

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

15 The authorities of each establishment as defined in this chapter
16 shall place on file in the office of the establishment the
17 recommendations made by the department of health as a result of such
18 visits, for the purpose of consultation by such authorities, and for
19 reference by the department representatives upon their visits. Every
20 such establishment shall keep records of every person admitted thereto
21 as follows and shall furnish to the department, when required, the
22 following data: Name, age, sex, marital status, date of admission,
23 voluntary or other commitment, name of physician or psychiatric
24 advanced registered nurse practitioner, diagnosis, and date of
25 discharge.

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

28 (1) A principal who:

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

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

34 (c) At the time of admission to inpatient treatment, refuses to be
35 admitted,

1 may only be admitted into inpatient mental health treatment under
2 subsection (2) of this section.

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

7 (a) Evaluates the principal's mental condition, including a review
8 of reasonably available psychiatric and psychological history,
9 diagnosis, and treatment needs, and determines, in conjunction with
10 another health care provider or mental health professional, that the
11 principal is incapacitated;

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

14 (c) Makes a written determination that the principal needs an
15 inpatient evaluation or is in need of inpatient treatment and that the
16 evaluation or treatment cannot be accomplished in a less restrictive
17 setting; and

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

21 (3) In the event the admitting physician is not a psychiatrist, or
22 the advanced registered nurse practitioner is not a psychiatric
23 advanced registered nurse practitioner, the principal shall receive a
24 complete psychological assessment by a mental health professional
25 within twenty-four hours of admission to determine the continued need
26 for inpatient evaluation or treatment.

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

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

36 (5) If, at the end of the period of time that the principal or the
37 principal's agent, if any, has consented to voluntary inpatient
38 treatment, but no more than fourteen days after admission, the

1 principal has not regained capacity or has regained capacity but
2 refuses to consent to remain for additional treatment, the principal
3 must be released during reasonable daylight hours, unless detained
4 under chapter 70.96A, 71.05, or 71.34 RCW.

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

10 (b) Notwithstanding RCW 71.05.050 regarding consent to inpatient
11 treatment for a specified length of time, the choices an incapacitated
12 principal expressed in his or her directive shall control, provided,
13 however, that a principal who takes action demonstrating a desire to be
14 discharged, in addition to making statements requesting to be
15 discharged, shall be discharged, and no principal shall be restrained
16 in any way in order to prevent his or her discharge. Nothing in this
17 subsection shall be construed to prevent detention and evaluation for
18 civil commitment under chapter 71.05 RCW.

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

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

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

31 (a) The treating facility's professional staff determine that
32 inpatient mental health treatment is no longer medically necessary for
33 the resident. The determination shall be made in writing by a
34 psychiatrist, psychiatric advanced registered nurse practitioner, or
35 ~~((by))~~ a mental health professional and either (i) a physician or (ii)
36 psychiatric advanced registered nurse practitioner; or

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

3 (2)(a) If the long-term care facility does not have a bed available
4 at the time of discharge, the treating facility may discharge the
5 resident, in consultation with the resident and agent if any, and in
6 accordance with a medically appropriate discharge plan, to another
7 long-term care facility.

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

12 (c) This section does not restrict the right of the resident to an
13 earlier release from the inpatient treatment facility. This section
14 does not restrict the right of a long-term care facility to initiate
15 transfer or discharge of a resident who is readmitted pursuant to this
16 section, provided that the facility has complied with the laws
17 governing the transfer or discharge of a resident.

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

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

24 The directive shall be in substantially the following form:

25 Mental Health Advance Directive

26 **NOTICE TO PERSONS**

27 **CREATING A MENTAL HEALTH ADVANCE DIRECTIVE**

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

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

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

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

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

1 (2) You have the right to appoint a person as your agent to make treatment decisions for you. You must notify your
2 agent that you have appointed him or her as an agent. The person you appoint has a duty to act consistently with
3 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
4 your best interest. Your agent has the right to withdraw from the appointment at any time.

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

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

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

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

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

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

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

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

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

26 **PART I.**

27 **STATEMENT OF INTENT TO CREATE A**
28 **MENTAL HEALTH ADVANCE DIRECTIVE**

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

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

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

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

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

10 **PART II.**

11 **WHEN THIS DIRECTIVE IS EFFECTIVE**

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

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

14 Immediately upon my signing of this directive.

15 If I become incapacitated.

16 When the following circumstances, symptoms, or behaviors occur:
17
18

19 **PART III.**

20 **DURATION OF THIS DIRECTIVE**

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

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

23 Remain valid and in effect for an indefinite period of time.

24 Automatically expire years from the date it was created.

25 **PART IV.**

26 **WHEN I MAY REVOKE THIS DIRECTIVE**

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

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

29 Only when I have capacity.

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

33 Even if I am incapacitated.

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

PART V.

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

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

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

Dr. or PARNP Contact information:
Dr. or PARNP Contact information:

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

B. Preferences and Instructions About Other Providers

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

Name Profession Contact information
Name Profession Contact information

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

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

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

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

and these side effects can be eliminated by dosage adjustment or other means I am willing to try any other medication the hospital doctor or psychiatric advanced registered nurse practitioner recommends

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

. I do not want to try any other medications.

Medication Allergies

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

Other Medication Preferences or Instructions

. I have the following other preferences or instructions about medications

D. Preferences and Instructions About Hospitalization and Alternatives

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

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

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

5 Calling someone or having someone call me when needed.

6 Name: Telephone:

7 Staying overnight with someone

8 Name: Telephone:

9 Having a mental health service provider come to see me

10 Going to a crisis triage center or emergency room

11 Staying overnight at a crisis respite (temporary) bed

12 Seeing a service provider for help with psychiatric medications

13 Other, specify:

14 **Authority to Consent to Inpatient Treatment**

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

17 (Sign one):

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

20

21 (Signature)

22 or

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

25

26 (Signature)

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

28

29 (Signature)

30 **Hospital Preferences and Instructions**

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

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

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

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

35 (*initial all that apply*):

36 "Talk me down" one-on-one

37 More medication

- 1 Time out/privacy
- 2 Show of authority/force
- 3 Shift my attention to something else
- 4 Set firm limits on my behavior
- 5 Help me to discuss/vent feelings
- 6 Decrease stimulation
- 7 Offer to have neutral person settle dispute
- 8 Other, specify

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

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

- 13 Seclusion
- 14 Seclusion and physical restraint (combined)
- 15 Medication by injection
- 16 Medication in pill or liquid form

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

22 **G. Preferences and Instructions About Electroconvulsive Therapy**
 23 **(ECT or Shock Therapy)**

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

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

27
 28 (Signature)

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

30
 31 (Signature)

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

34
 35
 36 (Signature)

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

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

2 Name:

3 Name:

4 Name:

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

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

7 Other instructions about my mental health care:
8

9 In case of emergency, please contact:

10 Name: Address:

11 Work telephone: Home telephone:

12 Physician or Psychiatric Advanced Registered Address:
13 Nurse Practitioner:

14 Telephone:

15 The following may help me to avoid a hospitalization:

16

17 I generally react to being hospitalized as follows:

18

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

20

21

22 **J. Refusal of Treatment**

23 I do not consent to any mental health treatment.

24

25 (Signature)

26 **PART VI.**

27 **DURABLE POWER OF ATTORNEY (APPOINTMENT OF MY AGENT)**

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

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

36 **A. Designation of an Agent**

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

3 Name: Address:
4 Work telephone: Home telephone:
5 Relationship:

6 **B. Designation of Alternate Agent**

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

10 Name: Address:
11 Work telephone: Home telephone:
12 Relationship:

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

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

16 **D. Limitations on My Agent's Authority**

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

18
19

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

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

22
23

24 **F. Preference as to Court-Appointed Guardian**

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

27 Name: Address:
28 Work telephone: Home telephone:
29 Relationship:

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

33
34 (Signature required if nomination is made)

35 **PART VII.**
36 **OTHER DOCUMENTS**

37 *(Initial all that apply)*

1 I have executed the following documents that include the power to make decisions regarding health care services for
2 myself:
3 Health care power of attorney (chapter 11.94 RCW)
4 "Living will" (Health care directive; chapter 70.122 RCW)
5 I have appointed more than one agent. I understand that the most recently appointed agent controls except as
6 stated below:
7

8 **PART VIII.**

9 **NOTIFICATION OF OTHERS AND CARE OF PERSONAL AFFAIRS**

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

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

13 **A. Who Should Be Notified**

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

15 Name: Address:
16 Day telephone: Evening telephone:
17 Name: Address:
18 Day telephone: Evening telephone:

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

20 I have the following preferences or instructions about my personal affairs (e.g., care of dependents, pets, household) if I
21 am admitted to a mental health treatment facility:
22
23

24 **C. Additional Preferences and Instructions:**
25
26
27
28

29 **PART IX.**

30 **SIGNATURE**

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

35 Signature: Date:
36 Printed Name:

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

- 5 (A) A person designated to make medical decisions on the principal's behalf;
- 6 (B) A health care provider or professional person directly involved with the provision of care to the principal at the
7 time the directive is executed;
- 8 (C) An owner, operator, employee, or relative of an owner or operator of a health care facility or long-term care
9 facility in which the principal is a patient or resident;
- 10 (D) A person who is related by blood, marriage, or adoption to the person, or with whom the principal has a dating
11 relationship as defined in RCW 26.50.010;
- 12 (E) An incapacitated person;
- 13 (F) A person who would benefit financially if the principal undergoes mental health treatment; or
- 14 (G) A minor.

15 Witness 1: Signature: Date:
16 Printed Name:
17 Telephone: Address:
18 Witness 2: Signature: Date:
19 Printed Name:
20 Telephone: Address:

21 **PART X.**
22 **RECORD OF DIRECTIVE**

23 I have given a copy of this directive to the following persons:
24

25 **DO NOT FILL OUT PART XI UNLESS YOU INTEND TO REVOKE**
26 **THIS DIRECTIVE IN PART OR IN WHOLE**

27 **PART XI.**
28 **REVOCATION OF THIS DIRECTIVE**

29 *(Initial any that apply):*
30 I am revoking the following part(s) of this directive (specify):
31
32 I am revoking all of this directive.

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

35 Signature: Date:
36 Printed Name:

1 **DO NOT SIGN THIS PART UNLESS YOU INTEND TO REVOKE THIS**

2 **DIRECTIVE IN PART OR IN WHOLE**

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

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

8 (1) To wear their own clothes and to keep and use personal
9 possessions;

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

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

13 (4) To have visitors at reasonable times;

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

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

19 (7) To discuss treatment plans and decisions with mental health
20 professionals;

21 (8) To have the right to adequate care and individualized
22 treatment;

23 (9) Not to consent to the performance of electro-convulsive
24 treatment or surgery, except emergency life-saving surgery, upon him or
25 her, and not to have electro-convulsive treatment or nonemergency
26 surgery in such circumstance unless ordered by a court pursuant to a
27 judicial hearing in which the minor is present and represented by
28 counsel, and the court shall appoint a psychiatrist, psychologist,
29 psychiatric advanced registered nurse practitioner, or physician
30 designated by the minor or the minor's counsel to testify on behalf of
31 the minor. The minor's parent may exercise this right on the minor's
32 behalf, and must be informed of any impending treatment;

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

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

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

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

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

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

23 (5) If the evaluation and treatment facility admits the minor, it
24 may detain the minor for evaluation and treatment for a period not to
25 exceed seventy-two hours from the time of provisional acceptance. The
26 computation of such seventy-two hour period shall exclude Saturdays,
27 Sundays, and holidays. This initial treatment period shall not exceed
28 seventy-two hours except when an application for voluntary inpatient
29 treatment is received or a petition for fourteen-day commitment is
30 filed.

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

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

35 (1) The professional person in charge of an evaluation and
36 treatment facility where a minor has been admitted involuntarily for

1 the initial seventy-two hour treatment period under this chapter may
2 petition to have a minor committed to an evaluation and treatment
3 facility for fourteen-day diagnosis, evaluation, and treatment.

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

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

12 (a) A petition for a fourteen-day commitment shall be signed
13 ~~((either))~~ by (i) two physicians ~~((or by one physician and))~~, (ii) two
14 psychiatric advanced registered nurse practitioners, (iii) a mental
15 health professional ~~((who))~~ and either a physician or a psychiatric
16 advanced registered nurse practitioner, or (iv) a physician and a
17 psychiatric advanced registered nurse practitioner. The person signing
18 the petition must have examined the minor, and ~~((shall))~~ the petition
19 must contain the following:

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

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

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

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

29 ~~((+v))~~ (E) A statement that the minor has been advised of the need
30 for voluntary treatment but has been unwilling or unable to consent to
31 necessary treatment;

32 ~~((+vi))~~ (F) A statement recommending the appropriate facility or
33 facilities to provide the necessary treatment; and

34 ~~((+vii))~~ (G) A statement concerning whether a less restrictive
35 alternative to inpatient treatment is in the best interests of the
36 minor.

37 (b) A copy of the petition shall be personally delivered to the

1 minor by the petitioner or petitioner's designee. A copy of the
2 petition shall be sent to the minor's attorney and the minor's parent.

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

5 (1) At any time during the minor's period of fourteen-day
6 commitment, the professional person in charge may petition the court
7 for an order requiring the minor to undergo an additional one hundred
8 eighty-day period of treatment. The evidence in support of the
9 petition shall be presented by the county prosecutor unless the
10 petition is filed by the professional person in charge of a state-
11 operated facility in which case the evidence shall be presented by the
12 attorney general.

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

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

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

18 (c) A statement that the petitioner is the professional person in
19 charge of the evaluation and treatment facility responsible for the
20 treatment of the minor;

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

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

23 (3) The petition shall be supported by accompanying affidavits
24 signed by (a) two examining physicians, one of whom shall be a child
25 psychiatrist, ((or by one examining physician and)) or two psychiatric
26 advanced registered nurse practitioners, one of whom shall be a child
27 and adolescent or family psychiatric advanced registered nurse
28 practitioner, (b) one children's mental health specialist and either an
29 examining physician or a psychiatric advanced registered nurse
30 practitioner, or (c) an examining physician and a psychiatric advanced
31 registered nurse practitioner, one of which needs to be a child
32 psychiatrist or a child and adolescent psychiatric nurse practitioner.

33 The affidavits shall describe in detail the behavior of the detained
34 minor which supports the petition and shall state whether a less
35 restrictive alternative to inpatient treatment is in the best interests
36 of the minor.

1 (4) The petition for one hundred eighty-day commitment shall be
2 filed with the clerk of the court at least three days before the
3 expiration of the fourteen-day commitment period. The petitioner or
4 the petitioner's designee shall within twenty-four hours of filing
5 serve a copy of the petition on the minor and notify the minor's
6 attorney and the minor's parent. A copy of the petition shall be
7 provided to such persons at least twenty-four hours prior to the
8 hearing.

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

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

17 (a) Is suffering from a mental disorder;

18 (b) Presents a likelihood of serious harm or is gravely disabled;

19 and

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

22 (7) If the court finds that the criteria for commitment are met and
23 that less restrictive treatment in a community setting is not
24 appropriate or available, the court shall order the minor committed for
25 further inpatient treatment to the custody of the secretary or to a
26 private treatment and evaluation facility if the minor's parents have
27 assumed responsibility for payment for the treatment. If the court
28 finds that a less restrictive alternative is in the best interest of
29 the minor, the court shall order less restrictive alternative treatment
30 upon such conditions as necessary.

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

33 (8) Successive one hundred eighty-day commitments are permissible
34 on the same grounds and under the same procedures as the original one
35 hundred eighty-day commitment. Such petitions shall be filed at least
36 five days prior to the expiration of the previous one hundred eighty-
37 day commitment order.

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

3 (1) The professional person in charge of the inpatient treatment
4 facility may authorize release for the minor under such conditions as
5 appropriate. Conditional release may be revoked pursuant to RCW
6 71.34.780 if leave conditions are not met or the minor's functioning
7 substantially deteriorates.

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

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

14 The definitions in this section apply throughout this chapter
15 unless the context clearly requires otherwise.

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

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

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

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

29 (5) "Conditional release" means a revocable modification of a
30 commitment, which may be revoked upon violation of any of its terms;

31 (6) "Crisis stabilization unit" means a short-term facility or a
32 portion of a facility licensed by the department of health and
33 certified by the department of social and health services under RCW
34 71.24.035, such as an evaluation and treatment facility or a hospital,
35 which has been designed to assess, diagnose, and treat individuals
36 experiencing an acute crisis without the use of long-term
37 hospitalization;

1 (7) "Custody" means involuntary detention under the provisions of
2 this chapter or chapter 10.77 RCW, uninterrupted by any period of
3 unconditional release from commitment from a facility providing
4 involuntary care and treatment;

5 (8) "Department" means the department of social and health
6 services;

7 (9) "Designated chemical dependency specialist" means a person
8 designated by the county alcoholism and other drug addiction program
9 coordinator designated under RCW 70.96A.310 to perform the commitment
10 duties described in chapters 70.96A and 70.96B RCW;

11 (10) "Designated crisis responder" means a mental health
12 professional appointed by the county or the regional support network to
13 perform the duties specified in this chapter;

14 (11) "Designated mental health professional" means a mental health
15 professional designated by the county or other authority authorized in
16 rule to perform the duties specified in this chapter;

17 (12) "Detention" or "detain" means the lawful confinement of a
18 person, under the provisions of this chapter;

19 (13) "Developmental disabilities professional" means a person who
20 has specialized training and three years of experience in directly
21 treating or working with persons with developmental disabilities and is
22 a psychiatrist, psychologist, psychiatric advanced registered nurse
23 practitioner, or social worker, and such other developmental
24 disabilities professionals as may be defined by rules adopted by the
25 secretary;

26 (14) "Developmental disability" means that condition defined in RCW
27 71A.10.020(3);

28 (15) "Discharge" means the termination of hospital medical
29 authority. The commitment may remain in place, be terminated, or be
30 amended by court order;

31 (16) "Evaluation and treatment facility" means any facility which
32 can provide directly, or by direct arrangement with other public or
33 private agencies, emergency evaluation and treatment, outpatient care,
34 and timely and appropriate inpatient care to persons suffering from a
35 mental disorder, and which is certified as such by the department. A
36 physically separate and separately operated portion of a state hospital
37 may be designated as an evaluation and treatment facility. A facility
38 which is part of, or operated by, the department or any federal agency

1 will not require certification. No correctional institution or
2 facility, or jail, shall be an evaluation and treatment facility within
3 the meaning of this chapter;

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

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

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

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

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

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

31 (b) The conditions and strategies necessary to achieve the purposes
32 of habilitation;

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

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

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

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

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

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

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

10 (a) A substantial risk that: (i) Physical harm will be inflicted
11 by a person upon his or her own person, as evidenced by threats or
12 attempts to commit suicide or inflict physical harm on oneself; (ii)
13 physical harm will be inflicted by a person upon another, as evidenced
14 by behavior which has caused such harm or which places another person
15 or persons in reasonable fear of sustaining such harm; or (iii)
16 physical harm will be inflicted by a person upon the property of
17 others, as evidenced by behavior which has caused substantial loss or
18 damage to the property of others; or

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

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

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

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

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

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

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

10 (30) "Psychiatrist" means a person having a license as a physician
11 and surgeon in this state who has in addition completed three years of
12 graduate training in psychiatry in a program approved by the American
13 medical association or the American osteopathic association and is
14 certified or eligible to be certified by the American board of
15 psychiatry and neurology;

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

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

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

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

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

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

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

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

12 (39) "Violent act" means behavior that resulted in homicide,
13 attempted suicide, nonfatal injuries, or substantial damage to
14 property.

Passed by the House April 16, 2009.

Passed by the Senate April 7, 2009.

Approved by the Governor April 25, 2009.

Filed in Office of Secretary of State April 27, 2009.