

IMPORTANT INFORMATION FOR FAMILY MEMBERS

Family Information and Authorization for Verbal Release of Information

On October 4, 2001, Assembly Bill 1424 (Thomson) was signed by the Governor and chaptered into law (Welfare & Institutions Code Section 5150.05) (See reverse). The law became effective January 1, 2002. AB-1424 modifies the LPS (Lanterman-Petris-Short) Act, which governs involuntary treatment for people with mental illness in California.

As per AB-1424, input from family members **shall** be considered in the determination of whether involuntary treatment is appropriate. Family members are often able to provide valuable information to treatment providers. (Family members who knowingly give false information may be liable to their mentally ill family member in a civil action).

Family members should be aware that AB-1424 does **not** affect existing confidentiality statutes which prohibit treatment professionals from providing information **to** family members without the written consent of the mentally ill family member (Form “Notification of Patient’s Admission/Release of Verbal Information”). However, it is **never** a violation of confidentiality statutes for treatment providers to receive information **from** family members. (See RUHSBH brochure “Confidentiality Guidelines for Caregivers: Family Members and Significant Others”).

To facilitate implementation of AB-1424, Riverside University Health System – Behavioral Health has developed the forms to assist family members in their provision of information to treatment providers. They are:

- **“Information Provided by Family Member”**
- **“Information Provided by Family Member - History of Mentally Ill Person’s Crisis Episodes”**

It is not **required** that family members use RUHSBH forms when providing information to treatment providers. Written and/or verbal information from family members is **always** acceptable.

Please note: The Family Advocate Program would be interested in hearing from you regarding any suggestions you may have for improving these forms and/or any problems or successes you may have in obtaining care for your relative. Additional copies may be obtained at this facility or by contacting the Family Advocate Program at the address and/or number listed above.

CALIFORNIA AB-1424

On October 4, 2001, Assembly Bill 1424 (Thomson-Yolo D) was signed by the Governor and chaptered into law. The law became effective January 1, 2002. AB-1424 modifies the LPS (Lanterman-Petris-Short) Act, which governs involuntary treatment for people with mental illness in California. Quoting the legislative intent of the bill:

“The Legislature finds and declares all of the following: Many families of persons with serious mental illness find the Lanterman-Petris-Short Act system difficult to access and not supportive of family information regarding history and symptoms. Persons with mental illness are best served in a system of care that supports and acknowledges the role of the family, including parents, children, spouses, significant others, and consumer-identified natural resource systems. It is the intent of the Legislature that the Lanterman-Petris-Short Act system procedures be clarified to ensure that families are a part of the system response, subject to the rules of evidence and court procedures.”

More specifically, AB-1424 requires:

- That the historical course of the person’s mental illness be considered when it has a direct bearing on the determination of whether the person is a danger to self/others or gravely disabled;
- That relevant evidence in available medical records or presented by family members, treatment providers, or anyone designated by the patient be considered by the court in determining the historical course;
- That facilities make every reasonable effort to make information provided by the family available to the court; and
- That the person (a law enforcement officer or designated mental health professional) authorized to place a person in emergency custody (5150 hold) consider information provided by the family or a treating professional regarding historical course when deciding whether there is a probable cause for hospitalization.

Upon the signing of AB-1424, W&I Code 5150.05 was added to the 5150 code. It reads:

When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken into custody pursuant to that section shall consider available relevant information about the historical course of the person’s mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

Consumer Diagnosis: _____

Any substance abuse problems? Yes No Drug of choice: _____

CURRENT STRENGTHS:

Education: _____ Employment/ Volunteer: _____

Goals: _____ Other: _____

CURRENT MEDICATIONS (Psychiatric and Medical):

Name: _____

Name: _____

Name: _____

Medications consumer responded well to: _____

Medications that **DID NOT** work for consumer: _____

Treating Psychiatrist: _____ Phone: _____

Case Manager: _____ Phone: _____

Significant Medical Conditions: _____

Allergies-Medications, Food, Chemicals, Other: _____

Primary Care Physician: _____ Phone: _____

Current Living Situation: _____

INFORMATION SUBMITTED BY:

Name (print): _____ Relationship to (Consumer) _____

Address: _____ City, State: _____ Zip: _____

Phone: _____ Signature: _____ Date: _____

Please use this space to continue answers to questions or to provide any other information that may be useful.

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

**“Information Provided by Family Member -
History Of Mentally Ill Person’s Crisis Episode**

This **TWO-PAGE** form was developed to provide a means for family members to communicate about their relatives mental health history pursuant to AB-1424, which requires all individuals making decisions about involuntary treatment to consider information supplied by family members. Mental Health staff will place this form in the consumer’s mental health chart. Under California and Federal Law, consumers have the right to view their chart.

Name of Family Member receiving services (Consumer): _____

Date of Birth: _____ Primary Language: _____ Religion (Optional): _____

Date	Crisis Behavior/Event (include a description of the crisis and any triggers or precipitants)	Action Taken	Result Of The Action

Treating professionals are prohibited from providing information about the consumer TO family members without WRITTEN authorization of the consumer. (RUHSBH Form: “Notification of Patient’s Admission/Release of Verbal Information”). Nothing prevents treatment providers from receiving information FROM family members.

(CONTINUED ON REVERSE)

