

Family Advocate Program  
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## **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). The law became effective January 1, 2002. AB-1424 modifies the LPS Act (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 (See RC-DMH Form entitled "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 "How to Communicate With Mental Health Providers About Adult Mental Health Consumers.")

To facilitate implementation of AB-1424, the Riverside County Dept. of Mental Health has developed forms to assist family members in their provision of information to treatment providers:

- Fact Sheet on AB-1424
- Family Information Forms (2)

It is not required that family members use DMH 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 have for improving these forms and any problems or successes you have in obtaining care for your relative. Suggested guidelines for completing the forms are provided on the reverse of this letter. (Additional copies may be obtained at this facility or by contacting the Family Advocate Program at the address and number listed above.)

Camille M. Callahan, M.S.W.  
Family Advocate, RC-DMH  
(CONTINUED ON REVERSE)

## SUGGESTIONS FOR FAMILY MEMBERS

It is suggested that family members fill out the forms in advance, keep the information current, have extra copies, and, if possible, have the current treatment physician review the information for accuracy.

If the police or other professionals are called to determine if your family member shall be retained and treated involuntarily (5150), give them copies of the Family Information Forms to take with them to Emergency Psychiatric Services (ETS).

If your family member is admitted to a 24-hour licensed public or private facility, the law requires the facility to notify the next of kin or any other person designated by the patient, of the patient's admission. However, the patient's written consent is required for such notification (See RC-DMH Form entitled "Notification of Patient's Admission/Release of Verbal Information").

You may hand-deliver or fax (909-358-4793) the completed Family Information Forms to the Emergency Treatment Service. You should attach a short note to the forms:

### Sample Note:

Date:

To: (Name of Facility)

Name of Patient:

The attached Family Information Forms are for my (son/daughter/spouse/etc.) (name of patient) who was admitted to your facility on (date). AB-1424 mandates that this information SHALL be taken into consideration in making a determination as to the appropriateness of involuntary treatment.

With the written consent of my family member, I would appreciate having a consultation about my relative's prognosis and treatment as soon as possible.

Sincerely, (Your Name)

(4/22/04)

# 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 Act (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 (a "5150") consider information provided by the family or a treating professional regarding historical course when deciding whether there is probable cause for hospitalization.

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

(A) 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.

(CONTINUED ON REVERSE)

## **How to Communicate with Mental Health Providers About Adult Mental Health Consumers.**

Riverside County Mental Health recognizes the key role families play in the recovery of consumers receiving our services, and we make every effort to involve families in the care of adult consumers. However, family members sometimes experience difficulty communicating with mental health providers about adults receiving services. These difficulties are compounded by misunderstandings about confidentiality in mental health treatment.

California and Federal law require that mental health providers obtain authorization from the consumer before they are able to communicate with family members of a mental health consumer 18 years or older.

### Outpatient Services

- California and Federal law require that mental health providers obtain authorization from the consumer before they are able to communicate with family members, even to reveal that person is a client.

### Hospital Services

- California law requires that hospitals inform families that a consumer has been admitted, transferred, or discharged unless the consumer requests that the family not be notified.
- Hospitals are required to notify consumers they have the right not to provide this information.
- California and Federal law require hospital staff to obtain an authorization from the consumer to disclose anything else to family members.

### What The Family Can Do:

- Although mental health providers are constrained in their ability to communicate with families, family members may communicate with treatment teams with or without an authorization from the consumer.
- You can use this form to provide information about the consumer to hospital or outpatient staff. Staff will place this information in the consumer's mental health chart. Under California and Federal law, consumers have the right to view their chart.
- Although the treatment team may not be able to disclose information to you, they are free to consider any information you offer.

(4/22/04)

**Riverside County Dept. of Mental Health**  
**Information Provided by Family Member \***

This **TWO-PAGE** form was developed to provide a means for family members to communicate about their relative's 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 with Mental Disorder \_\_\_\_\_

Date of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_ Religion (Optional) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Medi-Cal  Yes # \_\_\_\_\_  No Medicare  Yes # \_\_\_\_\_  No Name of Insured \_\_\_\_\_

Name of Private Medical Insurer \_\_\_\_\_

Does consumer have a conservator?  Yes  No  Not sure If yes, name \_\_\_\_\_

Does consumer receive SSI/SSDI?  Yes  No Name of Payee \_\_\_\_\_

Yes  No Please ask my family member to sign an authorization (RC-DMH Form "Notification of Patient's Admission/Release of Verbal Information") permitting mental health providers to communicate with me about his/her care.

Yes  No I wish to be contacted as soon as possible in case of emergency, transfer, or discharge.\*

Yes  No My relative has An Advanced Directive (If yes, and a copy is available, please attach a copy to this form)

Brief History of Mental Illness (age of onset, previous capabilities and interests, dangerous to self or others, grave disabilities) (Use back of form or additional pages if necessary)

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Consumer's diagnosis \_\_\_\_\_

Do you know of any substance abuse problem?  Yes  No

Consumer's strengths:

Education \_\_\_\_\_ Employment/Volunteer \_\_\_\_\_

Goals \_\_\_\_\_ Other \_\_\_\_\_

\* Treating professionals are prohibited from providing information about the consumer TO family members without the authorization of the consumer. Nothing prevents treatment providers from receiving information FROM family members. (CONTINUED ON REVERSE)



**Riverside County Dept. of Mental Health**  
**Information Provided by Family Member**  
**History of Mentally Ill Person's Crisis Episodes \***

This **TWO-PAGE** form was developed to provide a means for family members to communicate about their relative's 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 With Mental Disorder** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Primary Language** \_\_\_\_\_ **Religion (Optional)** \_\_\_\_\_

| Date | Crisis Behavior/ Event<br>(include a description of the crisis and any triggers or precipitants ) | Action Taken | Result of the Action |
|------|---|--------------|----------------------|
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**\* Treating professionals are prohibited from providing information about the consumer TO family members without the authorization of the consumer. Nothing prevents treatment providers from receiving information FROM family members**

(Continued on reverse)

