

PORTAGE PATH BEHAVIORAL HEALTH (PPBH)

POLICY TITLE: DUTY TO PROTECT

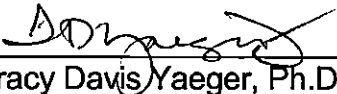
DEPT.: CLINICAL POLICIES AND PROCEDURES

POLICY NO.: XXXX 40

EFFECTIVE DATE: January 1, 2009

DATE APPROVED: January 1, 2009

AUTHORIZED SIGNATURE:


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PURPOSE:

To establish guidelines for the implementation of a Duty to Protect when a Portage Path Behavior Health (PPBH) mental health professional becomes aware of a patient's intent to harm or kill another person(s) as a result of the patient's statements.

POLICY:

It is the responsibility of the mental health professional to protect patients and others from foreseeable harm. Patient confidentiality is a prime directive of staff employed at Portage Path Behavioral Health. However, when a patient states their intent to harm themselves or another person(s) or identifiable structure it is the duty of that mental health professional to take steps to protect both the patient and the potential victim(s).

PROCEDURE:

- I. When a PPBH clinician (mental health professional) determines that their patient presents a serious danger of violence to themselves or others, the Application for Emergency Admission process is initiated as directed in the PPBH "Application for Emergency Admission" clinical process and procedure.
- II. When a PPBH clinician determines that their patient presents a serious danger of violence/harm to another person or an identifiable structure they are obligated to use reasonable care to protect the intended victim from danger.

- A. The PPBH clinician will initiate the completion of the Duty to Protect form.
1. A Duty to Protect form is acquired and completed with the following information.
 - a. The name of the patient who has expressed their intent to harm.
 - b. The date the patient revealed their intent to harm.
 - c. The name of the intended victim or identifiable structure and their relationship to the patient.
 - d. The nature of the threat is documented.
 - e. If applicable, documentation of the reason the clinician believes the patient does not have the ability or intent to carry out the threat OR
 - f. Documentation of the reason the clinician believes the patient does have the intent and ability to carry out the threat.
- B. The PPBH clinician will indicate their choice of options in accordance with Ohio Revised Code Section 2305.51. The four options are all completed by the clinician selecting "CHOSEN" or "NOT CHOSEN" and documenting the reason for the option selected.
1. Voluntary hospitalization CHOSEN NOT CHOSEN
Reason: _____
 2. Involuntary hospitalization (Emergency or Judicial) CHOSEN NOT CHOSEN
Reason: _____
 3. Establish and undertake a documented treatment plan reasonably calculated to eliminate the threat and concurrently initiate a risk assessment and management consultation with a consultant as described in law.
CHOSEN NOT CHOSEN
Reason: _____
 4. Warning to law enforcement and, if feasible, intended victim(s).
CHOSEN NOT CHOSEN
Reason: _____

- C. When option number four is initiated (warning to law enforcement), the PPBH clinician will complete the section titled: "**Information Shared** If this option is chosen (name of client, nature of threat, and names of potential victims(s)/structure)."
- D. If applicable, the PPBH clinician will complete the section titled "**Steps Taken** to implement the option(s) I have chosen are: (include any person(s) to whom a warning is given, as well as the date, time and specifics; or specific changes in the treatment plan, the initiation of the required consultation and name of consultant; or specific steps taken to hospitalize the client)."
- D. The clinician will sign at the bottom of the form, print their name and add the signature date.
- E. The Duty to Protect form will be given to medical records for a copy to be given to the police officers (if they have been called) or the form is scanned and electronically transmitted to the hospital or Psychiatric Emergency Services.
- F. The scanned form is added to the electronic health record of the patient by medical records.

Client Name _____

Date of Birth _____

Chart # _____

DUTY TO PROTECT

On (date) _____, a threat to seriously physically harm another identifiable person or identifiable structure was communicated to me by (name of person) _____ (relationship to client) _____. The nature of the threat was to (explicit threat) _____. to the following person(s) or structure (specific person(s) or structure) _____.

Based on my knowledge of the client, it is my judgment that the client ____ does not have the intent or ability to carry out the threat because: _____

Note: If the client does not have the ability or intent to carry out the threat, no further action is legally mandated. However, clinical steps should be considered.

OR

_____ does have the intent and ability to carry out the threat.

In accordance with Ohio Revised Code Section 2305.51, I have initiated the following option(s) and, after consideration, have chosen not to pursue other options at this time, based on the following reasons in order to fulfill my duty to protect potential victims from threatened violence. **(ALL FOUR SECTIONS BELOW MUST BE COMPLETED).**

1. Voluntary hospitalization _____ Chosen _____ Not Chosen
Reason: _____
2. Involuntary hospitalization (Emergency or Judicial) _____ Chosen _____ Not Chosen
Reason: _____
3. Establish and undertake a documented treatment plan reasonably calculated to eliminate the threat and concurrently initiate a risk assessment and management consultation with a consultant as described in the law. _____ Chosen _____ Not Chosen
Reason: _____
4. Warning to law enforcement and, if feasible, intended victim(s)
_____ Chosen _____ Not Chosen
Reason: _____

Information Shared: If this option is chosen (name of client, nature of threat, and names of potential victim(s)/structure.) _____

STEPS TAKEN to implement the option(s) I have chosen are: (include any person(s) to whom a warning is given, as well as the date, time and specifics; or specific changes in the treatment plan, the initiation of the required consultation and name of consultant; or specific steps taken to hospitalize the client.) _____

Mental Health Professional Signature: _____ Date: _____

Blb:FORMS: Duty to Protect 9/13 Print Name: _____