



LAWS OF ALASKA

1984

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Chapter No.

142

AN ACT

Relating to the treatment of mentally ill persons.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

THE ACT FOLLOWS ON PAGE 1, LINE 9

UNDERLINED MATERIAL INDICATES TEXT THAT IS BEING ADDED TO THE LAW AND BRACKETED MATERIAL IN CAPITAL LETTERS INDICATES DELETIONS FROM THE LAW; COMPLETELY NEW TEXT OR MATERIAL REPEALED AND RE-ENACTED IS IDENTIFIED IN THE INTRODUCTORY LINE OF EACH BILL SECTION.

Approved by the Governor: July 2, 1984
Actual Effective Date: September 30, 1984

AN ACT

Relating to the treatment of mentally ill persons.

* Section 1. AS 47.30.655 is amended to read:

Sec. 47.30.655. PURPOSE. The purpose of this major revision of Alaska civil commitment statutes (AS 47.30.660 - 47.30.915) is to more adequately protect the legal rights of persons suffering from mental illness. The legislature has attempted to balance the individual's constitutional right to physical liberty and the state's interest in [(1)] protecting society from persons who are dangerous to others [;] and [(2)] protecting persons who are dangerous to themselves [,] by providing due process safeguards at all stages of commitment proceedings. In addition, the following principles of modern mental health care have guided this revision:

(1) that persons be given every reasonable opportunity to accept voluntary treatment before involvement with the judicial system;

(2) that persons be treated in the least restrictive alternative environment consistent with their treatment needs;

(3) that treatment occur as promptly as possible and as close to the individual's home as possible;

(4) that a system of mental health community facilities and supports be available;

(5) that patients be informed of their legal rights and be

Chapter 142

1 informed of and allowed to participate in their treatment program as
2 much as possible;

3 (6) that persons who are mentally ill but not dangerous to
4 others be committed only if there is a reasonable expectation of
5 improving their mental condition.

6 * Sec. 2. AS 47.30.670 is amended to read:

7 Sec. 47.30.670. STANDARDS FOR VOLUNTARY ADMISSION. A person 18
8 [14] years of age or older may be voluntarily admitted to a treatment
9 facility if the person [HE] is suffering from mental illness and [HE]
10 voluntarily signs the admission papers.

11 * Sec. 3. AS 47.30.675 is amended to read:

12 Sec. 47.30.675. NOTICE OF RIGHTS. (a) Upon the application of
13 a person for voluntary admission, or at the time a person admitted
14 under AS 47.30.690 reaches the age of 18, the person [14, HE] shall be
15 given a copy of the following documents which shall be explained [TC
16 HIM] as necessary:

17 (1) notice of rights as set out in AS 47.30.825 - 47.30.865
18 and an explanation of any document served upon the person [HIM]; and

19 (2) notice that should the person [HE] desire to leave at a
20 time when the treatment facility determines that the person [HE] is
21 mentally ill and as a result is likely to cause serious harm to sel-
22 [HIMSELF] or others or is gravely disabled, the facility could initi-
23 ate commitment proceedings against the person [HIM].

24 (b) If an applicant for voluntary admission does not understand
25 English, the explanation shall be given in a language the applican
26 [HE] understands.

27 * Sec. 4. AS 47.30.685 is amended to read:

28 Sec. 47.30.685. NOTICE OF INTENT TO LEAVE FACILITY; COMMITMENT
29 A voluntary patient who is 18 [14] years of age or older and wh
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desires to leave a treatment facility must submit to the facility a request [WRITTEN NOTICE OF INTENT] to leave on a form provided [TO HIM] by the facility. When the [UPON IMMEDIATE] investigation is completed, the patient shall be evaluated immediately in writing and discharged immediately or given written notice that involuntary commitment proceedings will be initiated against the patient [HIM]. The treatment facility may detain the patient for no more than 48 hours after receipt of the patient's request [NOTICE OF INTENT] to leave in order to initiate involuntary commitment proceedings.

* Sec. 5. AS 47.30.690 is amended to read:

Sec. 47.30.690. ADMISSION OF MINORS UNDER 18 [14] YEARS OF AGE.

(a) A minor under the age of 18 [14] may be admitted for 30 [21] days of evaluation, diagnosis, and treatment at a designated treatment facility if the minor's [HIS] parent or guardian signs the admission papers and if, in the opinion of the professional person in charge,

(1) the minor [HE] is gravely disabled or is suffering from mental illness and as a result [HE] is likely to cause serious harm to the minor [HIMSELF] or others;

(2) there is no less restrictive alternative available for the minor's [HIS] treatment; and

(3) there is reason to believe that the minor's [PATIENT'S] mental condition could be improved by the course of treatment or would deteriorate further if untreated.

(b) A guardian ad litem for a minor admitted under this section shall be appointed under AS 25.24.310 to monitor the best interests of the minor as soon as possible after the minor's admission. If the guardian ad litem finds that placement is not appropriate, the guardian ad litem may request that an attorney be appointed under AS 25.-24.310 to represent the minor. The attorney may request a hearing on

Chapter 142

1 behalf of the minor during the 30 day admittance.

2 (c) The minor may be released by the treatment facility at any
3 time [DURING THE 21-DAY PERIOD] if the professional person in charge
4 or the minor's [HIS] designated mental health professional determines
5 the minor would no longer benefit from continued treatment [HOSPITAL-
6 IZATION] and the minor is not dangerous. The minor's parents or [HIS]
7 guardian must be notified by the facility of the contemplated release
8 [AND THAT, UNLESS THEY INITIATE INVOLUNTARY COMMITMENT PROCEEDINGS,
9 THE MINOR WILL BE RELEASED].

10 * Sec. 6. AS 47.30 is amended by adding a new section to read:

11 Sec. 47.30.693. NOTICE TO PARENT OR GUARDIAN OF MINOR. When a
12 minor under 18 years of age is detained at or admitted or committed to
13 a treatment facility, the facility shall inform the parent or guardian
14 of the location of the minor as soon as possible after the arrival of
15 the minor at the facility.

16 * Sec. 7. AS 47.30.695 is amended to read:

17 Sec. 47.30.695. NOTICE OF REQUEST FOR RELEASE OF MINORS UNDER 18
18 [14] YEARS OF AGE FROM DETENTION AND COMMITMENT. The parent or guard-
19 ian of a minor who is less than 18 [14] years of age may file a notice
20 to withdraw the minor from the facility. On receipt of the notice
21 the facility may

22 (1) discharge the minor to the custody of the parent o
23 guardian; or

24 (2) if, in the opinion of the treating physician, releas
25 of the minor would be seriously detrimental to the minor's health, th
26 treating physician may

27 (A) discharge the minor to the custody of the paren
28 or guardian after advising the parent or guardian that thi
29 action is against medical advice and after receiving a writte
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1 acknowledgement of the advice; or

2 (B) refuse to discharge the minor, initiate involun-
3 tary commitment proceedings, and continue to hold the minor until
4 a court order under AS 47.30.700 has been issued; or

5 (3) if, in the opinion of the treating physician, the minor
6 is likely to cause serious harm to self or others and there is reason
7 to believe the release could place the minor in imminent danger, the
8 treating physician shall refuse to discharge the minor, and shall
9 initiate involuntary commitment proceedings and continue to hold the
10 minor until a court order under AS 47.30.700 has been issued [REQUEST
11 AND OBTAIN IMMEDIATE RELEASE OF THE MINOR AT ANY TIME, UNLESS AS THE
12 RESULT OF MENTAL ILLNESS, THE MINOR IS LIKELY TO CAUSE SERIOUS HARM TO
13 HIMSELF OR OTHERS].

14 * Sec. 8. AS 47.30.705 is amended to read:

15 Sec. 47.30.705. EMERGENCY DETENTION FOR EVALUATION. A peace
16 officer, a psychiatrist or physician who is licensed to practice in
17 this state or employed by the federal government, or a clinical
18 psychologist licensed by the state Board of Psychologists and Psycho-
19 logical Examiners who has probable cause to believe that a person is
20 gravely disabled or is suffering from mental illness and is likely to
21 cause serious harm to self [HIMSELF] or others of such immediate
22 nature that considerations of safety do not allow initiation of involun-
23 tary commitment procedures set out in AS 47.30.700, may cause the
24 person to be taken into custody and delivered to the nearest evalua-
25 tion facility. A person taken into custody for emergency evaluation
26 may not be placed in a jail or other correctional facility except for
27 protective custody purposes and only while awaiting transportation to
28 a treatment facility. The [A CORRECTIONAL FACILITY MAY BE USED AS AN
29 EMERGENCY EVALUATION FACILITY IF AN EVALUATION FACILITY IS NOT

Chapter 142

1 AVAILABLE. UPON ARRIVAL AT THE EVALUATION FACILITY, THE] peace
2 officer or mental health professional shall complete an application
3 for examination of the person in custody and be interviewed by a
4 mental health professional at the facility.

5 * Sec. 9. AS 47.30.715 is amended to read:

6 Sec. 47.30.715. ACCEPTANCE OF ORDER. When a facility receives
7 a proper order for evaluation, it must accept the order and the re-
8 spondent for an evaluation period not to exceed 72 hours. The facili-
9 ty shall promptly notify the court of the date and time of the respon-
10 dent's arrival. The court shall set a date, time and place for a
11 30-day [21-DAY] commitment hearing, to be held if needed within 72
12 hours after the respondent's arrival, and the court shall notify the
13 facility, the respondent, the respondent's [HIS] attorney, and the
14 prosecuting attorney of the hearing arrangements. Evaluation person-
15 nel, when used, shall similarly notify the court of the date and time
16 when they first met with the respondent.

17 * Sec. 10. AS 47.30.725 is amended to read:

18 Sec. 47.30.725. COMMITMENT PROCEEDING RIGHTS; NOTIFICATION. (a)
19 When a respondent is detained for evaluation under AS 47.30.660 -
20 47.30.915, the respondent [HE] shall be immediately notified orally
21 and in writing of the [HIS] rights under this section. Notification
22 shall be in a language understood by the respondent. The respondent's
23 [HIS] guardian, if any, and if the respondent requests, an adult
24 designated by the respondent, shall also be notified of the respon-
25 dent's rights under this section.

26 (b) Unless a respondent is released or voluntarily admitted
27 [ADMITS HIMSELF] for treatment within 72 hours of [HIS] arrival at the
28 facility or, if the respondent [HE] is evaluated by evaluation person-
29 nel, within 72 hours from the beginning of the respondent's [HIS]
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1 meeting with evaluation personnel, the respondent [HE] is entitled to
2 a court hearing to be set for not later than the end of that 72-hour
3 period to determine whether there is cause for detention [TO DETAIN
4 HIM] after the 72 hours have expired for up to an additional 30 [21]
5 days on the grounds that the respondent [HE] is [GRAVELY DISABLED OR]
6 mentally ill, and as a result presents a likelihood of serious harm to
7 the respondent [HIMSELF] or others, or is gravely disabled. The
8 facility or evaluation personnel shall give notice to the court of the
9 releases and voluntary admissions under AS 47.30.700 - 47.30.820.

1 (c) The respondent has a right to communicate immediately, at
2 the department's expense, with the respondent's [HIS] guardian, if
3 any, or an adult designated by the respondent and the attorney desig-
4 nated in the ex parte order, or an attorney of the respondent's
5 choice.

6 (d) The respondent has the right to be represented by an attor-
7 ney, to present evidence, and to cross-examine witnesses who testify
8 against the respondent [HIM] at the hearing.

9 (e) The respondent has the right to be free of the effects of
1 medication and other forms of treatment to the maximum extent possible
2 before the 30-day [21-DAY] commitment hearing; however, the facility
3 or evaluation personnel may treat the respondent [HIM] with medication
4 under prescription by a licensed physician or by a less restrictive
5 alternative of the respondent's [HIS] preference if, in the opinion of
6 a licensed physician in the case of medication, or of a mental health
7 professional in the case of alternative treatment, the treatment is
8 necessary to

- 9 (1) prevent bodily harm to the respondent or others;
- 1 (2) prevent such deterioration of the respondent's mental
2 condition that subsequent treatment might not enable the respondent

Chapter 142

1 [HIM] to recover; or

2 (3) allow the respondent to prepare for and participate in
3 the proceedings.

4 (f) A respondent, if [HE IS] represented by counsel, may waive,
5 orally or in writing, the 72-hour time limit on the 30-day [21-DAY]
6 commitment hearing and have the hearing set for a date no more than
7 seven calendar days after [HIS] arrival at the facility. The respon-
8 dent's counsel shall immediately notify the court of the waiver.

9 * Sec. 11. AS 47.30.730 is amended to read:

10 Sec. 47.30.730. PROCEDURE FOR 30-DAY [21-DAY] COMMITMENT; PETI-
11 TION FOR COMMITMENT. (a) In the course of the 72-hour evaluation
12 period, a petition for commitment to a treatment facility may be filed
13 in court. The petition must be signed by two mental health profes-
14 sionals who have examined the respondent, one of whom is a physician.
15 The petition must

16 (1) allege that the respondent is mentally ill and as a
17 result is likely to cause harm to self [HIMSELF] or others or is
18 gravely disabled;

19 (2) allege that the evaluation staff has considered but has
20 not found that there are any less restrictive alternatives available
21 that would adequately protect the respondent or others; or, if a less
22 restrictive involuntary form of treatment is sought, specify the
23 treatment and the basis for supporting it;

24 (3) allege with respect to a gravely disabled respondent
25 that there is reason to believe that the respondent's mental condition
26 could be improved by the course of treatment sought;

27 (4) allege that a specified treatment facility or less
28 restrictive alternative that is appropriate to the respondent's condi-
29 tion has agreed to accept the respondent;

1 (5) allege that the respondent has been advised of the need
2 for, but has not accepted, voluntary treatment, and request that the
3 court commit the respondent to the specified treatment facility or
4 less restrictive alternative for a period not to exceed 30 [21] days;

5 (6) list the prospective witnesses who will testify in
6 support of commitment or involuntary treatment;

7 (7) list the facts and specific behavior of the respondent
8 supporting the allegation in (1) of this subsection.

9 (b) A copy of the petition shall be served on the respondent,
10 the respondent's [HIS] attorney, and the respondent's [HIS] guardian,
1 if any, before the 30-day [21-DAY] commitment hearing.

2 * Sec. 12. AS 47.30.735 is amended to read:

3 Sec. 47.30.735. 30-DAY [21-DAY] COMMITMENT. (a) Upon receipt
4 of a proper petition for commitment, the court shall hold a hearing at
5 the date and time previously specified according to procedures set out
6 in AS 47.30.715.

7 (b) The hearing shall be conducted in a physical setting least
8 likely to have a harmful effect on the mental or physical health of
9 the respondent, within practical limits. At the hearing, in addition
10 to other rights specified in AS 47.30.660 - 47.30.915, the respondent
1 has the right

2 (1) to be present at the hearing; this right may be waived
3 only with the respondent's informed consent; if the respondent is
4 incapable of giving informed consent, the respondent may be excluded
5 from the hearing only if the court, after hearing, finds that the
6 incapacity exists and that there is a substantial likelihood that the
7 respondent's presence at the hearing would be severely injurious to
8 the respondent's [HIS] mental or physical health;

9 (2) to view and copy all petitions and reports in the court

Chapter 142

1 file of the respondent's [HIS] case;

2 (3) to have the hearing open or closed to the public as the
3 respondent [HE] elects;

4 (4) to have the rules of evidence and civil procedure
5 applied so as to provide for the informal but efficient presentation
6 of evidence [TO BE PROCEEDED AGAINST ACCORDING TO THE RULES OF EVI-
7 DENCE APPLICABLE TO CIVIL PROCEEDINGS];

8 (5) to have an interpreter if the respondent [HE] does not
9 understand English;

10 (6) to present evidence on the respondent's [HIS] behalf;

11 (7) to cross-examine witnesses who testify against the
12 respondent [HIM];

13 (8) to remain silent;

14 (9) to call experts and other witnesses to testify on the
15 respondent's behalf.

16 (c) At the conclusion of the hearing the court may commit the
17 respondent to a treatment facility for not more than 30 [21] days if
18 it finds, by clear and convincing evidence, that the respondent is
19 mentally ill and as a result is likely to cause harm to the respondent
20 [HIMSELF] or others or is gravely disabled.

21 (d) If the court finds that there is a viable less restrictive
22 alternative available and that the respondent has been advised of and
23 refused voluntary treatment through the alternative, the court may
24 order the less restrictive alternative treatment for not more than 30
25 [21] days if the program accepts the respondent.

26 (e) The court shall specifically state to the respondent, and
27 give the respondent [HIM] written notice, that if commitment or other
28 involuntary treatment beyond the 30 [21] days is to be sought, the
29 respondent shall have the right to a full hearing or jury trial.
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* Sec. 13. AS 47.30.740 is amended to read:

Sec. 47.30.740. PROCEDURE FOR 90-DAY COMMITMENT FOLLOWING 30-DAY [21-DAY] COMMITMENT. (a) At any time during the respondent's 30-day [21-day] commitment, the professional person in charge, or that person's [HIS] professional designee, may file with the court a petition for a 90-day commitment of that respondent. The petition must include all material required under AS 47.30.730(a) except that references to "30 days" ["21 DAYS"] shall be read as "90 days"; and

(1) allege that the respondent has attempted to inflict or has inflicted serious bodily harm upon the respondent [HIMSELF] or another since the respondent's [HIS] acceptance for evaluation, or that the respondent [HE] was committed initially as a result of conduct in which the respondent [HE] attempted or inflicted serious bodily harm upon the respondent [HIMSELF] or another, or that the respondent [HE] continues to be gravely disabled, or that the respondent [HE] demonstrates a current intent to carry out plans of serious harm to the respondent [HIMSELF] or another;

(2) allege that the respondent has received appropriate and adequate care and treatment during the respondent's 30-day [HIS 21-DAY] commitment;

(3) be verified by the professional person in charge, or that person's [HIS] professional designee, during the 30-day [21-DAY] commitment.

(b) The court shall have copies of the petition for 90-day commitment served upon the respondent, the respondent's [HIS] attorney, and the respondent's [HIS] guardian, if any. The petition for 90-day commitment and proofs of service shall be filed with the clerk of the court, and a date for hearing shall be set, by the end of the next judicial day, for not later than five judicial days from the date

Chapter 142

1 of filing of the petition. The clerk shall notify the respondent, the
2 respondent's [HIS] attorney, and the petitioner of the hearing date at
3 least three judicial days in advance of the hearing.

4 (c) Findings of fact relating to the respondent's behavior made
5 at a 30-day [21-DAY] commitment hearing under AS 47.30.735 shall be
6 admitted as evidence and may not be rebutted except that newly dis-
7 covered evidence may be used for the purpose of rebutting the find-
8 ings.

9 * Sec. 14. AS 47.30.745(b) is amended to read:

10 (b) Unless the respondent is released or is admitted voluntarily
11 [ADMITS HIMSELF] following the filing of a petition and before the
12 hearing, the respondent [HE] is entitled to a judicial hearing within
13 five judicial days of the filing of the petition as set out in AS 47.-
14 30.740(b) to determine if the respondent [HE] is mentally ill and as a
15 result is likely to cause harm to self [HIMSELF] or others, or if the
16 respondent [HE] is gravely disabled. If the respondent is admitted
17 voluntarily [ADMITS HIMSELF] following the filing of the petition, the
18 voluntary admission constitutes a waiver of any hearing rights under
19 AS 47.30.740 or under AS 47.30.685. If at any time during the respon-
20 dent's voluntary admission under this subsection, the respondent
21 submits to the facility a written request [NOTICE OF INTENT] to leave
22 the professional person in charge may file with the court a petition
23 for a 180-day [120-DAY] commitment of the respondent under AS 47.30.
24 770. The 180-day [120-DAY] commitment hearing shall be scheduled for
25 a date not later [EARLIER] than 90 days after the respondent's volun-
26 tary admission.

27 * Sec. 15. AS 47.30.770 is amended to read:

28 Sec. 47.30.770. ADDITIONAL 180-DAY [120-DAY] COMMITMENT. (a)

29 The respondent shall be released from involuntary treatment at th
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expiration of 90 days unless the professional person in charge files a petition for a 180-day [120-DAY] commitment conforming to the requirements of AS 47.30.740(a) except that all references to "30-day commitment" ["21-DAY COMMITMENT"] shall be read as "the previous 90-day commitment" and all references to "90-day commitment" shall be read as "180-day commitment" ["120-DAY COMMITMENT"].

(b) The procedures for service of the petition, notification of rights, and judicial hearing shall be as set out in AS 47.30.740 - 47.30.750. If the court or jury finds by clear and convincing evidence that the grounds for 90-day commitment as set out in AS 47.30.755 are present, the court may order the respondent committed for an additional treatment period not to exceed 180 [120] days from the date on which the first 90-day treatment period would have expired.

(c) Successive 180-day [120-DAY] commitments are permissible on the same ground and under the same procedures as the original 180-day [120-DAY] commitment. An order of commitment may not exceed 180 [120] days.

(d) Findings of fact relating to the respondent's behavior made at a 30-day [21-DAY] commitment hearing under AS 47.30.735, a 90-day commitment hearing under AS 47.30.750, or a previous 180-day [120-DAY] commitment hearing under this section shall be admitted as evidence and may not be rebutted except that newly discovered evidence may be used for the purpose of rebutting the findings.

* Sec. 16. AS 47.30 is amended by adding a new section to read:

Sec. 47.30.772. MEDICATION AND TREATMENT. A designated treatment facility may administer medication or other treatment to an involuntarily committed patient consistent with the provisions of AS 47.30.825 - 47.30.865.

* Sec. 17. AS 47.30.790 is amended to read:

Chapter 142

1 Sec. 47.30.790. RETURN FROM UNAUTHORIZED ABSENCE; NOTICE OF
2 ABSENCE. When a respondent undergoing involuntary treatment on an
3 inpatient basis is absent from the treatment facility without, or in
4 excess of, authorization under AS 47.30.785, the professional person
5 in charge, or that person's [HIS] professional designee, may contact
6 the appropriate peace officers who shall take the respondent into
7 custody and return the respondent [HIM] to the treatment facility. If
8 it is determined by the professional person in charge to be necessary,
9 a member of the treatment facility staff shall accompany the peace
10 officers when they take the respondent into custody. In addition, the
11 family or guardian of the patient and any person known to have been
12 threatened by the patient shall be notified of the patient's
13 unauthorized absence immediately upon its discovery.

14 * Sec. 18. AS 47.30 is amended by adding a new section to read:

15 Sec. 47.30.803. CONVERSION FROM INVOLUNTARY TO VOLUNTARY STATUS
16 A patient subject to involuntary hospitalization under AS 47.30.705
17 47.30.735, or AS 47.30.755 may at any time convert to voluntary statu
18 if the responsible physician agrees that

19 (1) the patient is an appropriate patient for voluntar
20 hospitalization; and

21 (2) the conversion is made in good faith.

22 * Sec. 19. AS 47.30.805(a) is amended to read:

23 (a) Except as provided in (b) of this section,

24 (1) computations of a 72-hour evaluation period unde
25 AS 47.30.715 or a 48-hour detention period under AS 47.30.685 do not
26 include Saturdays, Sundays, legal holidays, or any period of time
27 necessary to transport the respondent to the treatment facility;

28 (2) a 30-day [21-DAY] commitment period expires at the end
29 of the 30th [21ST] day after the 72 hours following initiation
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acceptance;

(3) a 90-day commitment period expires at the end of the 90th day after the expiration of a 30-day [21-DAY] period of treatment;

(4) a 180-day [120-DAY] commitment period expires at the end of the 180th [120TH] day, after the expiration of a 90-day period of treatment or previous 180-day [120-DAY] period, whichever is applicable.

* Sec. 20. AS 47.30.815(b) is amended to read:

(b) The following persons may not be held civilly or criminally liable for detaining a person under AS 47.30.700 - 47.30.915 or for releasing a person under AS 47.30.700 - 47.30.915 at or before the end of the period for which the person was admitted or committed for evaluation or treatment if the persons have performed their duties in good faith and without gross negligence:

(1) an officer of a public or private agency;

(2) the superintendent, the professional person in charge, the professional designee of the professional person in charge, and the attending staff of a public or private agency;

(3) a public official performing functions necessary to the administration of AS 47.30.700 47.30.915;

(4) a peace officer or mental health professional responsible for detaining or transporting a person under AS 47.30.700 - 47.30.915.

* Sec. 21. AS 47.30.825(8) is amended to read:

(8) A patient upon discharge shall be given a discharge plan specifying the kinds and amount of care and treatment the patient [HE] should have after discharge and such other steps as the patient [HE] might take to benefit the patient's [HIS] mental health after

Chapter 142

1 leaving the facility. The patient shall have the right to partici-
2 pate, as far as practicable, in formulating the patient's [HIS] dis-
3 charge plan. A copy of the plan shall be given to the patient, the
4 patient's [HIS] guardian, an adult designated in accordance with
5 AS 47.30.725, the court if appropriate, and any follow-up agencies.

6 * Sec. 22. AS 47.30 is amended by adding a new section to read:

7 Sec. 47.30.833. NUTRITIONAL EVALUATION; RIGHT TO PROPER DIET.

8 (a) A treatment facility shall conduct a nutritional evaluation of a
9 person admitted or committed to a treatment facility for evaluation or
10 treatment, whether the person is a voluntary or involuntary patient.
11 The evaluation shall be conducted within the first week after the
12 patient is admitted or committed.

13 (b) Notwithstanding (a) of this section, a treatment facility is
14 not required to conduct a nutritional evaluation of a patient who is
15 released within 72 hours of arrival.

16 (c) A patient has the right to a nutritionally sound and medi-
17 cally appropriate diet. After conducting the nutritional evaluation
18 required under (a) of this section, the treatment facility shall take
19 appropriate steps to correct the patient's nutritional deficiencies.

20 * Sec. 23. AS 47.30.840 is amended to read:

21 Sec. 47.30.840. RIGHT TO PRIVACY AND PERSONAL POSSESSIONS. A
22 person undergoing evaluation or treatment under AS 47.30.660 -
23 47.30.915 [SHALL]

24 (1) may not be photographed without the person's [HIS]
25 consent and that of the person's [HIS] guardian if a minor, except
26 that the person [HE] may be photographed upon admission to a facility
27 for identification and for administrative purposes of the facility;
28 all photographs shall be confidential and may only be released by the
29 facility to the patient or the patient's [HIS] designee unless a court
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orders otherwise;

(2) at the time of admission to an evaluation or treatment facility, shall have reasonable precautions taken by the staff to inventory and safeguard the patient's [HIS] personal property; a copy of the inventory signed by the staff member making it shall be given to the patient and made available to the patient's [HIS] attorney and any other person authorized by the patient to inspect the document;

(3) shall have access to an individual storage space for the patient's [HIS] private use while undergoing evaluation or treatment;

(4) shall be permitted to wear personal [HIS OWN] clothing, to keep and use [HIS OWN] personal possessions including [HIS] toilet articles if they are not considered unsafe for the patient [HIM] or other patients who might have access to them, and to keep and be allowed to spend a reasonable sum of the patient's [HIS] own money for the patient's [HIS OWN] needs and comfort;

(5) shall be allowed to have visitors at reasonable times;

(6) shall have ready access to letter writing materials, including stamps, and have the right to send and receive unopened mail;

(7) shall have reasonable access to a telephone, both to make and receive confidential calls;

(8) has the right to be free of corporal punishment;

(9) has the right to exercise and recreation;

(10) has the right, at any time, to have a telephone conversation with or be visited by an attorney;

(11) may not be retaliated against or subjected to any adverse change of conditions or treatment solely because of assertion of rights under this section.

Chapter 142

1 * Sec. 24. AS 47.30.840 is amended by adding a new subsection to read:

2 (b) The patient's rights under (a)(4), (5), (7) and (9) of this
3 section may be suspended temporarily, following the initial evaluation
4 period, if the professional person in charge of the patient determines
5 that granting the patient those rights will pose a threat to the
6 safety or well-being of the patient or others.

7 * Sec. 25. AS 47.30.845 is amended to read:

8 Sec. 47.30.845. CONFIDENTIAL RECORDS. Information and records
9 obtained in the course of a screening investigation, evaluation,
10 examination, or treatment are confidential and are not public records,
11 except as the requirements of a hearing under AS 47.30.660 - 47.30.915
12 may necessitate a different procedure. Information and records may be
13 copied and disclosed under regulations established by the department
14 only to

15 (1) a physician or a provider of health, mental health, or
16 social and welfare services involved in caring for, treating, or
17 rehabilitating the patient;

18 (2) the patient or an individual to whom the patient has
19 given written consent to have information disclosed;

20 (3) a person authorized by a court order;

21 (4) a person doing research or maintaining health statis-
22 tics, if the anonymity of the patient is assured, and the facility
23 recognizes the project as a bona fide research or statistical under-
24 taking;

25 (5) the division of corrections in a case in which a pris-
26 oner confined to the state prison is a patient in the state hospital
27 on authorized transfer either by voluntary admission or by court
28 order;

29 (6) a governmental or law enforcement agency when necessary
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to secure the return of a patient who is on unauthorized absence from a facility where the patient was undergoing evaluation or treatment;

(7) a law enforcement agency when there is substantiated concern over imminent danger to the community by a presumed mentally ill person.

* Sec. 26. AS 47.30.915(5) is amended to read:

(5) "evaluation facility" means a health care facility that has been designated or is operated by the department to perform the evaluations described in AS 47.30.660 - 47.30.915; or a medical facility licensed under AS 18.20.020 or operated by the federal government;

* Sec. 27. AS 47.30.915(7) is amended to read:

(7) "gravely disabled" means a condition in which a person as a result of mental illness [,]

(A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness or death highly probable if care by another is not taken; or

(B) will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional or physical distress, and this distress is associated with significant impairment of judgment, reason or behavior causing a substantial deterioration of the person's previous ability to function independently;

* Sec. 28. AS 47.30.915(10) is amended to read:

(10) "likely to cause serious harm" means a person who

(A) poses a substantial risk of [IMMINENT AND SUBSTANTIAL] bodily harm to that person's self [HIMSELF], as manifested by recent behavior causing, attempting or threatening that [ATTEMPTS AT SUICIDE OR BODILY] harm;

(B) poses a substantial risk of [IMMINENT AND

Chapter 142

1 SUBSTANTIAL BODILY] harm to others [ONE OR MORE OTHER PERSONS] as
2 manifested by recent behavior causing, [OR] attempting, or
3 threatening harm, and is likely in the near future to cause
4 physical injury, physical abuse or substantial property damage to
5 another person [INCLUDING, IN REGARD TO EVALUATIONS, AT LEAST ONE
6 INCIDENT WITHIN 30 DAYS BEFORE THE FILING OF A PETITION FOR
7 EMERGENCY HOSPITALIZATION]; or

8 (C) manifests [DEMONSTRATES] a current intent to carry
9 out plans of serious harm to that person's self [HIMSELF] or
10 another;

11 * Sec. 29. AS 47.30.915(11) is amended to read:

12 (11) "mental health professional" means a psychiatrist or
13 physician who is licensed to practice in this state or employed by the
14 federal government; a clinical psychologist licensed by the state
15 Board of Psychologists and Psychological Associate Examiners; a psy-
16 chological associate trained in [WITH A] clinical psychology and [OR
17 COUNSELING SPECIALTY] licensed by the Board of Psychologists and
18 Psychological Associate Examiners; a registered nurse with a master's
19 degree in psychiatric nursing, licensed by the State Board of Nursing;
20 and a social worker with a master's degree in social work and sub-
21 stantial experience in the field of mental illness;

22 * Sec. 30. AS 47.30.915(12) is amended to read:

23 (12) "mental illness" means an organic, mental, or emotional
24 impairment that has substantial adverse effects on an individual's
25 ability to exercise conscious control of [HIS] the individual's
26 actions or ability to perceive reality or to reason or understand;
27 mental retardation, epilepsy, drug addiction, and alcoholism do not
28 per se constitute mental illness, although persons suffering from
29 these conditions may also be suffering from mental illness;

1 * Sec. 31. SPECIAL REPORT. The Department of Health and Social Ser-
2 vices, division of mental health and developmental disabilities, shall
3 review the literature concerning orthomolecular psychiatric methods in
4 order to determine their potential uses in the diagnosis and treatment of
5 mentally ill persons in the state. The division shall submit a report of
6 its findings to the legislature by February 1, 1985.
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