

Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD)

FORM 2013 – CERTIFICATE AUTHORIZING TRANSPORT TO EMERGENCY RECEIVING FACILITY & REPORT OF TRANSPORTATION (Addictive Diseases)

Identification

STATE OF GEORGIA, COUNTY OF _____

DATE _____

To the Peace Officer:

This is to certify that I have personally examined _____ on _____, 20__ at _____m, which was within the preceding 48 hours of the signing of this certificate.

In my opinion this Individual appears to be an alcoholic, drug dependent, or a drug abuser requiring involuntary treatment in that he/she appears to be alcoholic, drug dependent, or drug abusing AND:

- [] A. Presents a substantial risk of imminent harm to self or others as manifested by recent overt acts or recent expressed threats of violence which present a probability of physical injury to self or to other persons; OR
[] B. Is incapacitated by alcoholic beverages, drugs or other substances on a recurring basis.

At the time of my evaluation, the conditions checked below were present:

[] This Individual appears to be an alcoholic, drug dependent or a drug abuser. My opinion is based on the following observations: _____

This Individual also:

- [] Has committed/expressed recent overt acts of violence to others.
[] Has committed/expressed acts of violence to self.
[] Is incapacitated by alcoholic beverages, drugs or other substances on a recurring basis.

For example: _____

As soon as possible, but within 72 hours after receiving this certificate, the Peace Officer shall make diligent efforts to take the above-named Individual into custody. Thereafter, the Peace Officer shall transport the above-named Individual to the emergency receiving facility serving the county where such person is found, as named above. This certificate expires 7 days after it is executed. This certificate and the Report of Peace Officer are to be delivered by the Peace Officer to the emergency receiving facility and are to be made a part of the above-named Individual's clinical record. If private transportation by family, friends or other means is deemed safe, it shall be encouraged and authorized. This does not relieve the county governing authority from its responsibility to arrange for transportation when needed or requested.

SIGNATURE AND PRINTED NAME of Licensed Physician; Licensed Psychologist; Licensed Clinical Social Worker (LCSW); Licensed Professional Counselor (LPC); Advanced Practice Registered Nurse (APRN) under protocol; Clinical Nurse Specialist (CNS) in Psychiatric/Mental Health; OR Physician's Assistant (PA) under protocol.

Date: _____ 20__ Time _____m

Telephone Number

I _____ (staff at referring facility) have communicated with _____ (staff at receiving facility) at _____ (name of receiving facility), _____ (telephone number), who stated that the facility has a bed for this Individual. This certificate authorizes the Peace Officer or other person to deliver the Individual named on this 2013 form to the named facility for examination to determine whether admission is necessary.

SIGNATURE AND PRINTED NAME of staff at Referring Facility Date: _____ 20__ Time: _____m

For Receiving Facility Staff Use Only – A copy of form 2013 is placed in the clinical record.

Signature of Staff

Title

Date

REPORT OF PEACE OFFICER OR OTHER PERSON PROVIDING TRANSPORTATION

STATE OF GEORGIA, COUNTY OF _____ DATE _____

NAME OF INDIVIDUAL TRANSPORTED: _____

When transportation is provided by a Peace Officer, Sections 37-7-41 and 37-7-42 of the Official Code of Georgia Annotated require that the Peace Officer complete a written report detailing the circumstances under which the Individual was taken into custody for addictive disease services transportation. When transportation is provided by any person or entity other than a Peace Officer, this report is necessary to assist the receiving facility in caring for the health and safety of the Individual transported, and of other persons at the facility.

To Emergency Receiving Facility known as _____ I report as follows:
Time and Date of pickup: _____ Location: _____
Behavior observed at that time: _____

While under my observation the conditions checked below were present:

- Made threats to harm self Appeared calm Unable/refused to speak
- Made threats to harm others Appeared upset Attempted to injure or injured self
- Knew where he/she was Was cooperative Attempted to injure or injured someone else
- Knew who he/she was Was combative Knew the approximate time and date

Name and address of family or others who were present when the Individual was taken into custody:

Name: _____ Relationship: _____

Address: _____

COMMENTS or INFORMATION from family or others having personal knowledge of Individual:

Physical restraints utilized during transportation, if any:

Individual's physical condition (apparent injuries, illness or distress):

Other information:

Transportation provided by:

Relative of the Individual: Name & Relationship: _____

Ambulance service: Name of company _____
Operated by (Hospital or provider name): _____

Transportation company or provider: Name _____
Operated by _____

Peace Officer for (Jurisdiction) _____

If transportation was provided by a Peace Officer, it was under the authority of:

Emergency Certificate (1013) Probate Court order

TIME delivered to Emergency Receiving Facility

DATE delivered to Emergency Receiving Facility

PRINTED Name of Peace Officer or Other Person

SIGNATURE of Peace Officer or Other Person