

Part 6 Utah State Hospital and Other Mental Health Facilities

62A-15-601 Utah State Hospital.

The Utah State Hospital is established and located in Provo, in Utah county. For purposes of this part it is referred to as the "state hospital."

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-602 Definitions.

As used in this part, Part 7, Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health, Part 8, Interstate Compact on Mental Health, Part 9, Utah Forensic Mental Health Facility, and Part 10, Declaration for Mental Health Treatment:

- (1) "Adult" means a person 18 years of age or older.
- (2) "Commitment to the custody of a local mental health authority" means that an adult is committed to the custody of the local mental health authority that governs the mental health catchment area in which the proposed patient resides or is found.
- (3) "Designated examiner" means a licensed physician familiar with severe mental illness, preferably a psychiatrist, designated by the division as specially qualified by training or experience in the diagnosis of mental or related illness or another licensed mental health professional designated by the division as specially qualified by training and at least five years' continual experience in the treatment of mental or related illness. At least one designated examiner in any case shall be a licensed physician. No person who is the applicant, or who signs the certification, under Section 62A-15-631 may be a designated examiner in the same case.
- (4) "Designee" means a physician who has responsibility for medical functions including admission and discharge, an employee of a local mental health authority, or an employee of an agency that has contracted with a local mental health authority to provide mental health services under Section 17-43-304.
- (5) "Harmful sexual conduct" means any of the following conduct upon an individual without the individual's consent, or upon an individual who cannot legally consent to the conduct including under the circumstances described in Subsections 76-5-406(1) through (12):
 - (a) sexual intercourse;
 - (b) penetration, however slight, of the genital or anal opening of the individual;
 - (c) any sexual act involving the genitals or anus of the actor or the individual and the mouth or anus of either individual, regardless of the gender of either participant; or
 - (d) any sexual act causing substantial emotional injury or bodily pain.
- (6) "Institution" means a hospital, or a health facility licensed under the provisions of Section 26-21-9.
- (7) "Licensed physician" means an individual licensed under the laws of this state to practice medicine, or a medical officer of the United States government while in this state in the performance of official duties.
- (8) "Local comprehensive community mental health center" means an agency or organization that provides treatment and services to residents of a designated geographic area, operated by or under contract with a local mental health authority, in compliance with state standards for local comprehensive community mental health centers.

- (9) "Mental health facility" means the Utah State Hospital or other facility that provides mental health services under contract with the division, a local mental health authority, or organization that contracts with a local mental health authority.
- (10) "Mental health officer" means an individual who is designated by a local mental health authority as qualified by training and experience in the recognition and identification of mental illness, to interact with and transport persons to any mental health facility.
- (11) "Mental illness" means a psychiatric disorder as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association which substantially impairs a person's mental, emotional, behavioral, or related functioning.
- (12) "Patient" means an individual under commitment to the custody or to the treatment services of a local mental health authority.
- (13) "Serious bodily injury" means bodily injury which involves a substantial risk of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty.
- (14) "Substantial danger" means the person, by his or her behavior, due to mental illness:
 - (a) is at serious risk to:
 - (i) commit suicide;
 - (ii) inflict serious bodily injury on himself or herself; or
 - (iii) because of his or her actions or inaction, suffer serious bodily injury because he or she is incapable of providing the basic necessities of life, such as food, clothing, and shelter; or
 - (b) is at serious risk to cause or attempt to cause serious bodily injury or engage in harmful sexual conduct.
- (15) "Treatment" means psychotherapy, medication, including the administration of psychotropic medication, and other medical treatments that are generally accepted medical and psychosocial interventions for the purpose of restoring the patient to an optimal level of functioning in the least restrictive environment.

Amended by Chapter 248, 2012 General Session

62A-15-603 Administration of state hospital -- Division -- Authority.

- (1) The administration of the state hospital is vested in the division where it shall function and be administered as a part of the state's comprehensive mental health program and, to the fullest extent possible, shall be coordinated with local mental health authority programs. When it becomes feasible the board may direct that the hospital be decentralized and administered at the local level by being integrated with, and becoming a part of, the community mental health services.
- (2) The division shall succeed to all the powers, discharge all the duties, and perform all the functions, duties, rights, and responsibilities pertaining to the state hospital which by law are conferred upon it or required to be discharged or performed. However, the functions, powers, duties, rights, and responsibilities of the division and of the board otherwise provided by law and by this part apply.
- (3) Supervision and administration of security responsibilities for the state hospital is vested in the division. The executive director shall designate, as special function officers, individuals to perform special security functions for the state hospital that require peace officer authority. These special function officers may not become or be designated as members of the Public Safety Retirement System.

- (4) Directors of mental health facilities that house involuntary detainees or detainees committed pursuant to judicial order may establish secure areas, as prescribed in Section 76-8-311.1, within the mental health facility for the detainees.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-604 Receipt of gift -- Transfer of persons from other institutions.

- (1) The division may take and hold by gift, devise, or bequest real and personal property required for the use of the state hospital. With the approval of the governor the division may convert that property that is not suitable for the state hospital's use into money or property that is suitable for the state hospital's use.
- (2) The state hospital is authorized to receive from any other institution within the department an individual committed to that institution, when a careful evaluation of the treatment needs of the individual and of the treatment programs available at the state hospital indicates that the transfer would be in the interest of that individual.
- (3)
 - (a) For the purposes of this Subsection (3), "contributions" means gifts, grants, devises, and donations.
 - (b) Notwithstanding the provisions of Subsection 62A-1-111(10), the state hospital is authorized to receive contributions and deposit the contributions into an interest-bearing restricted special revenue fund. The state treasurer may invest the fund, and all interest will remain in the fund.
 - (c)
 - (i) Single expenditures from the fund in amounts of \$5,000 or less shall be approved by the superintendent.
 - (ii) Single expenditures exceeding \$5,000 must be preapproved by the superintendent and the division director.
 - (iii) Expenditures described in this Subsection (3) shall be used for the benefit of patients at the state hospital.
 - (d) Money and interest in the fund may not be used for items normally paid for by operating revenues or for items related to personnel costs without specific legislative authorization.

Amended by Chapter 121, 2015 General Session

62A-15-605 Forensic Mental Health Coordinating Council -- Establishment and purpose.

- (1) There is established the Forensic Mental Health Coordinating Council composed of the following members:
 - (a) the director of the Division of Substance Abuse and Mental Health or the director's appointee;
 - (b) the superintendent of the state hospital or the superintendent's appointee;
 - (c) the executive director of the Department of Corrections or the executive director's appointee;
 - (d) a member of the Board of Pardons and Parole or its appointee;
 - (e) the attorney general or the attorney general's appointee;
 - (f) the director of the Division of Services for People with Disabilities or the director's appointee;
 - (g) the director of the Division of Juvenile Justice Services or the director's appointee;
 - (h) the director of the Commission on Criminal and Juvenile Justice or the director's appointee;
 - (i) the state court administrator or the administrator's appointee;
 - (j) the state juvenile court administrator or the administrator's appointee;

- (k) a representative from a local mental health authority or an organization, excluding the state hospital that provides mental health services under contract with the Division of Substance Abuse and Mental Health or a local mental health authority, as appointed by the director of the division;
 - (l) the executive director of the Utah Developmental Disabilities Council or the director's appointee; and
 - (m) other individuals, including individuals from appropriate advocacy organizations with an interest in the mission described in Subsection (3), as appointed by the members described in Subsections (1)(a) through (l).
- (2) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:
- (a) Section 63A-3-106;
 - (b) Section 63A-3-107; and
 - (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.
- (3) The purpose of the Forensic Mental Health Coordinating Council is to:
- (a) advise the director regarding the state hospital admissions policy for individuals in the custody of the Department of Corrections;
 - (b) develop policies for coordination between the division and the Department of Corrections;
 - (c) advise the executive director of the Department of Corrections regarding department policy related to the care of individuals in the custody of the Department of Corrections who are mentally ill;
 - (d) promote communication between and coordination among all agencies dealing with individuals with an intellectual disability or mental illness who become involved in the civil commitment system or in the criminal or juvenile justice system;
 - (e) study, evaluate, and recommend changes to laws and procedures relating to individuals with an intellectual disability or mental illness who become involved in the civil commitment system or in the criminal or juvenile justice system;
 - (f) identify and promote the implementation of specific policies and programs to deal fairly and efficiently with individuals with an intellectual disability or mental illness who become involved in the civil commitment system or in the criminal or juvenile justice system; and
 - (g) promote judicial education relating to individuals with an intellectual disability or mental illness who become involved in the civil commitment system or in the criminal or juvenile justice system.

Amended by Chapter 403, 2015 General Session

62A-15-605.5 Admission of person in custody of Department of Corrections to state hospital -- Retransfer of person to Department of Corrections.

- (1) The executive director of the Department of Corrections may request the director to admit a person who is in the custody of the Department of Corrections to the state hospital, if the clinical director within the Department of Corrections finds that the inmate has mentally deteriorated to the point that admission to the state hospital is necessary to ensure adequate mental health treatment. In determining whether that inmate should be placed in the state hospital, the director of the division shall consider:
- (a) the mental health treatment needs of the inmate;
 - (b) the treatment programs available at the state hospital; and
 - (c) whether the inmate meets the requirements of Subsection 62A-15-610(2).

- (2) If the director denies the admission of an inmate as requested by the clinical director within the Department of Corrections, the Board of Pardons and Parole shall determine whether the inmate will be admitted to the state hospital. The Board of Pardons and Parole shall consider:
 - (a) the mental health treatment needs of the inmate;
 - (b) the treatment programs available at the state hospital; and
 - (c) whether the inmate meets the requirements of Subsection 62A-15-610(2).
- (3) The state hospital shall receive any person in the custody of the Department of Corrections when ordered by either the director or the Board of Pardons and Parole, pursuant to Subsection (1) or (2). Any person so transferred to the state hospital shall remain in the custody of the Department of Corrections, and the state hospital shall act solely as the agent of the Department of Corrections.
- (4) Inmates transferred to the state hospital pursuant to this section shall be transferred back to the Department of Corrections through negotiations between the director and the director of the Department of Corrections. If agreement between the director and the director of the Department of Corrections cannot be reached, the Board of Pardons and Parole shall have final authority in determining whether a person will be transferred back to the Department of Corrections. In making that determination, that board shall consider:
 - (a) the mental health treatment needs of the inmate;
 - (b) the treatment programs available at the state hospital;
 - (c) whether the person continues to meet the requirements of Subsection 62A-15-610(2);
 - (d) the ability of the state hospital to provide adequate treatment to the person, as well as safety and security to the public; and
 - (e) whether, in the opinion of the director, in consultation with the clinical director of the state hospital, the person's treatment needs have been met.

Renumbered and Amended by Chapter 8, 2002 Special Session 5
Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-607 Responsibility for cost of care.

- (1) The division shall estimate and determine, as nearly as possible, the actual expense per annum of caring for and maintaining a patient in the state hospital, and that amount or portion of that amount shall be assessed to and paid by the applicant, patient, spouse, parents, child or children who are of sufficient financial ability to do so, or by the guardian of the patient who has funds of the patient that may be used for that purpose.
- (2) In addition to the expenses described in Subsection (1), parents are responsible for the support of their child while the child is in the care of the state hospital pursuant to Title 78B, Chapter 12, Utah Child Support Act, and Title 62A, Chapter 11, Recovery Services.

Amended by Chapter 3, 2008 General Session

62A-15-608 Local mental health authority -- Supervision and treatment of persons with a mental illness.

- (1) Each local mental health authority has responsibility for supervision and treatment of persons with a mental illness who have been committed to its custody under the provisions of this part, whether residing in the state hospital or elsewhere.
- (2) The division, in administering and supervising the security responsibilities of the state hospital under its authority provided by Section 62A-15-603, shall enforce Sections 62A-15-620 through 62A-15-624 to the extent they pertain to the state hospital.

Amended by Chapter 366, 2011 General Session

62A-15-609 Responsibility for education of school-aged children at the hospital -- Responsibility for noninstructional services.

- (1) The State Board of Education is responsible for the education of school-aged children committed to the division.
- (2) In order to fulfill its responsibility under Subsection (1), the board may contract with local school districts or other appropriate agencies to provide educational and related administrative services.
- (3) Medical, residential, and other noninstructional services at the state hospital are the responsibility of the division.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-610 Objectives of state hospital and other facilities -- Persons who may be admitted to state hospital.

- (1) The objectives of the state hospital and other mental health facilities shall be to care for all persons within this state who are subject to the provisions of this chapter; and to furnish them with the proper attendance, medical treatment, seclusion, rest, restraint, amusement, occupation, and support that is conducive to their physical and mental well-being.
- (2) Only the following persons may be admitted to the state hospital:
 - (a) persons 18 years of age and older who meet the criteria necessary for commitment under this part and who have severe mental disorders for whom no appropriate, less restrictive treatment alternative is available;
 - (b) persons under 18 years of age who meet the criteria necessary for commitment under Part 7, Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health, and for whom no less restrictive alternative is available;
 - (c) persons adjudicated and found to be guilty with a mental illness under Title 77, Chapter 16a, Commitment and Treatment of Persons with a Mental Illness;
 - (d) persons adjudicated and found to be not guilty by reason of insanity who are under a subsequent commitment order because they have a mental illness and are a danger to themselves or others, under Section 77-16a-302;
 - (e) persons found incompetent to proceed under Section 77-15-6;
 - (f) persons who require an examination under Title 77, Utah Code of Criminal Procedure; and
 - (g) persons in the custody of the Department of Corrections, admitted in accordance with Section 62A-15-605.5, giving priority to those persons with severe mental disorders.

Amended by Chapter 366, 2011 General Session

62A-15-611 Allocation of state hospital beds -- Formula.

- (1) As used in this section:
 - (a) "Adult beds" means the total number of patient beds located in the adult general psychiatric unit and the geriatric unit at the state hospital, as determined by the superintendent of the state hospital.
 - (b) "Mental health catchment area" means a county or group of counties governed by a local mental health authority.

- (2)
 - (a) The division shall establish by rule a formula to separately allocate to local mental health authorities adult beds for persons who meet the requirements of Subsection 62A-15-610(2)
 - (a). Beginning on May 10, 2011, and ending on June 30, 2011, 152 beds shall be allocated to local mental health authorities under this section.
 - (b) The number of beds shall be reviewed and adjusted as necessary:
 - (i) on July 1, 2011, to restore the number of beds allocated to 212 beds as funding permits; and
 - (ii) on July 1, 2011, and every three years after July 1, 2011, according to the state's population.
 - (c) All population figures utilized shall reflect the most recent available population estimates from the Utah Population Estimates Committee.
- (3) The formula established under Subsection (2) shall provide for allocation of beds based on:
 - (a) the percentage of the state's adult population located within a mental health catchment area; and
 - (b) a differential to compensate for the additional demand for hospital beds in mental health catchment areas that are located in urban areas.
- (4) A local mental health authority may sell or loan its allocation of beds to another local mental health authority.
- (5) The division shall allocate adult beds at the state hospital to local mental health authorities for their use in accordance with the formula established under this section. If a local mental health authority is unable to access a bed allocated to it under the formula established under Subsection (2), the division shall provide that local mental health authority with funding equal to the reasonable, average daily cost of an acute care bed purchased by the local mental health authority.
- (6) The board shall periodically review and make changes in the formula established under Subsection (2) as necessary to accurately reflect changes in population.

Amended by Chapter 187, 2011 General Session

62A-15-612 Allocation of pediatric state hospital beds -- Formula.

- (1) As used in this section:
 - (a) "Mental health catchment area" means a county or group of counties governed by a local mental health authority.
 - (b) "Pediatric beds" means the total number of patient beds located in the children's unit and the youth units at the state hospital, as determined by the superintendent of the state hospital.
- (2) On July 1, 1996, 72 pediatric beds shall be allocated to local mental health authorities under this section. The division shall review and adjust the number of pediatric beds as necessary every three years according to the state's population of persons under 18 years of age. All population figures utilized shall reflect the most recent available population estimates from the Governor's Office of Management and Budget.
- (3) The allocation of beds shall be based on the percentage of the state's population of persons under the age of 18 located within a mental health catchment area. Each community mental health center shall be allocated at least one bed.
- (4) A local mental health authority may sell or loan its allocation of beds to another local mental health authority.
- (5) The division shall allocate 72 pediatric beds at the state hospital to local mental health authorities for their use in accordance with the formula established under this section. If a local mental health authority is unable to access a bed allocated to it under that formula, the division

shall provide that local mental health authority with funding equal to the reasonable, average daily cost of an acute care bed purchased by the local mental health authority.

Amended by Chapter 17, 2013 General Session
Amended by Chapter 310, 2013 General Session

62A-15-613 Appointment of superintendent -- Qualifications -- Powers and responsibilities.

- (1) The director, with the advice and consent of the board and the approval of the executive director, shall appoint a superintendent of the state hospital, who shall hold office at the will of the director.
- (2) The superintendent shall have a bachelor's degree from an accredited university or college, be experienced in administration, and be knowledgeable in matters concerning mental health.
- (3) Subject to the rules of the board, the superintendent has general responsibility for the buildings, grounds, and property of the state hospital. The superintendent shall appoint, with the approval of the director, as many employees as necessary for the efficient and economical care and management of the state hospital, and shall fix their compensation and administer personnel functions according to the standards of the Department of Human Resource Management.

Amended by Chapter 139, 2006 General Session

62A-15-614 Clinical director -- Appointment -- Conditions and procedure -- Duties.

- (1) Whenever the superintendent is not qualified to be the clinical director of the state hospital under this section, he shall, with the approval of the director of the division, appoint a clinical director who is licensed to practice medicine and surgery in this state, and who has had at least three years' training in a psychiatric residency program approved by the American Board of Psychiatry and Neurology, Inc., and who is eligible for certification by that board.
- (2) The salary of the clinical director of the state hospital shall be fixed by the standards of the Division of Finance, to be paid in the same manner as the salaries of other employees. The clinical director shall perform such duties as directed by the superintendent and prescribed by the rules of the board, and shall prescribe and direct the treatment of patients and adopt sanitary measures for their welfare.
- (3) If the superintendent is qualified to be the clinical director, he may assume the duties of the clinical director.

Renumbered and Amended by Chapter 8, 2002 Special Session 5
Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-615 Forms.

The division shall furnish the clerks of the district courts with forms, blanks, warrants, and certificates, to enable the district court judges, with regularity and facility, to comply with the provisions of this chapter.

Renumbered and Amended by Chapter 8, 2002 Special Session 5
Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-616 Persons entering state mentally ill.

- (1) A person who enters this state while mentally ill may be returned by a local mental health authority to the home of relatives or friends of that person with a mental illness, if known, or to

a hospital in the state where that person with a mental illness is domiciled, in accordance with Title 62A, Chapter 15, Part 8, Interstate Compact on Mental Health.

(2) This section does not prevent commitment of persons who are traveling through or temporarily residing in this state.

Amended by Chapter 366, 2011 General Session

62A-15-617 Expenses of voluntary patients.

The expense for the care and treatment of voluntary patients shall be assessed to and paid in the same manner and to the same extent as is provided for involuntary patients under the provisions of Section 62A-15-607.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-618 Designated examiners -- Fees.

Designated examiners shall be allowed a reasonable fee by the county legislative body of the county in which the proposed patient resides or is found, unless they are otherwise paid.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-619 Liability of estate of person with a mental illness.

The provisions made in this part for the support of persons with a mental illness at public expense do not release the estates of those persons from liability for their care and treatment, and the division is authorized and empowered to collect from the estates of those persons any sums paid by the state in their behalf.

Amended by Chapter 366, 2011 General Session

62A-15-620 Attempt to commit person contrary to requirements -- Penalty.

Any person who attempts to place another person in the custody of a local mental health authority contrary to the provisions of this part is guilty of a class B misdemeanor, in addition to liability in an action for damages, or subject to other criminal charges.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-621 Trespass -- Disturbance -- Penalty.

Any person who, without permission, enters any of the buildings or enclosures appropriated to the use of patients, or makes any attempt to do so, or enters anywhere upon the premises belonging to or used by the division, a local mental health authority, or the state hospital and commits, or attempts to commit, any trespass or depredation thereon, or any person who, either from within or without the enclosures, willfully annoys or disturbs the peace or quiet of the premises or of any patient therein, is guilty of a class B misdemeanor.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-622 Abduction of patient -- Penalty.

Any person who abducts a patient who is in the custody of a local mental health authority, or induces any patient to elope or escape from that custody, or attempts to do so, or aids or assists therein, is guilty of a class B misdemeanor, in addition to liability for damages, or subject to other criminal charges.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-623 Criminal's escape -- Penalty.

Any person committed to the state hospital under the provisions of Title 77, Chapter 15, Inquiry into Sanity of Defendant, or Chapter 16a, Commitment and Treatment of Persons with a Mental Illness, who escapes or leaves the state hospital without proper legal authority is guilty of a class A misdemeanor.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-624 Violations of this part -- Penalty.

Any person who willfully and knowingly violates any provision of this part, except where another penalty is provided by law, is guilty of a class C misdemeanor.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-625 Voluntary admission of adults.

- (1) A local mental health authority or its designee may admit to that authority, for observation, diagnosis, care, and treatment any individual who is mentally ill or has symptoms of mental illness and who, being 18 years of age or older, applies for voluntary admission.
- (2)
 - (a) No adult may be committed or continue to be committed to a local mental health authority against his will except as provided in this chapter.
 - (b) A person under 18 years of age may be committed to the physical custody of a local mental health authority only after a court commitment proceeding in accordance with the provisions of Part 7, Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health.
- (3) An adult may be voluntarily admitted to a local mental health authority for treatment at the Utah State Hospital as a condition of probation or stay of sentence only after the requirements of Subsection 77-18-1(13) have been met.

Amended by Chapter 195, 2003 General Session

62A-15-626 Release from commitment.

- (1) A local mental health authority or its designee shall release from commitment any person who, in the opinion of the local mental health authority or its designee, has recovered or no longer meets the criteria specified in Section 62A-15-631.
- (2) A local mental health authority or its designee may release from commitment any patient whose commitment is determined to be no longer advisable except as provided by Section 78A-6-120,

but an effort shall be made to assure that any further supportive services required to meet the patient's needs upon release will be provided.

- (3) When a patient has been committed to a local mental health authority by judicial process, the local mental health authority shall follow the procedures described in Sections 62A-15-636 and 62A-15-637.

Amended by Chapter 3, 2008 General Session

62A-15-627 Release of voluntary patient -- Exceptions.

A voluntary patient who requests release, or whose release is requested in writing by his legal guardian, parent, spouse, or adult next of kin, shall be immediately released except that:

- (1) if the patient was voluntarily admitted on his own application, and the request for release is made by a person other than the patient, release may be conditioned upon the agreement of the patient; and
- (2) if a local mental health authority, or its designee is of the opinion that release of a patient would be unsafe for that patient or others, release of that patient may be postponed for up to 48 hours, excluding weekends and holidays, provided that the local mental health authority, or its designee, shall cause to be instituted involuntary commitment proceedings with the district court within the specified time period, unless cause no longer exists for instituting those proceedings. Written notice of that postponement with the reasons, shall be given to the patient without undue delay. No judicial proceedings may be commenced with respect to a voluntary patient unless he has requested release.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-628 Involuntary commitment -- Procedures.

- (1) An adult may not be involuntarily committed to the custody of a local mental health authority except under the following provisions:
 - (a) emergency procedures for temporary commitment upon medical or designated examiner certification, as provided in Subsection 62A-15-629(1);
 - (b) emergency procedures for temporary commitment without endorsement of medical or designated examiner certification, as provided in Subsection 62A-15-629(2); or
 - (c) commitment on court order, as provided in Section 62A-15-631.
- (2) A person under 18 years of age may be committed to the physical custody of a local mental health authority only after a court commitment proceeding in accordance with the provisions of Part 7, Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health.

Amended by Chapter 195, 2003 General Session

62A-15-629 Temporary commitment -- Requirements and procedures.

- (1)
 - (a) An adult may be temporarily, involuntarily committed to a local mental health authority upon:
 - (i) written application by a responsible person who has reason to know, stating a belief that the individual is likely to cause serious injury to self or others if not immediately restrained, and stating the personal knowledge of the individual's condition or circumstances which lead to that belief; and

- (ii) a certification by a licensed physician or designated examiner stating that the physician or designated examiner has examined the individual within a three-day period immediately preceding that certification, and that the physician or designated examiner is of the opinion that the individual has a mental illness and, because of the individual's mental illness, is likely to injure self or others if not immediately restrained.
 - (b) Application and certification as described in Subsection (1)(a) authorizes any peace officer to take the individual into the custody of a local mental health authority and transport the individual to that authority's designated facility.
- (2) If a duly authorized peace officer observes a person involved in conduct that gives the officer probable cause to believe that the person has a mental illness, as defined in Section 62A-15-602, and because of that apparent mental illness and conduct, there is a substantial likelihood of serious harm to that person or others, pending proceedings for examination and certification under this part, the officer may take that person into protective custody. The peace officer shall transport the person to be transported to the designated facility of the appropriate local mental health authority pursuant to this section, either on the basis of the peace officer's own observation or on the basis of a mental health officer's observation that has been reported to the peace officer by that mental health officer. Immediately thereafter, the officer shall place the person in the custody of the local mental health authority and make application for commitment of that person to the local mental health authority. The application shall be on a prescribed form and shall include the following:
- (a) a statement by the officer that the officer believes, on the basis of personal observation or on the basis of a mental health officer's observation reported to the officer by the mental health officer, that the person is, as a result of a mental illness, a substantial and immediate danger to self or others;
 - (b) the specific nature of the danger;
 - (c) a summary of the observations upon which the statement of danger is based; and
 - (d) a statement of facts which called the person to the attention of the officer.
- (3) A person committed under this section may be held for a maximum of 24 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time period, the person shall be released unless application for involuntary commitment has been commenced pursuant to Section 62A-15-631. If that application has been made, an order of detention may be entered under Subsection 62A-15-631(3). If no order of detention is issued, the patient shall be released unless he has made voluntary application for admission.
- (4) Transportation of persons with a mental illness pursuant to Subsections (1) and (2) shall be conducted by the appropriate municipal, or city or town, law enforcement authority or, under the appropriate law enforcement's authority, by ambulance to the extent that Subsection (5) applies. However, if the designated facility is outside of that authority's jurisdiction, the appropriate county sheriff shall transport the person or cause the person to be transported by ambulance to the extent that Subsection (5) applies.
- (5) Notwithstanding Subsections (2) and (4), a peace officer shall cause a person to be transported by ambulance if the person meets any of the criteria in Section 26-8a-305. In addition, if the person requires physical medical attention, the peace officer shall direct that transportation be to an appropriate medical facility for treatment.

Amended by Chapter 366, 2011 General Session

62A-15-630 Mental health commissioners.

The court may appoint a mental health commissioner to assist in conducting commitment proceedings in accordance with Section 78A-5-107.

Amended by Chapter 3, 2008 General Session

62A-15-631 Involuntary commitment under court order -- Examination -- Hearing -- Power of court -- Findings required -- Costs.

- (1) Proceedings for involuntary commitment of an individual who is 18 years of age or older may be commenced by filing a written application with the district court of the county in which the proposed patient resides or is found, by a responsible person who has reason to know of the condition or circumstances of the proposed patient which lead to the belief that the individual has a mental illness and should be involuntarily committed. The application shall include:
 - (a) unless the court finds that the information is not reasonably available, the individual's:
 - (i) name;
 - (ii) date of birth; and
 - (iii) Social Security number; and
 - (b) either:
 - (i) a certificate of a licensed physician or a designated examiner stating that within a seven-day period immediately preceding the certification the physician or designated examiner has examined the individual, and that the physician or designated examiner is of the opinion that the individual is mentally ill and should be involuntarily committed; or
 - (ii) a written statement by the applicant that:
 - (A) the individual has been requested to, but has refused to, submit to an examination of mental condition by a licensed physician or designated examiner;
 - (B) is sworn to under oath; and
 - (C) states the facts upon which the application is based.
- (2)
 - (a) Subject to Subsection (2)(b), before issuing a judicial order, the court may require the applicant to consult with the appropriate local mental health authority, and may direct a mental health professional from that local mental health authority to interview the applicant and the proposed patient to determine the existing facts and report them to the court.
 - (b) The consultation described in Subsection (2)(a):
 - (i) may take place at or before the hearing; and
 - (ii) is required if the local mental health authority appears at the hearing.
- (3) If the court finds from the application, from any other statements under oath, or from any reports from a mental health professional that there is a reasonable basis to believe that the proposed patient has a mental illness that poses a substantial danger, as defined in Section 62A-15-602, to self or others requiring involuntary commitment pending examination and hearing; or, if the proposed patient has refused to submit to an interview with a mental health professional as directed by the court or to go to a treatment facility voluntarily, the court may issue an order, directed to a mental health officer or peace officer, to immediately place the proposed patient in the custody of a local mental health authority or in a temporary emergency facility as provided in Section 62A-15-634 to be detained for the purpose of examination. Within 24 hours of the issuance of the order for examination, a local mental health authority or its designee shall report to the court, orally or in writing, whether the patient is, in the opinion of the examiners, mentally ill, whether the patient has agreed to become a voluntary patient under Section 62A-15-625, and whether treatment programs are available and acceptable without court proceedings. Based on that information, the court may, without taking any further action,

- terminate the proceedings and dismiss the application. In any event, if the examiner reports orally, the examiner shall immediately send the report in writing to the clerk of the court.
- (4) Notice of commencement of proceedings for involuntary commitment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, shall be provided by the court to a proposed patient before, or upon, placement in the custody of a local mental health authority or, with respect to any individual presently in the custody of a local mental health authority whose status is being changed from voluntary to involuntary, upon the filing of an application for that purpose with the court. A copy of that order of detention shall be maintained at the place of detention.
- (5) Notice of commencement of those proceedings shall be provided by the court as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or its designee, and any other persons whom the proposed patient or the court shall designate. That notice shall advise those persons that a hearing may be held within the time provided by law. If the patient has refused to permit release of information necessary for provisions of notice under this subsection, the extent of notice shall be determined by the court.
- (6) Proceedings for commitment of an individual under the age of 18 years to the division may be commenced by filing a written application with the juvenile court in accordance with the provisions of Part 7, Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health.
- (7) The district court may, in its discretion, transfer the case to any other district court within this state, provided that the transfer will not be adverse to the interest of the proposed patient.
- (8)
- (a) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a judicial order, or after commitment of a proposed patient to a local mental health authority under court order for detention or examination, the court shall appoint two designated examiners to examine the proposed patient. If requested by the proposed patient's counsel, the court shall appoint, as one of the examiners, a reasonably available qualified person designated by counsel. The examinations, to be conducted separately, shall be held at the home of the proposed patient, a hospital or other medical facility, or at any other suitable place that is not likely to have a harmful effect on the patient's health.
- (b) The examiner shall inform the patient if not represented by an attorney that, if desired, the patient does not have to say anything, the nature and reasons for the examination, that it was ordered by the court, that any information volunteered could form part of the basis for the patient's involuntary commitment, and that findings resulting from the examination will be made available to the court.
- (c) A time shall be set for a hearing to be held within 10 calendar days of the appointment of the designated examiners, unless those examiners or a local mental health authority or its designee informs the court prior to that hearing date that the patient is not mentally ill, that the patient has agreed to become a voluntary patient under Section 62A-15-625, or that treatment programs are available and acceptable without court proceedings, in which event the court may, without taking any further action, terminate the proceedings and dismiss the application.
- (9)
- (a) Before the hearing, an opportunity to be represented by counsel shall be afforded to every proposed patient, and if neither the patient nor others provide counsel, the court shall appoint counsel and allow counsel sufficient time to consult with the patient before the hearing. In the case of an indigent patient, the payment of reasonable attorney fees for counsel, as

determined by the court, shall be made by the county in which the patient resides or was found.

- (b) The proposed patient, the applicant, and all other persons to whom notice is required to be given shall be afforded an opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses. The court may, in its discretion, receive the testimony of any other person. The court may allow a waiver of the patient's right to appear only for good cause shown, and that cause shall be made a matter of court record.
 - (c) The court is authorized to exclude all persons not necessary for the conduct of the proceedings and may, upon motion of counsel, require the testimony of each examiner to be given out of the presence of any other examiners.
 - (d) The hearing shall be conducted in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the mental health of the proposed patient.
 - (e) The court shall consider all relevant historical and material information that is offered, subject to the rules of evidence, including reliable hearsay under Rule 1102, Utah Rules of Evidence.
 - (f)
 - (i) A local mental health authority or its designee, or the physician in charge of the patient's care shall, at the time of the hearing, provide the court with the following information:
 - (A) the detention order;
 - (B) admission notes;
 - (C) the diagnosis;
 - (D) any doctors' orders;
 - (E) progress notes;
 - (F) nursing notes; and
 - (G) medication records pertaining to the current commitment.
 - (ii) That information shall also be supplied to the patient's counsel at the time of the hearing, and at any time prior to the hearing upon request.
- (10) The court shall order commitment of an individual who is 18 years of age or older to a local mental health authority if, upon completion of the hearing and consideration of the information presented in accordance with Subsection (9)(e), the court finds by clear and convincing evidence that:
- (a) the proposed patient has a mental illness;
 - (b) because of the proposed patient's mental illness the proposed patient poses a substantial danger, as defined in Section 62A-15-602, to self or others, which may include the inability to provide the basic necessities of life such as food, clothing, and shelter, if allowed to remain at liberty;
 - (c) the patient lacks the ability to engage in a rational decision-making process regarding the acceptance of mental treatment as demonstrated by evidence of inability to weigh the possible risks of accepting or rejecting treatment;
 - (d) there is no appropriate less-restrictive alternative to a court order of commitment; and
 - (e) the local mental health authority can provide the individual with treatment that is adequate and appropriate to the individual's conditions and needs. In the absence of the required findings of the court after the hearing, the court shall forthwith dismiss the proceedings.
- (11)
- (a) The order of commitment shall designate the period for which the individual shall be treated. When the individual is not under an order of commitment at the time of the hearing, that period may not exceed six months without benefit of a review hearing. Upon such a review hearing, to be commenced prior to the expiration of the previous order, an order for

- commitment may be for an indeterminate period, if the court finds by clear and convincing evidence that the required conditions in Subsection (10) will last for an indeterminate period.
- (b) The court shall maintain a current list of all patients under its order of commitment. That list shall be reviewed to determine those patients who have been under an order of commitment for the designated period. At least two weeks prior to the expiration of the designated period of any order of commitment still in effect, the court that entered the original order shall inform the appropriate local mental health authority or its designee. The local mental health authority or its designee shall immediately reexamine the reasons upon which the order of commitment was based. If the local mental health authority or its designee determines that the conditions justifying that commitment no longer exist, it shall discharge the patient from involuntary commitment and immediately report that to the court. Otherwise, the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (10).
- (c) The local mental health authority or its designee responsible for the care of a patient under an order of commitment for an indeterminate period, shall at six-month intervals reexamine the reasons upon which the order of indeterminate commitment was based. If the local mental health authority or its designee determines that the conditions justifying that commitment no longer exist, that local mental health authority or its designee shall discharge the patient from its custody and immediately report the discharge to the court. If the local mental health authority or its designee determines that the conditions justifying that commitment continue to exist, the local mental health authority or its designee shall send a written report of those findings to the court. The patient and the patient's counsel of record shall be notified in writing that the involuntary commitment will be continued, the reasons for that decision, and that the patient has the right to a review hearing by making a request to the court. Upon receiving the request, the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (10).
- (12) In the event that the designated examiners are unable, because a proposed patient refuses to submit to an examination, to complete that examination on the first attempt, the court shall fix a reasonable compensation to be paid to those designated examiners for their services.
- (13) Any person committed as a result of an original hearing or a person's legally designated representative who is aggrieved by the findings, conclusions, and order of the court entered in the original hearing has the right to a new hearing upon a petition filed with the court within 30 days of the entry of the court order. The petition must allege error or mistake in the findings, in which case the court shall appoint three impartial designated examiners previously unrelated to the case to conduct an additional examination of the patient. The new hearing shall, in all other respects, be conducted in the manner otherwise permitted.
- (14) Costs of all proceedings under this section shall be paid by the county in which the proposed patient resides or is found.

Amended by Chapter 29, 2013 General Session
Amended by Chapter 312, 2013 General Session

62A-15-632 Circumstances under which conditions justifying initial involuntary commitment shall be considered to continue to exist.

- (1) After a person has been involuntarily committed to the custody of a local mental health authority under Subsection 62A-15-631(10), the conditions justifying commitment under that subsection shall be considered to continue to exist, for purposes of continued treatment under Subsection 62A-15-631(11) or conditional release under Section 62A-15-637, if the court finds that the patient is still mentally ill, and that absent an order of involuntary commitment and without

continued treatment the patient will suffer severe and abnormal mental and emotional distress as indicated by recent past history, and will experience deterioration in the patient's ability to function in the least restrictive environment, thereby making the patient a substantial danger to self or others.

- (2) A patient whose treatment is continued or who is conditionally released under the terms of this section, shall be maintained in the least restrictive environment available that can provide the patient with the treatment that is adequate and appropriate.

Amended by Chapter 366, 2011 General Session

62A-15-633 Persons eligible for care or treatment by federal agency -- Continuing jurisdiction of state courts.

- (1) If an individual committed pursuant to Section 62A-15-631 is eligible for care or treatment by any agency of the United States, the court, upon receipt of a certificate from a United States agency, showing that facilities are available and that the individual is eligible for care or treatment therein, may order the individual to be placed in the custody of that agency for care.
- (2) When admitted to any facility or institution operated by a United States agency, within or without this state, the individual shall be subject to the rules and regulations of that agency.
- (3) The chief officer of any facility or institution operated by a United States agency and in which the individual is hospitalized, shall, with respect to that individual, be vested with the same powers as the superintendent or director of a mental health facility, regarding detention, custody, transfer, conditional release, or discharge of patients. Jurisdiction is retained in appropriate courts of this state at any time to inquire into the mental condition of an individual so hospitalized, and to determine the necessity for continuance of hospitalization, and every order of hospitalization issued pursuant to this section is so conditioned.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-634 Detention pending placement in custody.

Pending commitment to a local mental health authority, a patient taken into custody or ordered to be committed pursuant to this part may be detained in the patient's home, a licensed foster home, or any other suitable facility under reasonable conditions prescribed by the local mental health authority. Except in an extreme emergency, the patient may not be detained in a nonmedical facility used for the detention of individuals charged with or convicted of criminal offenses. The local mental health authority shall take reasonable measures, including provision of medical care, as may be necessary to assure proper care of an individual temporarily detained pursuant to this section.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-635 Notice of commitment.

Whenever a patient has been temporarily, involuntarily committed to a local mental health authority pursuant to Section 62A-15-629 on the application of any person other than his legal guardian, spouse, or next of kin, the local mental health authority or its designee shall immediately notify the patient's legal guardian, spouse, or next of kin, if known.

Renumbered and Amended by Chapter 8, 2002 Special Session 5
Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-636 Periodic review -- Discharge.

Each local mental health authority or its designee shall, as frequently as practicable, examine or cause to be examined every person who has been committed to it. Whenever the local mental health authority or its designee determines that the conditions justifying involuntary commitment no longer exist, it shall discharge the patient. If the patient has been committed through judicial proceedings, a report describing that determination shall be sent to the clerk of the court where the proceedings were held.

Renumbered and Amended by Chapter 8, 2002 Special Session 5
Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-637 Release of patient to receive other treatment -- Placement in more restrictive environment -- Procedures.

(1) A local mental health authority or its designee may release an improved patient to less restrictive treatment as it may specify, and when agreed to in writing by the patient. Whenever a local mental health authority or its designee determines that the conditions justifying commitment no longer exist, the patient shall be discharged. If the patient has been committed through judicial proceedings, a report describing that determination shall be sent to the clerk of the court where the proceedings were held.

- (2)
- (a) A local mental health authority or its designee is authorized to issue an order for the immediate placement of a patient not previously released from an order of commitment into a more restrictive environment, if the local mental health authority or its designee has reason to believe that the less restrictive environment in which the patient has been placed is aggravating the patient's mental illness as defined in Subsection 62A-15-631(10), or that the patient has failed to comply with the specified treatment plan to which he had agreed in writing.
 - (b) That order shall include the reasons therefor and shall authorize any peace officer to take the patient into physical custody and transport him to a facility designated by the division. Prior to or upon admission to the more restrictive environment, or upon imposition of additional or different requirements as conditions for continued release from inpatient care, copies of the order shall be personally delivered to the patient and sent to the person in whose care the patient is placed. The order shall also be sent to the patient's counsel of record and to the court that entered the original order of commitment. The order shall inform the patient of the right to a hearing, as prescribed in this section, the right to appointed counsel, and the other procedures prescribed in Subsection 62A-15-631(9).
 - (c) If the patient has been in the less restrictive environment for more than 30 days and is aggrieved by the change to a more restrictive environment, the patient or his representative may request a hearing within 30 days of the change. Upon receiving the request, the court shall immediately appoint two designated examiners and proceed pursuant to Section 62A-15-631, with the exception of Subsection 62A-15-631(10), unless, by the time set for the hearing, the patient has again been placed in the less restrictive environment, or the patient has in writing withdrawn his request for a hearing.

(3) The court shall find that either:

- (a) the less restrictive environment in which the patient has been placed is aggravating the patient's dangerousness or mental illness as defined in Subsection 62A-15-631(10), or the patient has failed to comply with a specified treatment plan to which he had agreed in writing; or
 - (b) the less restrictive environment in which the patient has been placed is not aggravating the patient's mental illness or dangerousness, and the patient has not failed to comply with any specified treatment plan to which he had agreed in writing, in which event the order shall designate that the individual shall be placed and treated in a less restrictive environment appropriate for his needs.
- (4) The order shall also designate the period for which the individual shall be treated, in no event to extend beyond expiration of the original order of commitment.
- (5) Nothing contained in this section prevents a local mental health authority or its designee, pursuant to Section 62A-15-636, from discharging a patient from commitment or from placing a patient in an environment that is less restrictive than that ordered by the court.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-638 Reexamination of court order for commitment -- Procedures -- Costs.

- (1) Any patient committed pursuant to Section 62A-15-631 is entitled to a reexamination of the order for commitment on the patient's own petition, or on that of the legal guardian, parent, spouse, relative, or friend, to the district court of the county in which the patient resides or is detained.
- (2) Upon receipt of the petition, the court shall conduct or cause to be conducted by a mental health commissioner proceedings in accordance with Section 62A-15-631, except that those proceedings shall not be required to be conducted if the petition is filed sooner than six months after the issuance of the order of commitment or the filing of a previous petition under this section, provided that the court may hold a hearing within a shorter period of time if good cause appears. The costs of proceedings for such judicial determination shall be paid by the county in which the patient resided or was found prior to commitment, upon certification, by the clerk of the district court in the county where the proceedings are held, to the county legislative body that those proceedings were held and the costs incurred.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-639 Standards for care and treatment.

Every patient is entitled to humane care and treatment and to medical care and treatment in accordance with the prevailing standards accepted in medical practice, psychiatric nursing practice, social work practice, and the practice of clinical psychology.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-640 Mechanical restraints and medication -- Clinical record.

- (1) Mechanical restraints may not be applied to a patient unless it is determined by the director or his designee to be required by the needs of the patient. Every use of a mechanical restraint

and the reasons therefor shall be made a part of the patient's clinical record, under the signature of the director or his designee, and shall be reviewed regularly.

- (2) In no event shall medication be prescribed for a patient unless it is determined by a physician to be required by the patient's medical needs. Every use of a medication and the reasons therefor shall be made a part of the patient's clinical record.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-641 Restrictions and limitations -- Civil rights and privileges.

- (1) Subject to the general rules of the division, and except to the extent that the director or his designee determines that it is necessary for the welfare of the patient to impose restrictions, every patient is entitled to:
 - (a) communicate, by sealed mail or otherwise, with persons, including official agencies, inside or outside the facility;
 - (b) receive visitors; and
 - (c) exercise all civil rights, including the right to dispose of property, execute instruments, make purchases, enter contractual relationships, and vote, unless the patient has been adjudicated to be incompetent and has not been restored to legal capacity.
- (2) When any right of a patient is limited or denied, the nature, extent, and reason for that limitation or denial shall be entered in the patient's treatment record. Any continuing denial or limitation shall be reviewed every 30 days and shall also be entered in that treatment record. Notice of that continuing denial in excess of 30 days shall be sent to the division or to the appropriate local mental health authority.
- (3) Notwithstanding any limitations authorized under this section on the right of communication, each patient is entitled to communicate by sealed mail with the appropriate local mental health authority, the division, his attorney, and the court, if any, that ordered his commitment. In no case may the patient be denied a visit with the legal counsel or clergy of the patient's choice.
- (4) Local mental health authorities shall provide reasonable means and arrangements for informing involuntary patients of their right to release as provided in this chapter, and for assisting them in making and presenting requests for release.
- (5) Mental health facilities shall post a statement, promulgated by the division, describing patient's rights under Utah law.
- (6) Notwithstanding Section 53B-17-303, any person committed under this chapter has the right to determine the final disposition of his body after death.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-642 Habeas corpus.

Any individual detained pursuant to this part is entitled to the writ of habeas corpus upon proper petition by himself or a friend, to the district court in the county in which he is detained.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-643 Confidentiality of information and records -- Exceptions -- Penalty.

- (1) All certificates, applications, records, and reports made for the purpose of this part, including those made on judicial proceedings for involuntary commitment, that directly or indirectly identify a patient or former patient or an individual whose commitment has been sought under this part, shall be kept confidential and may not be disclosed by any person except insofar as:
 - (a) the individual identified or his legal guardian, if any, or, if a minor, his parent or legal guardian shall consent;
 - (b) disclosure may be necessary to carry out the provisions of:
 - (i) this part; or
 - (ii) Section 53-10-208.1; or
 - (c) a court may direct, upon its determination that disclosure is necessary for the conduct of proceedings before it, and that failure to make the disclosure would be contrary to the public interest.
- (2) A person who knowingly or intentionally discloses any information not authorized by this section is guilty of a class B misdemeanor.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-644 Additional powers of director -- Reports and records of division.

- (1) In addition to specific authority granted by other provisions of this part, the director has authority to prescribe the form of applications, records, reports, and medical certificates provided for under this part, and the information required to be contained therein, and to adopt rules that are not inconsistent with the provisions of this part that the director finds to be reasonably necessary for the proper and efficient commitment of persons with a mental illness.
- (2) The division shall require reports relating to the admission, examination, diagnosis, release, or discharge of any patient and investigate complaints made by any patient or by any person on behalf of a patient.
- (3) A local mental health authority shall keep a record of the names and current status of all persons involuntarily committed to it under this chapter.

Amended by Chapter 366, 2011 General Session

62A-15-645 Retrospective effect of provisions.

Patients who were in a mental health facility on May 8, 1951, shall be deemed to have been admitted under the provisions of this part appropriate in each instance, and their care, custody, and rights shall be governed by this part.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-646 Commitment and care of criminally insane.

Nothing contained in this part may be construed to alter or change the method presently employed for the commitment and care of the criminally insane as provided in Title 77, Chapter 15, Inquiry into Sanity of Defendant.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5

62A-15-647 Severability.

If any one or more provision, section, subsection, sentence, clause, phrase, or word of this part, or the application thereof to any person or circumstance, is found to be unconstitutional the same is hereby declared to be severable and the balance of this part shall remain effective notwithstanding that unconstitutionality. The Legislature hereby declares that it would have passed this part, and each provision, section, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that any one or more provision, section, subsection, sentence, clause, phrase, or word be declared unconstitutional.

Renumbered and Amended by Chapter 8, 2002 Special Session 5

Renumbered and Amended by Chapter 8, 2002 Special Session 5