

## Authorization for Ambulance/Secure Transportation Under the Involuntary Treatment Act (ITA)

<b>Do not use this form for Substance Abuse Detainee transports.</b>			Date of transportation
Name (last, first, middle initial)			
Address (street, city, state, ZIP code)			County of residence
<input type="checkbox"/> Homeless <input type="checkbox"/> Transient <input type="checkbox"/> Other _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date (MM/DD/YYYY)	SSN	ProviderOne ID (if known)	
<b>THE SECTION BELOW MUST BE COMPLETED BY A DMHP</b>			
Reason for detention (check all that apply):			
<input type="checkbox"/> Danger to self <input type="checkbox"/> Danger to others <input type="checkbox"/> Gravely disabled <input type="checkbox"/> LRA revocation			
ITA status at time of transport:			
<input type="checkbox"/> Detained <input type="checkbox"/> Committed <input type="checkbox"/> LRA/CR revoked <small style="margin-left: 400px;">LRA – Less restrictive alternative CR – Conditional release</small>			
Date of detention	Destination facility name		Destination county
<b>DMHP Attestations:</b>			
By signing below, I certify that the following statements are true:			
<ul style="list-style-type: none"> <li>The above-named individual has been assessed by a DMHP and found to meet criteria for detention/revocation/commitment, per RCW 71.05 or RCW 71.34.</li> <li>I am authorized to take said individual or cause said individual to be taken into custody and placed in an evaluation and treatment facility, per RCW 71.05.150 (4) or RCW 71.05.153 (1).</li> <li>The individual named above has been detained, committed, or is being returned to the hospital by a petition for detention/revocation or an order of commitment pursuant to RCW 71.05 or RCW 71.34.</li> </ul>			
Signature of DMHP		Date	
Name of DMHP (print)		RSN (including county)	

PROVIDER: Attach a completed copy to your claim; keep the original in the appropriate client files.