



HOW TO CREATE A 302 PETITION HOSPITAL STAFF



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Introduction and Overview

What is IRES and How Can I Use This Application?

Information, Referral & Emergency Services (IRES) is an online system provided by the Allegheny County Department of Human Services to assist with completing and automating the 302 Civil Commitment process.

As Hospital Staff, IRES can be used to enter the same information found on the paper 302 form. Users can capture client and staff/physician signatures using this online system. Users also have the ability to upload scanned document such as physician or petitioner signatures and attach those files to the electronic 302.

This guide will cover how to complete a 302 petition.

The next several sections explain how to use some fields and other elements in the IRES system.

Mandatory and Conditionally Mandatory Fields

302 Authorization Summary

*Denotes Required Fields **Denotes Half-Mandatory Fields

Fields marked with a single red asterisk [*] and a yellow background are *mandatory*.

Last Name*
Starts With [v] [Yellow box]

You will not be able to proceed without entering information in these fields.

☒ **Date of Birth**
Date of Birth**
01/23/1966 [v]
☐ **Approx. Age**
Approx. Age**
[Empty box]

Fields marked with two red asterisks [**] are *conditionally mandatory*. One of these fields (but not both) must be filled out before you can save your information and proceed to the next screen.

All fields not marked with an asterisk are not mandatory, but it is helpful to enter as much information about the client as you have.



Multi-Select Lists

The IRES system contains several MultiSelect lists which look similar to the image below:

Click to select as many values as apply. To select more than one value, hold down the CTRL button on your keyboard while clicking.

If you accidentally select too many values, click on the incorrect value again while holding down CTRL and the value will no longer be selected.

Click the **>>** button to move the selected value(s) to the Selected Value column on the right.

A user can add as many multi-list values as needed. Click **OK** to close this pop-up window and save the values in the right-hand column. Click **Cancel** to close this window without saving.



Electronically Capturing a Signature in IRES

Users of the IRES system can capture signatures electronically using their mouse or touchscreen.

Upon clicking **Capture Signature**, a Capture Signature pop-up window will appear:

In the first dropdown menu below the word Status, click the arrow button [▼] and select **Signed**.

- If a signature has already been captured on paper, select **Paper Signed** instead, enter a **Signature Capture Date** and select **Save Signature** to close the pop-up window.

Then click **Go to Summary Page** and follow the steps on page 7 to upload a PDF file of the scanned signature and save it to the electronic 302 petition.

Click in the box under **Signature Capture Date*** to type the date in MM/DD/YYYY format, or select the arrow button [▼] to select the date from a calendar view instead.

If using a device with a mouse, click the mouse inside the box marked **Sign Here** and drag the mouse as if signing on paper. If using a touchpad device, touch inside the **Sign Here** box and have the petitioner sign using a finger or stylus. If the first attempt was unsuccessful, press **Clear Signature** to reset this field and make another attempt.

Press **Save Signature** to save this signature to the system. The pop-up will close.

Press **Cancel** to close the pop-up without saving the signature.



Status of Forms Pane

At the bottom of the 302 Authorization Summary page is the Status of Forms Pane (shown below).

Status of Forms

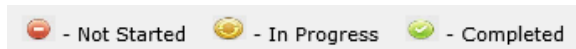
Please select the form you would like to view/edit from the list below, and click the "Show" button. If you would like to view instructions on how to complete these forms, Click this link: [Instructions](#)

🛑 - Not Started 🟡 - In Progress ✅ - Completed

Form Name	User Name	User Title	Scanned Form/E-Form?	Completion Status
<input type="radio"/> Client Information	KDTEST1 KDTEST1	SUPERUSER	E-Form	✅
<input type="radio"/> Application & Acknowledgement (Part I)			E-Form	🛑
<input type="radio"/> Authorization For Transportation Without Warrant (Part II)			E-Form	🛑
<input type="radio"/> Warrant (Part III)			E-Form	🛑
<input type="radio"/> Patient's Rights (Part IV)			E-Form	🛑
<input type="radio"/> Actions Taken To Protect Patient's Interest (Part V)			E-Form	🛑
<input type="radio"/> Physician's Examination (Part VI)			E-Form	🛑
<input type="radio"/> Petition Assignment Transfer	KDTEST1 KDTEST1		N/A	✅
<input type="radio"/> Petition Received			N/A	N/A

Show Attach\Upload Form Preview 302 Form Save Complete Cancel Send Revision to OnBase Back to Results

The Completion Status column shows whether a section of the 302 has been Completed, In Progress or Not Started. The key for these icons is shown below:



The User Name column shows the name of the user who has last saved information on the screen. Your name will appear in the Client Information row if you have created a new 302 petition. Your name will also appear in the Petition Assignment Transfer row, since once you create the 302 petition, it is assigned to your facility in the IRES system.

To navigate to a different section of the 302, select the radio button to the left of the Form Name in the grid and then click the **Show** button. You can also navigate using the tabs at the top of the page.

Navigation Buttons

Below the Status of Forms pane there is a row of buttons (shown below):

Show Attach\Upload Form Preview 302 Form Save Complete Cancel Send Revision to OnBase Back to Results

The **Show** button takes the user to the selected portion of the 302 petition.

The **Attach\Upload Form** button can be used to upload a form and attach it to the 302 petition (see next section).

The **Preview 302 Form** button creates a PDF preview of the paper version of 302 form for this petition. This preview will appear in a new pop up window.

The **Save** button updates the petition by saving the information on the screen.



Attach\Upload Form

If all or part of the 302 petition has been filled out on paper (including a physician or petitioner signature), that scanned form can be uploaded and attached to the electronic 302 petition.

Show Attach\Upload Form Preview 302 Form **Save** Complete Cancel Send Revision to OnBase Back to Results

To begin the process of uploading a scanned form, click the **Attach/Upload Form** button at the bottom of the Client Information screen (also referred to as the summary page). This will lead to the Document Upload screen. At the top of the screen is a list of documents. Since nothing has been uploaded to this 302 petition yet, the list is empty.

Document Upload

*Denotes Required Fields **Denotes Half-Mandatory Fields

List of Documents				
Date	File Name	Description	Uploaded By	
				Preview

Document Information							
Date	File Name	File Location					
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>					
Uploaded By	<input type="text"/>						
Description	<input type="text"/>						

New Save Delete Go to Summary Page

To upload a new file, click the Browse button highlighted in red above in the Document Information portion of the screen. The uploaded files must be PDF files.

Document Upload

*Denotes Required Fields **Denotes Half-Mandatory Fields

List of Documents				
Date	File Name	Description	Uploaded By	
				Preview

Document Information							
Date	File Name	File Location					
06/11/2018	<input type="text"/>	C:\Users\K011403\Documents\test.pdf					
Uploaded By	<input type="text"/>						
Description	Scan of petitioner's signature						

New **Save** Delete Go to Summary Page

In the Document Information section, enter the date and a description of the uploaded document. Type the date in MM/DD/YYYY format, or select the arrow button [▼] to select the date from a calendar view instead. Click **Save** to upload the file.



The uploaded file will now show in the grid in the List of Documents section. Click on **Preview** to view the uploaded file. The file information for the highlighted file will show in the Document Information pane. To change the description or date of this file, make the changes in the Description field or the Date field, then click **Save**. To delete the selected file, click the **Delete** button. To upload another file, click the **New** button highlighted in red below:

Document Upload

*Denotes Required Fields **Denotes Half-Mandatory Fields

List of Documents

Date	File Name	Description	Uploaded By	
06/11/2018	test.pdf	Scan of petitioner's signature		Preview

Document Information

Date: 06/11/2018 File Name: test.pdf File Location: Browse...

Uploaded By:

Description: Scan of petitioner's signature

New Save Delete Go to Summary Page

After clicking the **New** button, repeat the upload process again and click the **Save** button highlighted in red below:

Document Upload

*Denotes Required Fields **Denotes Half-Mandatory Fields

List of Documents

Date	File Name	Description	Uploaded By	
06/11/2018	test.pdf	Scan of petitioner's signature		Preview
				Preview

Document Information

Date: 06/12/2018 File Name: File Location: C:\Users\K011403\Documents\test 2.pdf Browse...

Uploaded By:

Description: Scan of physician's exam and signature

New **Save** Delete Go to Summary Page

Click **Go to Summary Page** to return to the Client Information page.



Search for Existing 302 Petitions

Before creating a new 302 petition, a user must search for existing 302 petitions. This prevents users from creating a duplicate 302 if someone else has started a 302 for the same client.

Beginning a Search



1. To begin a search, select Petition Search under the 302 Petition menu. You may not see all of the tabs shown above, depending on your role in the IRES system.

302 Petitions
*Denotes Required Fields **Denotes Half-Mandatory Fields

Search Criteria

☐ **Characteristics**
First Name Last Name Date Of Birth

☐ **Petition ID**
Petition ID

☒ **Examining Facility**
Examining Facility

☐ **Petition Status**
Petition Status

☐ **Date Range Search**
Start Date End Date

2. A user can search by Characteristics, Petition ID, Examining Facility and Petition Status

- a. To search by any of those criteria you must check the box beside the title, then enter the search criteria in the text field:

302 Petitions
*Denotes Required Fields **Denot

Search Criteria

☐ **Characteristics**
First Name

☐ **Petition ID**
Petition ID



Search Result: Petition Exists at Facility

1. A user searches a name and results are shown in a grid in the Search Results pane. This entry has a Petition Status of "In Progress".

Search Results

Navigation: << 1 2 3 4 5 6 7 8 9 10 >>>

Results 1 - 1 of 1

Petition ID▼	First Name	Last Name	Gender	Date of Birth	Initiated By	Petition Status	Authorized By	Examining Facility
2319	Person	Person	Female		Hospital Staff	In Progress		WPIC

Client Information | Name Revisions | Petition Details

Prefix: First Name: Middle Initial: Last Name: Suffix: Gender:

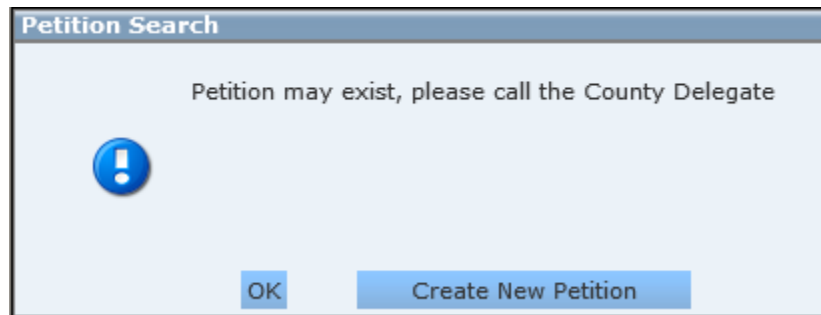
Date of Birth: SSN:

Search **Show** **Create New Petition** **Clear** **Cancel**

- a. This means the 302 is in your hospital's workload and you can click the **Show** button to continue the existing 302 form. Clicking **Show** will open the search result highlighted in orange.
- b. If this is not the correct 302, you can also click the **Create New Petition** button to create a new petition. **Only create a new petition when you have determined that the 302 in the search results is not the one that is needed.**
- c. Petitions with a status of "Expired" or "Complete" cannot be edited.

Search Result: Petition May Exist At Another Facility

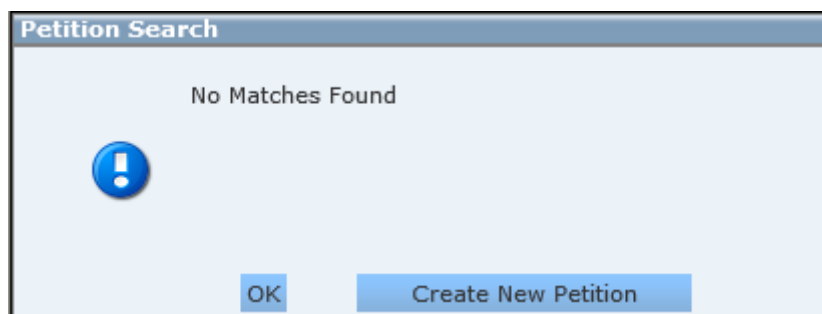
1. A user completes a search and receives **Petition May Exist, Please Call the County Delegate** pop up, as shown in the picture below. This could mean that a user at another facility has begun a 302 petition and you do not currently have access to this 302.



2. A user can click **Create New Petition** to begin creating a new petition. **HOWEVER**, it would be best practice to call the county delegate to determine if there is an in-progress petition in another hospital's workload.
 - a. If there is a 302 in progress for the person, the county will transfer that *In Progress* petition to your facility's bucket and you will have access to complete the rest of the 302.
3. If a user clicks **OK** on this pop-up, the pop-up will close and the search screen will appear again.

Search Result: No Matches Found

1. A user completes a search and receives **No Matches Found** pop up.



- a. When a user receives this pop up, they should click **Create New Petition** button to create a new 302 petition.
- b. If a user clicks **OK** on this pop-up, the pop-up will close and the search screen will appear again.



Entering Client Information

After searching for an existing 302 petition, the next step in creating a new petition or completing an existing petition is to enter a client's information on the 302 Authorization Summary screen (shown below). The client's first and last name automatically populate with the name that was searched, along with a Date of Birth and Gender if these were entered in the search for existing 302 petitions. All the fields marked with a red asterisk [*] and a yellow background are mandatory fields. Fields marked with two red asterisks [**] are conditionally mandatory as detailed on page 3 of this guide.

302 Authorization Summary
*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
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Client Information

Prefix: [] First Name*: [mickey] Middle Name: [] Last Name*: [mouse] Suffix: [] Maiden Name: [] Alias: []

☐ Date of Birth** ☐ Approx. Age**

Date of Birth*: [] Approx. Age*: [] Gender*: [] SSN: []

Address: [] [Edit]

Race: [] [Select]

Eyes: [] Hair Color: []

Height: Feet [] Inches [] Weight: Lbs. [] Oz. []

Name of BSU: [] BSU Number: [] County Authorizing Commitment*: [Allegheny County] Allegheny County Resident?*: []

Please specify: []

Petition Criteria Date*: [] Petition Expiry Date: [] Is the patient being admitted to this facility? [No]

Name of Admitting Facility: [] Admission to Unit Date: [] Admission Number: [0] Admission Floor: []

Please specify: []

Comments: []

Client Information

Admission Information*

- * Admission information will be entered at the end of the 302 process if the client is admitted to a facility. Users will be unable to fill in this information before completing the remaining sections of the 302.



Date of Birth/Approximate Age

The form contains two radio buttons. The first is labeled "Date of Birth" and is selected. Below it is a text field containing "01/23/1966" and a small downward arrow. The second radio button is labeled "Approx. Age" and is not selected. Below it is a text field containing "Approx. Age" and a small downward arrow.

If you entered a Date of Birth when searching for an existing 302 petition, that Date of Birth will automatically populate in the Date of Birth field.

If a Date of Birth is not automatically populated, click in this field to enter a date in MM/DD/YYYY format, or select the arrow button [v] to select the date from a calendar view instead.

If the client's exact Date of Birth is unknown, select the **Approx. Age** radio button and type the age in the box.

Address Field

The form consists of a large text input field labeled "Address" and a small "Edit" button located below the field.

To enter an address, press the Edit button. An Enter Address window will pop up.

The "Enter Address" window contains the following fields and controls:

- Address Details** section with two radio buttons: "Domestic Address" (selected) and "Foreign Address".
- Address Type** dropdown menu with "Local Address" selected.
- Address Line 1** text field with "123 Forbes Ave" entered.
- Address Line 2** text field.
- City** text field with "Pittsburgh" entered.
- State** dropdown menu with "PA" selected.
- County** text field.
- Municipality** text field with "Golden Triangle - Pitts" entered.
- School District** text field with "Pittsburgh Public Schod" entered.
- Residency** text field with "City of Pittsburgh" entered.
- City Council District** text field.
- County Council District** text field.
- Zip** text field with "15222 - 1803" entered.
- Current Residence** checkbox, which is checked.
- Save Without Verification** checkbox, which is unchecked.
- Buttons: "OK", "Search", and "Cancel".

After entering the address, the OK button is not active. Before saving this information, you must either select **Search** to validate the address before saving **OR** select the **Save Without Verification** checkbox and then click **OK**.



After address validation, the **OK** button is clickable. Click **OK** to save and close the pop-up. Pressing **Cancel** closes this pop-up without saving the information.

Race Field

To fill in the Race field, click **Select** and a MultiSelect Race List window will pop up. To review how to use a MultiSelect list, refer to page 4 of this guide.

Click to select as many values as apply, then click the **>>** button to move it to the Selected Value list on the right.

A user can add as many Race values as needed. Click **OK** to save.



Saving and Creating a Petition ID Number

Once all mandatory information has been entered, scroll to the bottom of the 302 Authorization Summary page and select **Save** to save the information. This will create a Petition ID number for the 302 petition (highlighted in a red box below).

The screenshot shows the '302 Authorization Summary' screen. On the left, there is a sidebar with a list of entities. The 'Entity ID' field is highlighted with a red box. The main area shows the 'Client Information' tab selected, with fields for Prefix, First Name, Middle Name, Last Name, Suffix, Maiden Name, and Alias. Below these are fields for Date of Birth, Approx. Age, Gender, and SSN. The 'Date of Birth' field is set to 01/23/1966. The 'Gender' field is set to Male. The address is 123 Forbes Ave, Pittsburgh, PA 15222-1803. The 'Entity ID' field is highlighted with a red box.

After a Petition ID number is created, there is also a change to the seven tabs at the top of the 302 Authorization Summary screen.

The screenshot shows the seven tabs at the top of the 302 Authorization Summary screen. The 'Client Information' tab is highlighted in green. The other tabs are 'Application & Acknowledgement (Part I)', 'Oral Authorization for Transportation (Part II)', 'Warrant (Part III)', 'The Patient's Rights (Part IV)', 'Actions Taken to Protect Patient's Interest (Part V)', and 'Physician Examination (Part VI)'.

The box for Client Information is now green instead of white. This green color indicates that this section of the 302 has been completed. A white box indicates that a screen has not been started yet, and a yellow box indicates that a screen has been started but not completed yet.

To complete a 302 petition, Parts I, IV, V and VI must be completed, along with Part II or Part III, depending on who the petitioner is. If the petitioner is a physician or a police officer, then a warrant will not be completed. If the petitioner is anyone other than a physician or a police officer, then Part III will need to be completed by IRES staff.



Application & Acknowledgement (Part I)

Application & Acknowledgement (Part I)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
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302 - Part I - Application and Acknowledgement

I believe that is severely mentally disabled. Check and complete all applicable for the patient.

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

☐ Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days;

☐ i) the person has acted in such a manner as to evidence that he/she should be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under the act; or

☐ ii) the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

☐ iii) the person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is the reasonable probability or mutilation unless adequate treatment is afforded under the act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

I understand that I may be required to testify at a court hearing concerning the information I gave.

On the basis of the information I gave above, I believe that the client is in need of involuntary examination and treatment. I request that (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

☐ **Acknowledgement**

By checking this box, the Petitioner acknowledges that he/she has been informed that the above-named client may be subject to an additional period of involuntary treatment not to exceed twenty (20) days. He/She further acknowledges that He/She understands that this additional period of time for treatment will be decided at a Court Hearing at which He/She will be required to testify.

He/She has been advised that a hearing may be scheduled at the Hospital/Facility providing treatment on a determined Hearing Date and agree to verify the date and time by contacting County MH/MR at 350-4457 or 350-4456.

He/She understands that failure to attend the hearing may result in the Client's discharge.

Tentative Hearing Location* Tentative Hearing Date*

Please Specify

A. ☐ The County Administrator issues a warrant authorizing a policeman or someone representing the County Administrator to take the patient to a facility for examination and treatment.

B. ☐ That this facility examines the patient to determine his/her need for treatment.

Petitioner Information

Petitioner Name	Petitioner Role	Signature Status
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Prefix First Name* Middle Name Last Name* Suffix

Primary Contact Number* Other Phone 1 Other Phone 2 Ext Address

Role* Please Specify

Describe in detail the specific behavior within the last 30 days which supports your belief (include location, date and time whenever possible, and state who observed the behavior)*

Person Witnessing Petitioner's Acknowledgement

Prefix First Name Middle Name Last Name Suffix



Application – Clear and Present Danger

302 – Part I – Application and Acknowledgement

I believe that is severely mentally disabled. Check and complete all applicable for the patient.

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

☐ Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days;

☐ i) the person has acted in such a manner as to evidence that he/she should be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under the act; or

☐ ii) the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

☐ iii) the person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is the reasonable probability or mutilation unless adequate treatment is afforded under the act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

I understand that I may be required to testify at a court hearing concerning the information I gave.

On the basis of the information I gave above, I believe that the client is in need of involuntary examination and treatment. I request that (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

You can select as many checkboxes as apply to the client's situation. At least one must be selected to continue with the petition.

Acknowledgement

☐ **Acknowledgement**

By checking this box, the Petitioner acknowledges that he/she has been informed that the above-named client may be subject to an additional period of involuntary treatment not to exceed twenty (20) days. He/She further acknowledges that He/She understands that this additional period of time for treatment will be decided at a Court Hearing at which He/She will be required to testify.

He/She has been advised that a hearing may be scheduled at the Hospital/Facility providing treatment on a determined Hearing Date and agree to verify the date and time by contacting County MH/MR at 350-4457 or 350-4456.

He/She understands that failure to attend the hearing may result in the Client's discharge.

The Acknowledgement box must be selected to complete this section of the petition. By checking this box, the petitioner acknowledges that they will be required to testify at a court hearing.


Tentative Hearing Location & Date

Tentative Hearing Location*

Tentative Hearing Date*

Please Specify

This section contains the Tentative Hearing Location and Date. The Location contains a dropdown of hearing locations. Select a facility name or, if applicable, select "Other – Please Specify" and the Please Specify field will become mandatory and you can enter details about the hearing location in the text box.

Click in the Tentative Hearing Date field to begin typing a date or click on the down arrow button  to select a date from a calendar view. The Tentative Hearing Date must be in the future (cannot be the same as the date you are completing Part I of the petition, and cannot be more than 5 days in the future).



Acknowledgement Option A or B

- A. ☐ The County Administrator issues a warrant authorizing a policeman or someone representing the County Administrator to take the patient to a facility for examination and treatment.
- B. ☐ That this facility examines the patient to determine his/her need for treatment.

These options refer back to this text above the Tentative Hearing Location section:

On the basis of the information I gave above, I believe that the client is in need of involuntary examination and treatment. I request that (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

Select B if the petitioner is a police officer or a physician. Select option A if the petitioner is hospital staff, a family member, or any other individual who is not a police officer or a physician.

Petitioner Information

Petitioner Information

Petitioner Name	Petitioner Role	Signature Status

Prefix First Name* Middle Name Last Name* Suffix

Primary Contact Number* Other Phone 1 Other Phone 2 Ext Address

Role* Please Specify

Describe in detail the specific behavior within the last 30 days which supports your belief (include location, date and time whenever possible, and state who observed the behavior)*

Person Witnessing Petitioner's Acknowledgement

Prefix First Name Middle Name Last Name Suffix

Capture Signature Preview Save Go to Summary Page

Above is the Petitioner Information portion of the screen. The grid at the top of this section is empty. After saving the petitioner's name and contact information, the petitioner's name will show in this grid, along with whether or not the petitioner has signed this acknowledgement.

Enter the Petitioner's first and last names and phone number in the text boxes marked with a red asterisk [*]. The Address field functions the same as the Address field discussed in the Client Information section.

County Administrator
Family Member/Relative
Hospital Staff
Physician
Police Officer
Other - Please Specify

Select the Petitioner's Role from the dropdown menu shown to the right. If "Other - Please Specify" is selected, use the Please Specify text box to describe the Petitioner's Role.



Describe in detail the specific behavior within the last 30 days which supports your belief (include location, date and time whenever possible, and state who observed the behavior)*

Enter a description of the client's behavior in this box, as directed. There is a 4000-character limit on entries in this field. Click on the magnifying glass icon to [] open a pop-up window shown below.

This view shows the number of characters entered and a spell check button. Misspelled words will show with a red underline to indicate incorrect spelling. Select **OK** to close this pop-up window.

Capturing Petitioner Signature

After completing the mandatory fields, select **Save** to save the Petitioner Information. This saves the Petitioner's name into the grid at the top of the Petitioner Information pane, and activates the Capture Signature button at the bottom of the page (see below). Note at this point that the Signature Status is blank, since it is unsigned.



Select the **Capture Signature** button to open the Capture Signature screen in a pop-up window.

Capture a signature as described in the Introduction/Overview section of this guide (see page 5) or upload a scanned signature through the Attach/Upload Form process described on page 7.

Petitioner Information			
Petitioner Name ▼	Petitioner Role	Signature Status	New
▶ Firstname Lastname	Physician	Signed	Save
			Delete

After saving the signature, the Signature Status column in the Petitioner Information grid now shows as Signed and the buttons to the right of the grid are no longer clickable.

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
--------------------	--	---	--------------------	--------------------------------	--	---------------------------------

The navigation grid at the top of the screen shows Part I in green to show that it is completed. You can now move on to another part of the 302 petition.



Oral Authorization for Transportation (Part II)

As hospital staff you will not be able to edit this page. Your access to this section is Read Only.

Authorization For Transportation Without Warrant (Part II)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
--------------------	--	--	--------------------	--------------------------------	--	---------------------------------

302 Part II- Authorization For Transportation To An Approved Facility For Examination Without A Warrant

For use in emergency situations when the Administrator orally authorizes a responsible person to take a patient to a designated facility for examination without a warrant. When such authorization of a County Administrator or designee is obtained by telephone, the documentation below is required.

Person Requesting Authorization

Prefix	First Name*	Middle Name	Last Name*	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date*	Time*			
<input type="text"/>	<input type="text"/>			

Warrant (Part III)

As hospital staff you will not be able to edit this page. Your access to this section is Read Only. IRES Staff will complete this section. This section is completed when Option A is selected on Part I.

Warrant (Part III)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
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302 Part III - Warrant

☐ A Based upon representations made to me by the Petitioner(s), I hereby order that the client shall be taken to and examined at the selected facility and if required, shall be admitted to a facility designated for treatment for a period of time not to exceed 120 hours.

Petitioner Name ▼	Petitioner Role	Signature Status
▶ Test doctor	Physician	Signed

Examination Facility Name

Date Time

Please Specify



The Patient's Rights (Part IV)

Patient's Rights (Part IV)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
--------------------	--	---	--------------------	--------------------------------	--	---------------------------------

302 - Part IV - The Patient's Rights

I affirm that when the patient arrived at **UPMC - Shadyside** I explained the rights to the patient. These rights are described in the section below:

Please Specify

You have been brought to this facility because a responsible person has observed your conduct and feels that you present a clear danger to yourself or to other people. Within two hours from now you will be examined by a physician. If the doctor finds that you do not need treatment, you will be returned to whatever place you desire within reason. If the doctor agrees that you are mentally ill and clearly in danger of harming yourself or someone else, you will be admitted to a facility designated by the County Administrator for a period of treatment of up to 120 hours. While you are under examination or in treatment, you have the following rights:

1. You must be told specifically why you were brought here for emergency examination.
2. You may make up to 3 completed phone calls immediately.
3. You have the right to communicate with others.
4. You may give to the facility the names of 3 people whom you want contacted, and they will contact them and keep them informed of your progress while here.
5. The County Mental Health Administrator must take reasonable steps to assure that while you are detained, the health and safety needs of any of your dependents are met and that your personal property and your premises where you live are looked after.
6. You will be provided treatment which is necessary to deal with the emergency so as to protect your health and safety and that of other additional treatment may be provided with your consent.
7. When you are no longer in need of treatment or in 120 hours, whichever comes sooner, you will be discharged unless you agree to remain at the treating facility voluntarily or unless the director of the facility asks the court to extend your treatment for a longer period of time.

In addition to the above rights, the attached [Bill of Rights](#) applies to you. You will receive a longer more detailed version of Department of Public Welfare Regulations on rights within 72 hours after your commitment. If you do not understand these rights A Hospital Staff Member will be pleased to explain them further to you.

I believe he/she:

☐ does understand these rights

☐ does not understand these rights

Person Explaining Rights

Prefix First Name* Middle Name Last Name* Suffix

Role*

Preview Save/Capture Signature Go to Summary Page

This section is to be signed by the staff member who explained to the client what their rights are.

Name of the Facility Dropdown

302 - Part IV - The Patient's Rights

Name of the facility Patient Arrived At

I affirm that when the patient arrived at **UPMC - Shadyside** I explained the rights to the patient. These rights are described in the section below:

Please Specify

This dropdown menu will automatically populate with the name of your facility. If this is not accurate, select the correct facility from the dropdown menu. If selecting "Other - Please Specify", the Please Specify text box will become active so you can list a facility not on the dropdown menu.



Bill of Rights

In addition to the above rights, the attached [Bill of Rights](#) applies to you. You will receive a longer more detailed version of Department of Public Welfare Regulations on rights within 72 hours after your commitment. If you do not understand these rights A Hospital Staff Member will be pleased to explain them further to you.

The highlighted link above opens a pop-up showing the patient's Bill of Rights in English and Spanish.

Bill of Rights

YOU HAVE A RIGHT TO BE TREATED WITH DIGNITY AND RESPECT
YOU SHALL RETAIN ALL CIVIL RIGHTS THAT HAVE NOT BEEN SPECIFICALLY CURTAILED BY ORDER OF COURT

- 1.You have the rights to unrestricted and private communication inside and outside this facility including the following rights:
 - a.To peaceful assembly and to join with other patients to organize a body of or participate in patient government when patient government has been determined to be feasible by the facility.
 - b.To be assisted by any advocate of your choice in the assertion of your rights and to see a lawyer in private any time.
 - c.To make complaints and to have your complaints heard and adjudicated promptly.
 - d.To receive visitors of your own choice at reasonable hours unless your treatment team has determined in advance that a visitor would seriously interfere with you or other treatment or welfare.
 - e.To receive and send unopened letters and to have outgoing letters stamped and mailed. Incoming mail may be examined for good reasons in your presence for contraband. Contraband means specific property which entails a threat to your health and welfare or to the hospital community.
 - f.To have access to telephones designated for patient use.
- 2.You have the right to practice the religion of your choice or to abstain from religious practices.
- 3.You have the right to keep and to use personal possessions, unless it has been determined that specific personal property is contraband. The reasons for imposing any limitation and its scope must be clearly defined, recorded and explained to you. You have the right to sell any personal article you make and keep the proceeds from its sale.
- 4.You have the right to handle your personal affairs including making contracts, holding a driver's license or professional license, marrying or obtaining a divorce and writing a will.
- 5.You have the rights to participate in development and review of your treatment plan.
- 6.You have the right to receive treatment in less restrictive setting within the facility necessary to accomplish the treatment goals.
- 7.You have the right to be discharged from the facility as soon as you no longer need care and treatment.
- 8.You have the right not to be subjected to any harsh or unusual treatment.
- 9.If you have been involuntarily committed in accordance with civil court proceeding, and you are not receiving treatment, and you are not dangerous to yourself or others, and you can survive safely in the community, you have the right to be discharged from the facility.
- 10.You have a right to be paid for any work you do which benefits the operation and maintenance of the facility in accordance with existing Federal wage and hour regulations.



Understanding Rights / Person Explaining Rights

I believe he/she:

☐ does understand these rights

☐ does not understand these rights

Person Explaining Rights

Prefix First Name* Middle Name Last Name* Suffix

Role*

Preview Save/Capture Signature Go to Summary Page

Next, select a radio button to indicate whether or not you believe the client understands these rights. Then fill in your first and last name and select your role from the drop down menu provided:

Role*

Hospital Staff

Physician

Finally, click the **Save/Capture Signature** button at the bottom of the screen and capture a signature as described in the Introduction/Overview section of this guide (see page 5) or upload a scanned signature through the Attach/Upload Form process described on page 7.

Saving the signature will mark this section as complete and you can move on to another section.



Actions Taken to Protect Patient's Interest (Part V)

Actions Taken To Protect Patient's Interest (Part V)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
--------------------	--	---	--------------------	--------------------------------	--	---------------------------------

302 - Part V - Actions Taken to Protect Patient's Interest

I affirm that to the best of my knowledge and belief the following actions which were taken constituted all reasonable steps needed to assure that while the patient is detained the health and safety needs of any of his/her dependents are met and that his/her personal property and the premises he/she occupies are secure.

Describe the actions taken below*

Person Accepting Responsibility

Prefix

First Name*

Middle Name

Last Name*

Suffix

Role*

Please Specify

Preview

Save/Capture Signature

Go to Summary Page

Use the **Describe the actions taken below** text field to detail how the patient's interests have been protected. There is a 2,000 character limit in this field.

Then fill in your first and last name and select your role from the drop down menu provided.

Actions Taken To Protect Patient's Interest (Part V)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
--------------------	--	---	--------------------	--------------------------------	--	---------------------------------

302 - Part V - Actions Taken to Protect Patient's Interest

I affirm that to the best of my knowledge and belief the following actions which were taken constituted all reasonable steps needed to assure that while the patient is detained the health and safety needs of any of his/her dependents are met and that his/her personal property and the premises he/she occupies are secure.

Describe the actions taken below*

Belongings secured in plastic bag.

Person Accepting Responsibility

Prefix

First Name*

Middle Name

Last Name*

Suffix

Role*

Please Specify

Preview

Save/Capture Signature

Go to Summary Page

Finally, click the **Save/Capture Signature** button at the bottom of the screen and capture a signature as described in the Introduction/Overview section of this guide (see page 5) or upload a scanned signature through the Attach/Upload Form process described on page 7.

Saving the signature will mark this section as complete and you can move on to another section.



Physician Examination (Part VI)

Physician
Examination
Grid

Examining
Physician
Information,
Findings, and
Treatment
Needed

Involuntary
Commitment is
Required

Involuntary
Commitment is
NOT Required

Physician's Examination (Part VI)

*Denotes Required Fields **Denotes Half-Mandatory Fields

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
--------------------	--	---	--------------------	--------------------------------	--	---------------------------------

302 Part VI - Physician Examination(s)

Please use 24 hour clock time format

Examining Physician	Examining Facility	Arrival Time	Examination Time	Signature	Status	Option Selected

New
Delete
Save/Capture Signature

Examining Physician Information

Prefix First Name* Middle Name Last Name* Suffix
Name of Examining Facility*
The above-named Examining Physician affirms that the patient arrived at
Arrival Date* Arrival Time* Examination Date* Examination Time*
on at and was examined by him/her on at
Please specify
Findings*
Treatment Needed*

☐ A. Involuntary Commitment is required **

The patient is severely mentally disabled and in need of treatment. He/She should be admitted to a facility designated by the County Administrator for a period of treatment not to exceed 120 hours.

Comments

☐ 302 Commitment Requires Physician's Certification

By checking this box, the Examining Physician or his/her Authorized Representative certifies the necessity of Involuntary Commitment and agrees that a Notification of Mental Health Commitment (ACT 77) form can be generated with the information provided herein. Also, the Examining Physician or his/her Authorized Representative agrees that his/her endorsement of this Physician Examination also serves as an endorsement of the ACT 77 form generated with the information herein (Required in accordance with Section 6105(c)(4) of the Uniform Firearms Act).

☐ Offer of Voluntary Treatment

By checking this box, the Examining Physician or his/her Authorized Representative states that the patient was offered Voluntary Treatment and explained patient's rights. These rights are described in the [Bill of Rights](#) and the Patient's Rights (Part IV of the 302 Petition).

☐ The Patient refused to sign Voluntary Form

Patient's Comments

☐ Inappropriate for Voluntary Treatment

By checking this box, the Examining Physician or his/her Authorized Representative states that the patient is inappropriate for Voluntary Treatment because of the following reasons:

Select Please specify

☐ B. Involuntary Commitment is NOT required

The patient is not in need of emergency involuntary treatment. He shall be returned to a place which he shall reasonably designate.

Disposition Status for the Client's Petition

Preview Save/Capture Signature Go to Summary Page



Physician Examination(s) Grid

302 Part VI - Physician Examination(s)
Please use 24 hour clock time format

Examining Physician	Examining Facility	Arrival Time	Examination Time	Signature Status	Option Selected

New
Delete
Save/Capture Signature

This grid displays Physician Examinations that have been saved to this petition. Above, the grid is empty because no examinations have been added yet.

Examining Physician Information

Examining Physician Information

Prefix First Name* Middle Name Last Name* Suffix

Name of Examining Facility*

The above-named Examining Physician affirms that the patient arrived at on at and was examined by him/her on at

Arrival Date* Arrival Time* Examination Date* Examination Time*

Please specify

Findings*

Treatment Needed*

The Findings and Treatment Needed text boxes each have a 1,000 character limit.

The Examination Time entered must be after the Authorization Time on the Warrant, or this error will pop up:

IRES Error

Exam Time cannot precede Authorization Time. Do you want to continue?

STOP

Yes No

Select the applicable response and continue entering information.



If Involuntary Commitment is Required

☐ **A. Involuntary Commitment is required ****

The patient is severely mentally disabled and in need of treatment. He/She should be admitted to a facility designated by the County Administrator for a period of treatment not to exceed 120 hours.

Comments

☐ **302 Commitment Requires Physician's Certification**

By checking this box, the Examining Physician or his/her Authorized Representative certifies the necessity of Involuntary Commitment and agrees that a Notification of Mental Health Commitment (ACT 77) form can be generated with the information provided herein. Also, the Examining Physician or his/her Authorized Representative agrees that his/her endorsement of this Physician Examination also serves as an endorsement of the ACT 77 form generated with the information herein (Required in accordance with Section 6105(c)(4) of the Uniform Firearms Act).

☐ **Offer of Voluntary Treatment**

By checking this box, the Examining Physician or his/her Authorized Representative states that the patient was offered Voluntary Treatment and explained patient's rights. These rights are described in the [Bill of Rights](#) and the Patient's Rights (Part IV of the 302 Petition).

☐ **The Patient refused to sign Voluntary Form**

Patient's Comments

☐ **Inappropriate for Voluntary Treatment**

By checking this box, the Examining Physician or his/her Authorized Representative states that the patient is inappropriate for Voluntary Treatment because of the following reasons:

☐ Please specify

If involuntary commitment is required, select Option A in this section. Upon selecting option A, the Physician's Certification checkbox and the Voluntary Treatment buttons become active.

☒ **A. Involuntary Commitment is required ****

The patient is severely mentally disabled and in need of treatment. He/She should be admitted to a facility designated by the County Administrator for a period of treatment not to exceed 120 hours.

Comments

☒ **302 Commitment Requires Physician's Certification**

By checking this box, the Examining Physician or his/her Authorized Representative certifies the necessity of Involuntary Commitment and agrees that a Notification of Mental Health Commitment (ACT 77) form can be generated with the information provided herein. Also, the Examining Physician or his/her Authorized Representative agrees that his/her endorsement of this Physician Examination also serves as an endorsement of the ACT 77 form generated with the information herein (Required in accordance with Section 6105(c)(4) of the Uniform Firearms Act).

Enter any comments in the provided text box and check the Physician's Certification box.

- Offer of Voluntary Treatment

☒ **Offer of Voluntary Treatment**

By checking this box, the Examining Physician or his/her Authorized Representative states that the patient was offered Voluntary Treatment and explained patient's rights. These rights are described in the [Bill of Rights](#) and the Patient's Rights (Part IV of the 302 Petition).

☒ **The Patient refused to sign Voluntary Form**

Patient's Comments

I am not interested in signing the Voluntary Form.

If the client has been offered voluntary treatment, select the appropriate radio button for this option.

Click the check box provided if the client has refused to sign the form for voluntary treatment. Record the client's comments (if any) in the text box below the check box.



☐ Offer of Voluntary Treatment

By checking this box, the Examining Physician or his/her Authorized Representative states that the patient was offered Voluntary Treatment and explained patient's rights. These rights are described in the [Bill of Rights](#) and the Patient's Rights (Part IV of the 302 Petition).

☐ The Patient refused to sign Voluntary Form

To make sure the client is aware of their rights, click on the Bill of Rights link to display the patient's bill of rights. This information is available in English and Spanish.

Bill of Rights

YOU HAVE A RIGHT TO BE TREATED WITH DIGNITY AND RESPECT

YOU SHALL RETAIN ALL CIVIL RIGHTS THAT HAVE NOT BEEN SPECIFICALLY CURTAILED BY ORDER OF COURT

1. You have the rights to unrestricted and private communication inside and outside this facility including the following rights:
 - a. To peaceful assembly and to join with other patients to organize a body of or participate in patient government when patient government has been determined to be feasible by the facility.
 - b. To be assisted by any advocate of your choice in the assertion of your rights and to see a lawyer in private any time.
 - c. To make complaints and to have your complaints heard and adjudicated promptly.
 - d. To receive visitors of your own choice at reasonable hours unless your treatment team has determined in advance that a visitor would seriously interfere with you or other treatment or welfare.
 - e. To receive and send unopened letters and to have outgoing letters stamped and mailed. Incoming mail may be examined for good reasons in your presence for contraband. Contraband means specific property which entails a threat to your health and welfare or to the hospital community.
 - f. To have access to telephones designated for patient use.
2. You have the right to practice the religion of your choice or to abstain from religious practices.
3. You have the right to keep and to use personal possessions, unless it has been determined that specific personal property is contraband. The reasons for imposing any limitation and its scope must be clearly defined, recorded and explained to you. You have the right to sell any personal article you make and keep the proceeds from its sale.
4. You have the right to handle your personal affairs including making contracts, holding a driver's license or professional license, marrying or obtaining a divorce and writing a will.
5. You have the rights to participate in development and review of your treatment plan.
6. You have the right to receive treatment in less restrictive setting within the facility necessary to accomplish the treatment goals.
7. You have the right to be discharged from the facility as soon as you no longer need care and treatment.
8. You have the right not to be subjected to any harsh or unusual treatment.
9. If you have been involuntarily committed in accordance with civil court proceeding, and you are not receiving treatment, and you are not dangerous to yourself or others, and you can survive safely in the community, you have the right to be discharged from the facility.
10. You have a right to be paid for any work you do which benefits the operation and maintenance of the facility in accordance with existing Federal wage and hour regulations.

Close this window.

Save/Capture Signature

Scroll to the bottom of the page and select **Save/Capture Signature** to save this information and open the Capture Signature pop up window. Capture a signature as described in the Introduction/Overview section of this guide (see page 5) or upload a scanned signature through the Attach/Upload Form process described on page 7.

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
302 Part VI - Physician Examination(s)						
Please use 24 hour clock time format						
Examining Physician	Examining Facility	Arrival Time	Examination Time	Signature Status	Option Selected	
▶ Doctor Robert	WPIC	10:00	12:00	Signed	A	<div>New Delete Save/Capture Signature</div>

Saving the signature will save this examination to the grid at the top of the page. The section displays as yellow (in progress) instead of green (complete) because another examination can be added to this petition if needed. However, at this point the petition can be saved as complete on the Client Information screen.

- Inappropriate for Voluntary Treatment

☒ **Inappropriate for Voluntary Treatment**

By checking this box, the Examining Physician or his/her Authorized Representative states that the patient is inappropriate for Voluntary Treatment because of the following reasons:

☐ Please specify

If the patient is inappropriate for voluntary treatment, select the radio button next to that option. A reason for this decision must be recorded as well. To select a reason, press the **Select** button. A pop-up window will appear (shown below). This is a MultiSelect list. To review how to use a MultiSelect list, refer to page 4 of this guide.

MultiSelect - Reasons for Inappropriate for Voluntary Treatment

To select multiple values, hold the [ctrl] key and click the mouse.

Available Values		Selected Values
Patient Has A History Of Becoming Violent When	<input type="button" value=""/> >> <input type="button" value=""/> <<	
Patient Has Consistently Been Non-Compliant With		
Patient Has Continually Refused Prescribed Treat		
Patient Has Continually Signed Out Of Hospital .		
Patient Is Unable To Sign Informed Consent		
Patient Was In An Acute Medical Crisis In The E		
Patient Was Violent And Aggressive In The Eme		
Other - Please Specify		

Click to select a value, then click the **>>** button to move it to the Selected Value list on the right.

MultiSelect - Reasons for Inappropriate for Voluntary Treatment

To select multiple values, hold the [ctrl] key and click the mouse.

Available Values		Selected Values
Patient Has A History Of Becoming Violent When	<input type="button" value=""/> >> <input type="button" value=""/> <<	Patient Was Violent And Aggressive In The Eme
Patient Has Consistently Been Non-Compliant With		
Patient Has Continually Refused Prescribed Treat		
Patient Has Continually Signed Out Of Hospital .		
Patient Is Unable To Sign Informed Consent		
Patient Was In An Acute Medical Crisis In The E		
Patient Was Violent And Aggressive In The Eme		
Other - Please Specify		

When you have added all the appropriate reasons, click **OK** to close this pop-up window.



☒ **Inappropriate for Voluntary Treatment**

By checking this box, the Examining Physician or his/her Authorized Representative states that the patient is inappropriate for Voluntary Treatment because of the following reasons:

Patient Was Violent And Aggressive In The

☐ Please specify

Select

The reason(s) now show in the field above the **Select** button.

Scroll to the bottom of the page and select **Save/Capture Signature** to save this information and open the Capture Signature pop up window. Capture a signature as described in the Introduction/Overview section of this guide (see page 5) or upload a scanned signature through the Attach/Upload Form process described on page 7.

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)
302 Part VI - Physician Examination(s)						
Please use 24 hour clock time format						
Examining Physician	Examining Facility	Arrival Time	Examination Time	Signature	Status	Option Selected
▶ Doctor Robert	WPIC	10:00	12:00	Signed		A
						New Delete Save/Capture Signature

Saving the signature will save this examination to the grid at the top of the page. The section displays as yellow (in progress) instead of green (complete) because another examination can be added to this petition if needed. However, at this point the petition can be saved as complete on the Client Information screen.

If Involuntary Commitment is NOT Required

☐ **B. Involuntary Commitment is NOT required**

The patient is not in need of emergency involuntary treatment. He shall be returned to a place which he shall reasonably designate.

Disposition Status for the Client's Petition

If Involuntary Commitment is not required, click the radio button next to that option and select the appropriate Disposition Status from the drop-down shown below:

302 Converted To A 201 Commitment In Emergency Room
302 Overturned In Emergency Room

The Disposition Status now shows in the dropdown. Scroll to the bottom of the page and select **Save/Capture Signature** to save this information and open the Capture Signature pop up window. Capture a signature as described in the Introduction/Overview section of this guide (see page 5) or upload a scanned signature through the Attach/Upload Form process described on page 7.

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient's Rights (Part IV)	Actions Taken to Protect Patient's Interest (Part V)	Physician Examination (Part VI)

Saving the signature will save this examination to the grid at the top of the page. The section shows as green (complete) because another examination cannot be added to this petition. At this point you can complete the petition on the Client Information page (see next section).



Marking a 302 Petition as Complete

In order to mark a 302 Petition as complete, Parts I, IV, and V must be complete, along with Part III if Option A was selected on Part I, and a physician examination must be saved in Part VI.

Then return to the 302 Authorization Summary screen, by clicking on the Client Information button on the top of the screen.

302 Authorization Summary

*Denotes Required Fields **Denotes Half-Mandatory Fields

If the required sections are complete, the *Is the patient being admitted to this facility?* dropdown menu will be active, as shown above. If any information is missing, this dropdown menu will be grey and unavailable as shown below.

If all information has been entered and this dropdown is still unavailable, email the IRES support staff.



If Patient is Being Admitted to Facility

If the client is being admitted (option A selected on Part VI), select **Yes** from the dropdown menu, and the fields below will become editable and mandatory.

Petition Criteria Date* 04/19/2018
Petition Expiry Date 05/18/2018
Is the patient being admitted to this facility? Yes
Name of Admitting Facility*
Admission to Unit Date*
Admission Number*
Admission Floor*
Please specify
Comments

Select the name of the facility from the **Name of Admitting Facility** dropdown. If "Other – Please Specify" is selected, enter the name of the facility in the **Please specify** text field.

Enter the date of admission in the **Admission to Unit Date** field. Type the admission number and the admission floor in the respective fields.

Enter any additional comments in the **Comments** text field.

Petition Criteria Date* 04/19/2018
Petition Expiry Date 05/18/2018
Is the patient being admitted to this facility? Yes
Name of Admitting Facility* WPIC
Admission to Unit Date* 05/02/2018
Admission Number* 1234
Admission Floor* 9
Please specify
Comments

When all the mandatory fields are filled in, scroll down and select **Save** below the Status of Forms pane to save the information. This will not mark the 302 Petition as complete.

To mark the 302 Petition as complete, and to restrict any further edits to the petition, select the **Complete** button below the Status of Forms pane.

Status of Forms
Please select the form you would like to view/edit from the list below, and click the "Show" button. If you would like to view instructions on how to complete these forms, Click this link: [Instructions](#)

Not Started In Progress Completed

Form Name	User Name	User Title	Scanned Form/E-Form?	Completion Status
Client Information	KDTEST1 KDTEST1	SUPERUSER	E-Form	Completed
Application & Acknowledgement (Part I)	KDTEST1 KDTEST1	SUPERUSER	E-Form	Completed
Authorization For Transportation Without Warrant (Part II)			E-Form	Not Started
Warrant (Part III)	KDTEST3 KDTEST3	IRESDELEGATE	E-Form	Completed
Patient's Rights (Part IV)	UPMC SHADYSIDE1	HOSPITALSTAFF	E-Form	Completed
Actions Taken To Protect Patient's Interest (Part V)	UPMC SHADYSIDE1	HOSPITALSTAFF	E-Form	Completed
Physician's Examination (Part VI)	KDTEST1 KDTEST1	SUPERUSER	E-Form	In Progress
Petition Assignment Transfer	KDTEST3 KDTEST3	IRESDELEGATE	N/A	Completed
Petition Received			N/A	N/A

Show Attach/Upload Form Preview 302 Form **Save** **Complete** Cancel Send Revision to OnBase Back to Results



If Patient is Not Being Admitted to Facility

If the client is not being admitted (option B selected on Part VI), select **No** from the dropdown menu (it will default to **No**), and the fields below will remain unavailable for editing.

Petition Criteria Date* 04/19/2018
Petition Expiry Date 05/18/2018
Is the patient being admitted to this facility? **No**
Name of Admitting Facility
Admission to Unit Date
Admission Number
Admission Floor
Please specify
Comments

To save the information without completing the 302 petition, scroll down to the bottom of the page and select **Save** from the row of buttons beneath the **Status of Forms** pane.

To mark the 302 Petition as complete, and to restrict any further edits to the petition, select the **Complete** button below the Status of Forms pane.

Status of Forms
Please select the form you would like to view/edit from the list below, and click the "Show" button. If you would like to view instructions on how to complete these forms, Click this link: [Instructions](#)

🔴 - Not Started 🟡 - In Progress 🟢 - Completed

Form Name	User Name	User Title	Scanned Form/E-Form?	Completion Status
Client Information	KDTEST1 KDTEST1	SUPERUSER	E-Form	🟢
Application & Acknowledgement (Part I)	KDTEST1 KDTEST1	SUPERUSER	E-Form	🟢
Authorization For Transportation Without Warrant (Part II)			E-Form	🔴
Warrant (Part III)	KDTEST3 KDTEST3	IRESDELEGATE	E-Form	🟢
Patient's Rights (Part IV)	UPMC SHADYSIDE1	HOSPITALSTAFF	E-Form	🟢
Actions Taken To Protect Patient's Interest (Part V)	UPMC SHADYSIDE1	HOSPITALSTAFF	E-Form	🟢
Physician's Examination (Part VI)	KDTEST1 KDTEST1	SUPERUSER	E-Form	🟡
Petition Assignment Transfer	KDTEST3 KDTEST3	IRESDELEGATE	N/A	🟢
Petition Received			N/A	N/A

Show Attach/Upload Form Preview 302 Form **Save** **Complete** Cancel Send Revision to OnBase Back to Results

For Further Assistance

For assistance, please contact the Allegheny County Delegates at:

412-350-4457 - 24 hours a day, 7 days a week. OR

DHS Application Specialist Supervisor — Christina Matsook Christina.Matsook@alleghenycounty.us

You may also contact our Service Desk at 412-350-HELP