Overturning 302 in IRES Application

This is a guide to assist hospital users in the steps for overturning a 302 in the IRES application. It is important to remember that a 302 is a legal document and you MUST enter the exam overturning the 302 if the physician has found that the patient is not in need of emergency involuntary treatment.

The following steps will only work if the petition is **IN PROGRESS**. If the Petition is already COMPLETE, you must call our office at 412-350-4457 and state you are attempting to overturn a 302 that has already been completed.

Part VI—Physician Exam

Client Information Application & Oral Authorization for Transportation (Gent III) (Feed IV) Actions Taken to Protect Patient's Rights Actions Taken to Protect Physician Examination (Gent IV)	
(Part I) (Part II) (Part II) (Part II) (Part II)	
302 Part VL - Physician Examination(5)	
Examining Physician Examining Facility Arrival Time Examination Time Signature Status Option Selected	
Leicz Saye/Catture Signature	
being expande organisation	
Examining Physician Information	
Prefix First Name* Middle Name Last Name* Suffix	
Doctor Robert V Name of Evamining Earling*	
The above-named Examining Rhysidan affirms that the patient arrived at WPIC v at 08:00	-
Barnination Time*	
Rease specify	TIP: If a physician Exam has already been completed and you
	are entering a 2 nd physician exam you must bit NEW up at the
Ending*	are entering a 2 physician exam, you must hit were up at the
Findings go here	top of the page on Part VI. This will create a 2 nd blank
Q ∨	physician's exam for the information to be entered
Treatment Needed *	physician's examination the miormation to be entered.
م ()	
O 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	
Administration of a period of beacher (rind) to exceed 120 hours.	
م -	
202 Commitment Requires Diversion's Contification	
by checking this doy, the Examining Physician or having Automates Representative certifies by the indexing of mountary commitment and agrees that a volonication of Mental Health Commitment (ACT 77) form can be generated with the information provided herein. Also, the Examining Physician or his/her Authorized Representative ancese that bit/sher endocrement of this Environmentation also serves as an endocrement of the ACT 77 form energy and the information herein (Renuind in ancese that bit/sher endocrement of this Environmentation also serves as an endocrement of the ACT 77 form energy and the information herein (Renuind in the active endocrement of this Environmentation also serves as an endocrement of the ACT 77 form energy and the information herein (Renuind in the active endocrement of the active endocrement of the ACT 77 form endocrement of the AC	
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 takes "There inhere the advecting is the pill of States and the Detention States (Dust IV/d) the 202 Deteined)	
rights, mese rights are described in the <u>simon regins</u> and the Patients regints (Patients of the 302 Peddar).	
Patient's Comments	
C O Trannronriate for Voluntary Treatment	
By the data the box the Some in a During or Meller Autorized Benzerentative states that the national is instrumentative. Transmost herause of the	
following reasons:	
Please specify	
53FCC	
() Is 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 Retition* 302 Converted To A 201 Commitment In Emergency Room	
302 Overturned In Emergency Room	
So to but initially Page	

- 1. Enter Examining Physician Information
 - a. First Name, Last Name.
 - b. Name of Examining Facility
 - c. Arrival Time (24 Hour Clock Format)
 - d. Examination Time (24 Hour Clock Format)
- 2. Enter the Physicians Findings and Treatment Needed

3. To OVERTURN:

- a. Scroll down to letter B and click on the radio button
- b. Then choose 'Disposition Status for the Client's Petition'
 - i. 302 converted to a 201 Commitment in Emergency Room
 - ii. 302 Overturned in Emergency Room

Save/Capture Signature

4. You then Select

5. The Signature Screen will appear and you capture the signature as:

- a. Signed
- b. Paper Signed
- 6. Hit Save Signature

TIP: If you select Paper Signed for the Signature, you must upload or fax the overturned exam.

Signature Webp	age Dialog				×
		Capture Signature			
Participant	Status*	Comments	Signature		~
Doctor Robert (Physician Examiner)	Signet V Signature Capture Date* 10/17/2016 V	0	Sign Here Amount MRH200K Clear Signature		
· ·					_
Save Signature	Cancel				~
				>	
nt					

- 7. You will now have an OVERTURNED Exam entered for the 302, but the petition is not complete.
- 8. TO complete the 302, you **MUST** go back to the *Client Information Tab*

Completing the overturned 302

Client Information	Application & Acknowledgement (Part I)	Oral Authorization for Transportation (Part II)	Warrant (Part III)	The Patient (Part I	s Rights Actions V)	Taken to Protect ent's Interest (Part V) (Part VI)
lient Information						
ero: First Name	Middle Name	Last Name*	Suffix	Maiden Name	Alias	
Christina		Matsook		<u> </u>		
Date of Birth Date of Birth O1/01/1982	O Approx. Age pprox. Age ** Gende Femal	r* SSN le V	Address			¢
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me of BSU	в	SU Number C	County Authorizing	Commitment* A	leahenv County Res	ident?*
			Allegheny County	× 1	lo 🔽	
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Q ¹ 17/2016 ♥ ame of Admitting Facility	/ Adn	nission to Unit Date Admi	ssion Number	Admission Floo	r	
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mments						
atus of Forms ase select the form you ck this link: Instructions	would like to view/edit fro	m the list below, and did	k the "Show" butto	on. If you would li	ke to view instructio	ns on how to complete these forms,
		👄 - Not Started	🥯 - In Progress	🧼 - Complet	ed	
Client Information		KDT	EST11 KDTEST11	SUPERUSER	E-Form	<b>S</b>
a 1: a a 1	ledgement (Part I)	KDT	EST11 KDTEST11	SUPERUSER	E-Form	<u> </u>
Application & Acknow	asportation Without Warran	it (Part II)			E-Form	<u></u>
Authorization & Acknow				SUPERUSER	E-Form	<u></u>
Authorization For Tra Warrant (Part III)		KDI				
Authorization & Addrow Authorization For Tran Warrant (Part III) Patient's Rights (Part	IV)	KDT	EST11 KDTEST11	SUPERUSER	E-Form	<u></u>
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- 1. Click on Client Information
  - a. Scroll to the bottom of the screen and hit

For more information...

For assistance, please contact:

Information, Referral and Emergency Services Main Line: 412-350-4457

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

You may also contact our service desk at 412-350-HELP OR

To access the Self Service Tool go to <a href="http://servicedesk.alleghenycounty.us">http://servicedesk.alleghenycounty.us</a>

Complete