You are presenting a patient for admission to Adair Acute Care (AAC) at Osawatomie State Hospital (OSH) for emergency observation and treatment services, pursuant to K.S.A. 59-29b54(b). This means two important things about our authority and your responsibility.

1. AAC is authorized by law to provide only emergency observation and treatment (short-term) services to someone admitted under the act for substance abuse.

2. The presenting person is responsible to assure that a petition for longer-term treatment (such as the court may order) will be filed by the end of the next court business day after admission.

By accepting this patient from you, *we are detaining them in reliance upon your assurance* that such a petition will be filed, and the patient’s status will then be considered and acted upon by the Court hearing the petition. Once the Court has jurisdiction, issues about next treatment steps, court appearances, transportation and etc. can be addressed.

**If for any reason such a petition is not filed by you it is our expectation that you** (either your personally or someone else you arrange) **will return to retrieve that patient** you are presenting, for transportation back to his/her home or other appropriate place.

By finalizing this admission, you are assuring us that EITHER you will ensure a petition is filed, or you will arrange return transportation of the patient, no later than 5:00 p.m. on the next court business day after admission.

Toward that end, please provide us with phone numbers where you (or someone else on your behalf – such as a law enforcement supervisor) may be reached to confirm your plans, from now until 5:00 p.m. on the next court business day after admission.

**Please print this information clearly and completely:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone numbers where you can be reached:**

|  |  |  |
| --- | --- | --- |
| Work/Dispatcher: | Home: | Cell: |

**Other responsible persons we can reach to arrange patient’s transportation:**

|  |  |
| --- | --- |
| **Name and Title** | **Phone Numbers** |
|  |  |
|  |  |
|  |  |