DUTY TO PROTECT

On _____________, a threat to seriously physically harm another identifiable person or identifiable structure was communicated to me by:

__________________________________________  ________________________________________(name of person)  (relationship to patient/client)

The nature of the threat was to ____________________________________________________________ (explicit threat)

to the following person(s) or structure ____________________________________________________ (specific person(s) or structure)

Based on my knowledge of the patient/client, it is my judgment that the patient/client:

☐ Does not have the intent or ability to carry out the threat because:

______________________________________________________________________________________  ________________________________________________________________

Note: If the client/patient does not have the ability or intent to carry out the threat, no further action is legally mandated. However, clinical steps should be considered.

OR

☐ Does have the intent and ability to carry out the threat.

In accordance with Ohio Revised Code Section 2305.51, I have initiated the following option(s) and, after consideration, have chosen not to pursue other options at this time, based on the following reasons, in order to fulfill my duty to protect potential victims from threatened violence. (ALL FOUR SECTIONS BELOW MUST BE COMPLETED.)

1. Voluntary hospitalization ☐ Chosen ☐ Not Chosen

   Reason: ________________________________________________________________

   _______________________________________________________________

   _______________________________________________________________
2. Involuntary hospitalization (Emergency or Judicial)  □ Chosen  □ Not Chosen
   Reason: ____________________________________________________________

3. Establish and undertake a documented treatment plan reasonably calculated to eliminate the threat and concurrently initiate a risk assessment and management consultation with a consultant as described in the law.
   □ Chosen  □ Not Chosen
   Reason: ____________________________________________________________

4. Warning to law enforcement and, if feasible, intended victim(s).
   □ Chosen  □ Not Chosen
   Reason: ____________________________________________________________

   Information Shared, if this option is chosen – (provide name of client/patient, nature of threat, and names of potential victim(s)/structure):
   ____________________________________________________________

   STEPS TAKEN to implement the option(s) I have chosen are: (include any persons to whom a warning is given, as well as the date and time, and specifics; or specific changes in the treatment plan, the initiation of the required consultation, and name of consultant; or specific steps taken to hospitalize the client/patient)
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   Mental Health Professional: _______________________________  Signature __________________
   __________________ ______
   Print Name