

Maine Department of Health and Human Services  
Involuntary Hold Notification Form

Hospitals may use this form to notify DHHS in the event that the hospital will involuntarily hold a person who is in need of psychiatric services in the hospital emergency department beyond 24 hours.  
Notification of DHHS is required by 34-B MRSA §3863 (3)(D) and (E).

**Involuntary Hold Notification Form**

<b>Is this a Notification of a First 48 hour hold pursuant to §3863 (3)(D):</b>	
<b>Is this a Notification of a Second 48 hour hold pursuant to §3863 (3)(D):</b>	
<b>Date:</b>	
<b>Name of Hospital:</b>	
<b>Patients First Name:</b>	
<b>Patients Last Name:</b>	
<b>Patient Date of Birth:</b>	
<b>Date of presentation to Emergency Department:</b>	
<b>Time of presentation to Emergency Department:</b>	
<b>Name of evaluator who concluded the patient poses a likelihood of serious harm due to mental illness:</b>	
<b>Position of evaluator who concluded the patient poses a likelihood of serious harm due to mental illness:</b>	
<b>Crisis Agency if any:</b>	
<b>Hospital contact for questions regarding patient:</b>	
<b>Phone number of hospital contact for questions regarding patient:</b>	

*For further inquiry regarding this process and the form, you can contact SAMHS Admin at 287-2595 or by emailing to [SAMHSAdmin.DHHS@maine.gov](mailto:SAMHSAdmin.DHHS@maine.gov)*

*Please complete all fields of this form, print and fax to DHHS/SAMHS, 287-9152.*