

NRS CHAPTER 433A - ADMISSION TO MENTAL HEALTH FACILITIES OR PROGRAMS OF COMMUNITY-BASED OR OUTPATIENT SERVICES; HOSPITALIZATION

GENERAL PROVISIONS

NRS 433A.010 Applicability of chapter. The provisions of this chapter apply to all **division mental health facilities** of the Division of Public and Behavioral Health of the Department and of the Division of Child and Family Services of the Department. Such provisions apply to **public and private mental health facilities, and public or private hospitals** only when specified in the context.

(Added to NRS by 1975, 1599; A 1993, 2721; 1999, 101; 2013, 3013)

NRS 433A.011 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 433A.012 to 433A.019, inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by 1993, 2720; A 2013, 3488)

NRS 433A.012 “Administrative officer” defined. “Administrative officer” means a person with overall executive and administrative responsibility for **division mental health facilities** designated by the Administrator.

(Added to NRS by 1993, 2720; A 2013, 668, 3014)

NRS 433A.013 “Administrator” defined. “Administrator” means:

1. Except as otherwise provided in subsection 2, the Administrator of the Division of Public and Behavioral Health of the Department.
2. Regarding the provision of services for the mental health of children pursuant to chapter 433B of NRS, the Administrator of the Division of Child and Family Services of the Department.

(Added to NRS by 1993, 2720; A 1999, 101)

NRS 433A.015 “Division” defined. “Division” means:

1. Except as otherwise provided in subsection 2, the Division of Public and Behavioral Health of the Department.
2. Regarding the provision of services for the mental health of children pursuant to chapter 433B of NRS, the Division of Child and Family Services of the Department.

(Added to NRS by 1993, 2720; A 1999, 102; 2013, 3014)

NRS 433A.016 “Division mental health facility” defined. “Division **mental health** facility” means:

1. Except as otherwise provided in subsection 2, any **public mental health facility** operated by the Division of Public and Behavioral Health of the Department for the care, treatment and training of consumers.
2. Any **public mental health facility** operated by the Division of Child and Family Services of the Department pursuant to chapter 433B of NRS.

(Added to NRS by 1993, 2721; A 1999, 102; 2011, 425)

NRS 433A.017 “Medical director” defined. “Medical director” means the medical officer in charge of any program of the Division of Public and Behavioral Health of the Department.

(Added to NRS by 1993, 2721; A 1999, 102; 2013, 3014)

NRS 433A.018 “Person professionally qualified in the field of psychiatric mental health” defined. “Person professionally qualified in the field of psychiatric mental health” means:

1. A psychiatrist licensed to practice medicine in this State who is certified by the American Board of Psychiatry and Neurology;
2. A psychologist licensed to practice in this State;

3. A social worker who holds a master's degree in social work, is licensed by the State as a clinical social worker ~~and is employed by the Division;~~
4. A registered nurse who:
 - (a) Is licensed to practice professional nursing in this State;
 - (b) Holds a master's degree in the field of psychiatric nursing; ~~and~~
 - ~~(c) Is employed by the Division;~~
5. A marriage and family therapist licensed pursuant to chapter 641A of NRS; or
6. A clinical professional counselor licensed pursuant to chapter 641A of NRS.
(Added to NRS by 1993, 2721; A 2007, 3086)

NRS 433A.019 "Program of community-based or outpatient services" defined. "Program of community-based or outpatient services" means care, treatment and training provided to persons with mental illness, including, without limitation:

1. A program or service for the treatment of abuse of alcohol;
2. A program or service for the treatment of abuse of drugs;
3. A program of general education or vocational training;
4. A program or service that assists in the dispensing or monitoring of medication;
5. A program or service that provides counseling or therapy;
6. A service which provides screening tests to detect the presence of alcohol or drugs;
7. A program of supervised living; or
8. Any combination of programs and services for persons with mental illness.

☐ The term does not include care, treatment and training provided to residents of a mental health facility.
(Added to NRS by 2013, 3486)

NRS 433A.020 Administrative officer: Qualifications. The administrative officer of a facility of the Division must:

1. Be selected on the basis of training and demonstrated administrative qualities of leadership in any one of the fields of psychiatry, medicine, psychology, social work, public health or administration.
2. Be appointed on the basis of merit as measured by administrative training or experience in programs relating to mental health, including care and treatment of persons with mental illness.

(Added to NRS by 1975, 1599; A 1979, 813; 1981, 1685; 1983, 642; 1985, 2268; 1999, 2594; 2013, 668, 3014)

NRS 433A.030 Administrative officer: Powers and duties. The administrative officers have the following powers and duties, subject to the administrative supervision of the Administrator:

1. To exercise general supervision of and establish regulations for the government of the facilities designated by the Administrator;
2. To be responsible for and supervise the fiscal affairs and responsibilities of the facilities designated by the Administrator;
3. To appoint such medical, technical, clerical and operational staff as the execution of his or her duties, the care and treatment of consumers and the maintenance and operation of the facilities designated by the Administrator may require;
4. To make reports to the Administrator, and to supply the Administrator with material on which to base proposed legislation;
5. To keep complete and accurate records of all proceedings, record and file all bonds and contracts, and assume responsibility for the custody and preservation of all papers and documents pertaining to his or her office;
6. To inform the public in regard to the activities and operation of the facilities;
7. To invoke any legal, equitable or special procedures for the enforcement of his or her orders or the enforcement of the provisions of this chapter and chapters 433, 433B and 433C of NRS and other statutes governing the facilities;

8. To submit an annual report to the Administrator on the condition, operation, functioning and anticipated needs of the facilities; and

9. To assume responsibility for the nonmedical care and treatment of consumers if that responsibility has not been delegated.

(Added to NRS by 1975, 1600; A 1979, 813; 2011, 425; 2013, 3014)

NRS 433A.040 Administrative officer: Other employment prohibited; exceptions. Except as otherwise provided in NRS 284.143, an administrative officer shall devote his or her entire time to the duties of his or her position and shall have no other gainful employment or occupation, but the administrative officer may attend seminars, act as a consultant and give lectures relating to his or her profession and accept appropriate stipends for the seminars, consultations and lectures.

(Added to NRS by 1975, 1600; A 1979, 814; 1985, 423; 1995, 2314)

NRS 433A.080 Coordinator of medical programs: Qualifications and selection; powers and duties.

1. A coordinator of medical programs is the medical head of any division facility designated by the Administrator. The coordinator of medical programs:

(a) Must be a psychiatrist licensed to practice medicine or, in the case of a treatment facility authorized by paragraph (b) of subsection 1 of NRS 433B.290, a psychiatrist or a pediatrician licensed to practice medicine.

(b) May be a psychiatrist or pediatrician in private practice under contract to the Division.

(c) Must have such additional qualifications as are in accordance with criteria prescribed by the Division of Human Resource Management of the Department of Administration and must be in the unclassified service of the State.

2. A coordinator of medical programs shall:

(a) Cause to be kept a fair and full account of all medical affairs;

(b) Have standard medical histories currently maintained on all consumers, and administer or have administered the accepted and appropriate medical treatments to all consumers under his or her care, and may, by delegation of the administrative officer, be responsible for the nonmedical care and treatment of consumers; and

(c) Undertake any diagnostic, medical or surgical procedure in the interest of the consumer, but only in accordance with the provisions of subsection 1 of NRS 433.484.

(Added to NRS by 1975, 1601; A 1979, 814; 1981, 1686; 1983, 642; 1993, 2721; 2011, 425)

NRS 433A.090 Revolving Account for Northern Nevada Adult Mental Health Services. There is hereby created a Revolving Account for Northern Nevada Adult Mental Health Services in the sum of \$7,500, which may be used for the payment of bills requiring immediate payment and for no other purpose. The Administrative Officer shall deposit the Revolving Account in one or more banks or credit unions of reputable standing. Payments made from the Revolving Account must be promptly reimbursed from money appropriated for Northern Nevada Adult Mental Health Services as other claims against the State are paid.

(Added to NRS by 1975, 1612; A 1979, 815; 1991, 206; 1999, 1497; 2001, 1116)

NRS 433A.100 Gift accounts in Department of Health and Human Services' Gift Fund; sale or exchange of gifts of property.

1. A gift account in the Department of Health and Human Services' Gift Fund is hereby created for each division facility, and all gifts of money which the Division is authorized to accept for the respective facilities must be deposited in the State Treasury to the credit of the appropriate account. Amounts in the accounts must be used for division mental health facility purposes only and expended in accordance with the terms of the gift. All claims must be approved by the administrative officer before they are paid.

2. Gifts of property, other than money, may be sold or exchanged when it is deemed by the administrative officer and the Administrator to be in the best interest of the division mental health

facility. The sale price must be not less than 90 percent of the value determined by a qualified appraiser appointed by the administrative officer. All money realized from the sale must be deposited in the State Treasury to the credit of the appropriate account and must be spent for division mental health facility purposes only.

(Added to NRS by 1975, 1613; A 1979, 622; 1981, 78)

NRS 433A.110 Canteen for facility of Division: Establishment and operation.

1. The administrative officer of a division mental health facility which provides treatment for inpatients may cause to be established a canteen operated for the benefit of consumers and employees of the facility. So far as practical within good business practices, the prices of commodities sold must approximate costs. The administrative officer shall cause to be kept a record of transactions in the operation of the canteen.

2. The Administrator may designate money from budgeted resources in appropriate amounts to each such facility for the establishment and operation of canteens. The money must be used to supplement the financial operation of the canteens, if required, to provide money for needy consumers' canteen privileges, and to provide for such other expenditures benefiting the consumers of such division facilities as the respective administrative officers may deem necessary. All proceeds of sale collected must be deposited with the State Treasurer for credit to the appropriate operating account of the mental health facility. The operating account must separately identify in the record of transactions the proceeds of sale collected, the amount of budgeted resources used, and the total amount expended for the operations of the canteen. All proceeds of sale collected must be used for the operation of the canteen. Proceeds of sale collected which exceed the amount necessary to maintain the operation of the canteens must be used to benefit the consumers.

3. An appropriate sum may be maintained as petty cash at each canteen.

4. The respective administrative officers may cause to be appointed such staff as are necessary for the proper operation of the canteens.

(Added to NRS by 1975, 1613; A 1981, 263; 2011, 426)

NRS 433A.XXX "Hospital" defined. "Hospital" means: An establishment for the diagnosis, care and treatment of human illness, including care available 24 hours each day from persons licensed to practice professional nursing who are under the direction of a physician, services of a medical laboratory and medical, radiological, dietary and pharmaceutical services. (as defined in NRS449.012)

NRS 433A.XXX "Person" defined. "Person" means a natural person who has attained the age of majority.

NRS 433A.XXX "Age of majority" defined. "Age of majority" means: All persons of the age of 18 years who are under no legal disability, and all persons who have been declared emancipated pursuant to NRS 129.080 to 129.140, inclusive, are capable of entering into any contract, and are, to all intents and purposes, held and considered to be of lawful age. (as defined in NRS129.010)

NRS 433A.XXX "Accredited agent of the Department" defined. "Accredited agent of the Department" means: any person appointed or designated by the Director of the Department to take into custody and transport to a division mental health facility those persons placed on emergency hold. (as defined in NRS433A.160)

NRS 433A.XXX “Voluntary admission” defined. “Voluntary admission” means the acceptance of a person in a mental health crisis by a Division Mental Health Facility, or public or private mental health facility as a voluntary consumer for the purposes of observation, diagnosis, care and treatment.

NRS 433A.XXX “Emergency Mental Health Hold” defined. “Emergency mental health hold” means the 72-hour involuntary detention of a person in a mental health crisis.

NRS 433A.XXX “Involuntary court-ordered admission” defined. “Involuntary court-ordered admission” means the court-ordered detention of a person in a mental health crisis.

NRS 433A.XXX “Application” defined. “Application” means the form, commonly referred to as the “Legal 2000 Form”, approved by the Division, and the Office of the Attorney General, and furnished by the clerks of the district courts in each county for the emergency mental health hold of a person in a mental health crisis.

NRS 433A.XXX “Examination” defined. “Examination” commonly referred to as “medical clearance” means the section of the application designated for the examination as required by NRS433A.165 to determine whether the person has a medical condition, other than a psychiatric condition, which requires immediate treatment.

NRS 433A.XXX “Certificate for emergency mental health hold” defined. “Certificate for emergency mental health hold” means the section of the application designated for the psychiatric evaluation of a person in a mental health crisis for the purposes of treatment.

NRS 433A.XXX “Petition” defined. “Petition” means the document filed with the district court for an emergency mental health hold.

ADMISSION TO MENTAL HEALTH FACILITIES OR PROGRAMS OF COMMUNITY-BASED OR OUTPATIENT SERVICES

General Provisions

NRS 433A.115 “Person in a mental health crisis” defined.

1. As used in NRS 433A.115 to 433A.330, inclusive, unless the context otherwise requires, “person in a mental health crisis” means any person whose capacity to exercise self-control, judgment and discretion in the conduct of the person’s affairs and social relations or to care for his or her personal needs is diminished, as a result of a mental illness, to the extent that the person presents a clear and present danger of harm to himself or herself or others, but does not include any person in whom that capacity is diminished by epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs, or dependence upon or addiction to alcohol or drugs, unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.

2. A person presents a clear and present danger of harm to himself or herself if, within the immediately preceding 30 days, the person has, as a result of a mental illness:

(a) Acted in a manner from which it may reasonably be inferred that, without the care, supervision or continued assistance of others, the person will be unable to satisfy his or her need for nourishment, personal or medical care, shelter, self-protection or safety, and if there exists a reasonable probability that the person’s death, serious bodily injury or physical debilitation will occur within the next following

30 days unless he or she is admitted to a mental health facility pursuant to the provisions of NRS 433A.115 to 433A.330, inclusive, and adequate treatment is provided to the person;

(b) Attempted or threatened to commit suicide or committed acts in furtherance of a threat to commit suicide, and if there exists a reasonable probability that the person will commit suicide unless he or she is admitted to a mental health facility pursuant to the provisions of NRS 433A.115 to 433A.330, inclusive, and adequate treatment is provided to the person; or

(c) Mutilated himself or herself, attempted or threatened to mutilate himself or herself or committed acts in furtherance of a threat to mutilate himself or herself, and if there exists a reasonable probability that he or she will mutilate himself or herself unless the person is admitted to a mental health facility pursuant to the provisions of NRS 433A.115 to 433A.330, inclusive, and adequate treatment is provided to the person.

3. A person presents a clear and present danger of harm to others if, within the immediately preceding 30 days, the person has, as a result of a mental illness, inflicted or attempted to inflict serious bodily harm on any other person, or made threats to inflict harm and committed acts in furtherance of those threats, and if there exists a reasonable probability that he or she will do so again unless the person is admitted to a **public or private** mental health facility pursuant to the provisions of NRS 433A.115 to 433A.330, inclusive, and adequate treatment is provided to him or her.

(Added to NRS by 1985, 2268; A 1989, 1757; 1997, 3493; 2009, 333; 2013, 668, 3488)

NRS 433A.120 Types of admission. There are three types of admission to **public or private** mental health facilities in the State of Nevada:

1. Voluntary admission;
2. **Emergency mental health hold**; and
3. Involuntary court-ordered admission.

(Added to NRS by 1975, 1602)

NRS 433A.130 Forms for admission. All applications and certificates for the **emergency mental health hold** of any person in the State of Nevada to a **public or private** mental health facility or to a program of community-based or outpatient services under the provisions of this chapter shall be made on forms approved by the Division and the Office of the Attorney General and furnished by the clerks of the district courts in each county.

(Added to NRS by 1975, 1608; A 2013, 3489)

NRS 433A.140 Voluntary admission: Procedures for admission and release; effect of voluntary release.

1. Any person may **present** to a public or private mental health facility in the State of Nevada for admission to the facility as a voluntary consumer for the purposes of observation, diagnosis, care and treatment. In the case of a person who has not attained the age of majority, application for voluntary admission or care, treatment or training may be made on his or her behalf by the person's spouse, parent or legal guardian.

2. If the **person presents to a division mental health facility or an** application for admission to a division **mental health** facility **is made** for care, treatment or training provided by the Division, the applicant must be admitted or provided such services as a voluntary consumer if a **psychiatric evaluation** by personnel of the facility qualified to make such a determination reveals that the person needs and may benefit from services offered by the **division** mental health facility.

3. A person who presents for care, treatment or training from the Division pursuant to this section must be evaluated by the personnel of the Division to determine whether the person is eligible for the services offered by the Division.

4. Any person admitted to a public or private mental health facility as a voluntary consumer must be **advised of their right to request release and be** released immediately after the filing of a written request for release unless, **upon evaluation by a psychiatrist, psychologist, physician, physician**

assistant, clinical social worker, advanced practice registered nurse or accredited agent of the Department, the facility changes the status of the person to an **emergency mental health hold** pursuant to NRS 433A.145. When a person is released pursuant to this subsection, the facility and its agents and employees are not liable for any debts or contractual obligations, medical or otherwise, incurred or damages caused by the actions of the person.

5. Any person admitted to a public or private mental health facility as a voluntary consumer who has not requested release may nonetheless be released by the medical director of the facility when examining personnel at the facility determine that the consumer has recovered or has improved to such an extent that the consumer **no longer presents a clear and present danger of harm to self** or others and that the services of that facility are no longer beneficial to the consumer or advisable.

(Added to NRS by 1975, 1602; A 1993, 2114; 1997, 3494; 2011, 426)

NRS 433A.145 Restrictions on change of status from voluntary consumer to emergency mental health hold.

1. If a person **in a mental health crisis** is admitted to a public or private mental health facility or hospital as a voluntary consumer, the facility or hospital shall not change the status of the person to an **emergency mental health hold** unless the hospital or facility receives, before the change in status is made, an application for an **emergency mental health hold** pursuant to NRS 433A.160 and the certificate **for admission** of a psychiatrist, psychologist, physician, physician assistant, clinical social worker, advanced practice registered nurse or accredited agent of the Department pursuant to NRS 433A.170.

2. A person whose status is changed pursuant to subsection 1 must not be detained in excess of **72** hours after the change in status is made unless, before the close of the business day on which the **72** hours expires, a written petition is filed with the clerk of the district court pursuant to NRS 433A.200.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

(Added to NRS by 1997, 3492; A 2009, 333; 2011, 427; 2015, 2990)

NRS 433A.150 Detention for evaluation, observation and treatment; limitation on time.

1. Any person alleged to be a person **in a mental health crisis** may, upon application pursuant to NRS 433A.160 and subject to the provisions of subsection 2, be detained in a public or private mental health facility or hospital under an **emergency mental health hold** for **observation, diagnosis, care and treatment**.

2. Except as otherwise provided in subsection 3, a person detained pursuant to subsection 1 must be released within 72 hours, including weekends and holidays, after the **time of detention specified on the application** required pursuant to NRS 433A.160 has been completed, unless, before the close of the business day on which the 72 hours expires, a written petition for an involuntary court-ordered admission to a mental health facility is filed with the clerk of the district court pursuant to NRS 433A.200, including, without limitation, the documents required pursuant to NRS 433A.210, or the status of the person is changed to a voluntary admission.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

(Added to NRS by 1975, 1602; A 1985, 2269; 1989, 1758; 2001, 3041; 2003, 1944; 2009, 334; 2013, 3489)

NRS 433A.160 Procedure for admission; evaluation at time of admission; approval by psychiatrist.

1. Except as otherwise provided in subsection 2, an application for the **emergency mental health hold** of a person alleged to be a person **in a mental health crisis** for **observation, diagnosis, care and treatment**, may only be made by an accredited agent of the Department, an officer authorized to make arrests in the State of Nevada or a physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse. The agent, officer, physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse may:

(a) Without a warrant:

(1) Take a person alleged to be a person **in a mental health crisis** into custody to apply for the **emergency mental health hold** of the person for **observation, diagnosis, care and treatment**; and

(2) Transport the person alleged to be a person **in a mental health crisis** to a public or private mental health facility or hospital for that purpose, or arrange for the person to be transported by:

(I) A local law enforcement agency;

(II) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority;

(III) An entity that is exempt pursuant to NRS 706.745 from the provisions of NRS 706.386 or 706.421; or

(IV) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS, only if the agent, officer, physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse has, based upon his or her personal observation of the person alleged to be a person **in a mental health crisis**, probable cause to believe that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty.

(V) A behavioral health transportation agency certified by the Division;

(b) Apply to a district court for an order requiring:

(1) Any peace officer to take a person alleged to be a person **in a mental health crisis** into custody to allow the applicant for the order to apply for the **emergency mental health hold** of the person for **observation, diagnosis, care and treatment**; and

(2) Any agency, system or service described in subparagraph (2) of paragraph (a) to transport the person alleged to be a person **in a mental health crisis** to a public or private mental health facility or hospital for that purpose. The district court may issue such an order only if it is satisfied that there is probable cause to believe that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty.

2. An application for the **emergency mental health hold** of a person alleged to be a person **in a mental health crisis** for **observation, diagnosis, care and treatment** may be made by a spouse, parent, adult child or legal guardian of the person. The spouse, parent, adult child or legal guardian and any other person who has a legitimate interest in the person alleged to be a person **in a mental health crisis** may apply to a district court for an order described in paragraph (b) of subsection 1.

3. The application for the **emergency mental health hold** of a person alleged to be a person **in a mental health crisis** for **observation, diagnosis, care and treatment** must reveal the circumstances under which the person was taken into custody and the reasons therefor.

4. Except as otherwise provided in this subsection, each person admitted to a public or private mental health facility or hospital under an **emergency mental health hold** must be evaluated at the time of admission by a psychiatrist or a psychologist. If a psychiatrist or a psychologist is not available to conduct an evaluation at the time of admission, a physician or an advanced practice registered nurse who has the training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 may conduct the evaluation.

(Added to NRS by 1975, 1603; A 1983, 506; 1985, 2269; 1989, 1759; 1997, 3494; 2001, 1017, 3042; 2005, 967; 2007, 3087; 2015, 2990; 2017, 1748)

NRS 433A.165 Examination required before admission of person to facility; treatment of certain medical conditions required before admission to facility; payment of costs; exceptions; regulations.

1. Before a person alleged to be a person **in a mental health crisis** may be admitted to a public or private mental health facility pursuant to NRS 433A.160, the person must:

(a) First be examined by a licensed physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced practice registered nurse licensed pursuant to NRS 632.237 at any location where such a physician, physician assistant or advanced practice registered nurse is authorized to conduct such an examination to determine whether the person has a medical **condition**, other than a psychiatric **condition**, which requires immediate treatment; and

(b) If such treatment is required, be admitted for the appropriate medical care:

(1) To a hospital if the person is in need of emergency services or care; or

(2) To another appropriate medical facility if the person is not in need of emergency services or care.

2. If a person **in a mental health crisis** has a medical **condition** in addition to a psychiatric **condition** which requires medical treatment that requires more than 72 hours to complete, the licensed physician, physician assistant or advanced practice registered nurse who examined the person must:

(a) **Before the close of the business day on which the 72 hours expires**, file with the clerk of the district court a written petition to admit the person to a public or private mental health facility pursuant to NRS 433A.160 after the medical treatment has been completed. The petition must:

(1) Include, without limitation, the medical condition of the person and the purpose for continuing the medical treatment of the person; and

(2) Be accompanied by a copy of the application for the **emergency mental health hold** of the person required pursuant to NRS 433A.160 and the certificate required pursuant to NRS 433A.170.

(b) Seven days after filing a petition pursuant to paragraph (a) and every 7 days thereafter, file with the clerk of the district court an update on the medical condition and treatment of the person.

3. The examination and any transfer of the person from a facility when the person has an emergency medical condition and has not been stabilized must be conducted in compliance with:

(a) The requirements of 42 U.S.C. § 1395dd and any regulations adopted pursuant thereto, and must involve a person authorized pursuant to federal law to conduct such an examination or certify such a transfer; and

(b) The provisions of NRS 439B.410.

4. The cost of the examination must be paid by the county in which the person alleged to be a person **in a mental health crisis** resides if services are provided at a county hospital located in that county or a hospital or other medical facility designated by that county, unless the cost is voluntarily paid by the person alleged to be a person **in a mental health crisis** or, on the person's behalf, by his or her insurer or by a state or federal program of medical assistance.

5. The county may recover all or any part of the expenses paid by it, in a civil action against:

(a) The person whose expenses were paid;

(b) The estate of that person; or

(c) A responsible relative as prescribed in NRS 433A.610, to the extent that financial ability is found to exist.

6. The cost of treatment, including hospitalization, for a person who is indigent must be paid pursuant to NRS 428.010 by the county in which the person alleged to be a person **in a mental health crisis** resides.

7. The provisions of this section do not require the Division to provide examinations required pursuant to subsection 1 at a Division facility if the Division does not have the:

(a) Appropriate staffing levels of physicians, physician assistants, advanced practice registered nurses or other appropriate staff available at the facility as the Division determines is necessary to provide such examinations; or

(b) Appropriate medical laboratories as the Division determines is necessary to provide such examinations.

8. The Division shall adopt regulations to carry out the provisions of this section, including, without limitation, regulations that:

(a) Define “emergency services or care” as that term is used in this section;

(b) Prescribe the type of medical facility that a person may be admitted to pursuant to subparagraph (2) of paragraph (b) of subsection 1;

(c) Define the certification process for becoming a behavioral health transportation agency;

(d) Define the process for what constitutes a medical examination; and

(e) Establish a “Patient’s Bill of Rights” for distribution by any facility as included in NRS433A.350.

9. As used in this section, “medical facility” has the meaning ascribed to it in NRS 449.0151.

(Added to NRS by 1987, 1445; A 1991, 2209; 1993, 908; 2001, 1018; 2003, 1453, 1944; 2007, 1855; 2009, 334; 2013, 2080)

NRS 433A.170 Certificate for admission. Except as otherwise provided in this section, the administrative officer of a facility operated by the Division or of any other public or private mental health facility or hospital shall not accept an application for an **emergency mental health hold** under NRS 433A.160 unless that application is accompanied by **the application for emergency hold and a certificate for admission** of a licensed psychologist, a physician, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160, an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 or an accredited agent of the Department stating that he or she has examined the person alleged to be a person **in a mental health crisis** and that he or she has concluded that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty. The certificate required by this section may be obtained from a licensed psychologist, physician, physician assistant, clinical social worker, advanced practice registered nurse or accredited agent of the Department who is employed by the public or private mental health facility or hospital to which the application is made.

(Added to NRS by 1975, 1603; A 1985, 2270; 1989, 1550, 1759; 1997, 3495; 2001, 3043)

NRS 433A.190 Notice of admission to ~~spouse-or~~ legal guardian. Disclosure of mental health information amongst providers. (1). Within 24 hours of a person’s admission under emergency admission, the administrative officer of a public or private mental health facility shall give notice of such admission in person, by telephone or facsimile and by certified mail to the ~~spouse-or~~ legal guardian of that person.

(2.) Confidential medical or mental health information about an individual may be disclosed for treatment purposes during the provision of emergency services and care, as defined in NRS 433A or 433B between a physician and surgeon, licensed psychologist, social worker with a master’s degree in social work, licensed marriage and family therapist, licensed professional clinical counselor, nurse, emergency medical personnel at the scene of an emergency or in an emergency medical transport vehicle, or other professional person or emergency medical personnel at a health facility defined by NRS 449.029

(Added to NRS by 1975, 1604; A 1993, 2114; 2009, 1667)

NRS 433A.195 Procedure for release. A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person admitted pursuant to NRS 433A.160 upon completion of a certificate which meets the

requirements of NRS 433A.197 signed by a licensed physician on the medical staff of the facility or hospital, a physician assistant under the supervision of a psychiatrist, psychologist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160, an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 or an accredited agent of the Department stating that he or she has personally observed and examined the person and that he or she has concluded that the person is not a person **in a mental health crisis**.

(Added to NRS by 2009, 332)

NRS 433A.197 Requirements for and limitations on applications and certificates.

1. An application or certificate authorized under subsection 1 of NRS 433A.160 or NRS 433A.170 or 433A.195 must not be considered if made by a psychologist, physician, physician assistant, clinical social worker, advanced practice registered nurse or accredited agent of the Department who is related by blood or marriage within the second degree of consanguinity or affinity to the person alleged to be a person **in a mental health crisis**, or who is financially interested in the facility in which the person alleged to be a person **in a mental health crisis** is to be detained.

2. An application or certificate of any examining person authorized under NRS 433A.170 must not be considered unless it is based on personal observation and examination of the person alleged to be a person **in a mental health crisis** made by such examining person not more than 72 hours prior to the making of the application or certificate. The certificate required pursuant to NRS 433A.170 must set forth in detail the facts and reasons on which the examining person based his or her opinions and conclusions.

3. A certificate authorized pursuant to NRS 433A.195 must not be considered unless it is based on personal observation and examination of the person alleged to be a person **in a mental health crisis** made by the examining physician, physician assistant, psychologist, clinical social worker, advanced practice registered nurse or accredited agent of the Department. The certificate authorized pursuant to NRS 433A.195 must describe in detail the facts and reasons on which the examining physician, physician assistant, psychologist, clinical social worker, advanced practice registered nurse or accredited agent of the Department based his or her opinions and conclusions.

(Added to NRS by 1975, 1603; A 1989, 1550; 2009, 336)—(Substituted in revision for NRS 433A.180)

Involuntary Court-Ordered Admission

NRS 433A.200 Petition: Filing; certificate or statement of alleged mental illness; statement of parent consenting to treatment of minor.

1. **An emergency mental health hold may not be extended, except by the filing of a petition for the involuntary court-ordered admission of the person.** Except as otherwise provided in NRS 432B.6075, a proceeding for an involuntary court-ordered admission of any person in the State of Nevada may be commenced by the filing of a petition for the involuntary admission to a mental health facility or to a program of community-based or outpatient services with the clerk of the district court of the county where the person who is to be treated resides. The petition may be filed by the spouse, parent, adult children or legal guardian of the person to be treated or by any physician, physician assistant, psychologist, social worker or registered nurse, by an accredited agent of the Department or by any officer authorized to make arrests in the State of Nevada. The petition must be accompanied:

(a) By a certificate of a physician, a licensed psychologist, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160, an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 or an accredited agent of the Department stating that he or she has examined the person alleged to be a person **in a mental health crisis** and has concluded that the person has a mental illness

and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty or if not required to participate in a program of community-based or outpatient services; or

(b) By a sworn written statement by the petitioner that:

(1) The petitioner has, based upon the petitioner's personal observation of the person alleged to be a person **in a mental health crisis**, probable cause to believe that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty or if not required to participate in a program of community-based or outpatient services; and

(2) The person alleged to be a person **in a mental health crisis** has refused to submit to examination or treatment by a physician, psychiatrist or licensed psychologist.

2. Except as otherwise provided in NRS 432B.6075, if the person to be treated is a minor and the petitioner is a person other than a parent or guardian of the minor, the petition must, in addition to the certificate or statement required by subsection 1, include a statement signed by a parent or guardian of the minor that the parent or guardian does not object to the filing of the petition.

(Added to NRS by 1975, 1604; A 1985, 54, 2270; 1989, 1551, 1760; 1995, 2413; 2001, 3044; 2005, 1322; 2013, 3489)

NRS 433A.210 Requirements of petition that is filed after **emergency mental health hold.** In addition to the requirements of NRS 433A.200, a petition filed pursuant to that section with the clerk of the district court to commence proceedings for involuntary court-ordered admission of a person pursuant to NRS 433A.145 or 433A.150 must include a certified copy of:

1. The application for the **emergency mental health hold** of the person made pursuant to NRS 433A.160; and

2. A petition executed by a psychiatrist, licensed psychologist or physician, including, without limitation, a sworn statement that:

(a) He or she has examined the person alleged to be a person **in a mental health crisis**;

(b) In his or her opinion, there is a reasonable degree of certainty that the person alleged to be a person **in a mental health crisis** suffers from a mental illness;

(c) Based on his or her personal observation of the person alleged to be a person **in a mental health crisis** and other facts set forth in the petition, the person poses a risk of imminent harm to himself or herself or others; and

(d) In his or her opinion, involuntary admission of the person alleged to be a person **in a mental health crisis** to a mental health facility or hospital is medically necessary to prevent the person from harming himself or herself or others.

(Added to NRS by 1975, 1604; A 1985, 2270; 1989, 1551, 1760; 1995, 2414; 2001, 3044)

NRS 433A.220 Hearing on petition; notice; discharge of person before hearing.

1. Immediately after the clerk of the district court receives any petition filed pursuant to NRS 433A.200 or 433A.210, the clerk shall transmit the petition to the appropriate district judge, who shall set a time, date and place for its hearing. The date must be within 5 judicial days after the date on which the petition is received by the clerk.

2. The court shall give notice of the petition and of the time, date and place of any proceedings thereon to the subject of the petition, his or her attorney, if known, the person's legal guardian, the petitioner, the district attorney of the county in which the court has its principal office, the local office of an agency or organization that receives money from the Federal Government pursuant to 42 U.S.C. §§ 10801 et seq., to protect and advocate the rights of persons with mental illness and the administrative office of any public or private mental health facility in which the subject of the petition is detained.

3. The provisions of this section do not preclude a facility from discharging a person before the time set pursuant to this section for the hearing concerning the person, if appropriate. If the person has a legal guardian, the facility shall notify the guardian prior to discharging the person from the facility. The legal guardian has discretion to determine where the person will be released, taking into consideration

any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the person will be released within 3 days after the date of notification, the facility shall discharge the person according to its proposed discharge plan.

(Added to NRS by 1975, 1604; A 1989, 1760; 1993, 2114; 1995, 2414; 1997, 3495; 2001, 3045; 2009, 1667)

NRS 433A.230 Bond of petitioner. The court in its discretion may require any petitioner under NRS 433A.200, except any duly accredited agent of the Department or any officer authorized to make arrests in the State of Nevada, to file an undertaking with surety to be approved by the court in the amount the court deems proper, conditioned to save harmless the person alleged to be mentally ill by reason of costs incurred, including attorney fees, if any, and damages suffered by the person as a result of such action.

(Added to NRS by 1975, 1605)

NRS 433A.240 Examination of person alleged to be mentally ill; protective custody pending hearing.

1. After the filing of a petition to commence proceedings for the involuntary court-ordered admission of a person pursuant to NRS 433A.200 or 433A.210, the court shall promptly cause two or more physicians or licensed psychologists, one of whom must always be a physician, to examine the person alleged to be a person **in a mental health crisis**, or request an evaluation by an evaluation team from the Division of the person alleged to be a person **in a mental health crisis**.

2. To conduct the examination of a person who is not being detained at a mental health facility or hospital under **emergency mental health hold** pursuant to an application made pursuant to NRS 433A.160, the court may order a peace officer to take the person into protective custody and transport the person to a mental health facility or hospital where the person may be detained until a hearing is had upon the petition.

3. If the person is not being detained under an **emergency mental health hold** pursuant to an application made pursuant to NRS 433A.160, the person may be allowed to remain in his or her home or other place of residence pending an ordered examination or examinations and to return to his or her home or other place of residence upon completion of the examination or examinations. The person may be accompanied by one or more of his or her relations or friends to the place of examination.

4. Each physician and licensed psychologist who examines a person pursuant to subsection 1 shall, in conducting such an examination, consider the least restrictive treatment appropriate for the person.

5. Except as otherwise provided in this subsection, each physician and licensed psychologist who examines a person pursuant to subsection 1 shall, not later than 48 hours before the hearing set pursuant to NRS 433A.220, submit to the court in writing a summary of his or her findings and evaluation regarding the person alleged to be a person **in a mental health crisis**. If the person alleged to be a person **in a mental health crisis** is admitted under an **emergency mental health hold** pursuant to an application made pursuant to NRS 433A.160, the written findings and evaluation must be submitted to the court not later than 24 hours before the hearing set pursuant to subsection 1 of NRS 433A.220.

(Added to NRS by 1975, 1604; A 1983, 507; 1989, 1760; 1995, 2414; 2001, 3045; 2013, 3490)

NRS 433A.250 Evaluation team: Establishment; composition; fees.

1. The Administrator shall establish such evaluation teams as are necessary to aid the courts under NRS 433A.240, 433A.310, 433A.315 and 433A.323.

2. Each team must be composed of a psychiatrist and other persons professionally qualified in the field of psychiatric mental health who are representative of the Division, selected from personnel in the Division.

3. Fees for the evaluations must be established and collected as set forth in NRS 433.414 or 433B.260, as appropriate.

(Added to NRS by 1975, 1605; A 1983, 507; 1985, 424; 1993, 2722; 2013, 3491)

NRS 433A.260 Proceedings held in county where persons to conduct examination are available; expense of proceedings paid by county.

1. In counties where the examining personnel required pursuant to NRS 433A.240 are not available, proceedings for involuntary court-ordered admission shall be conducted in the nearest county having such examining personnel available in order that there be minimum delay.

2. The entire expense of proceedings for involuntary court-ordered admission shall be paid by the county in which the application is filed, except that where the person to be admitted last resided in another county of the state the expense shall be charged to and payable by such county of residence.

(Added to NRS by 1975, 1605)

NRS 433A.270 Right to counsel; compensation of counsel; recess; continuation of representation by counsel during involuntary admission; duties of district attorney.

1. The person alleged to be a person **in a mental health crisis** or any relative or friend on the person's behalf is entitled to retain counsel to represent the person in any proceeding before the district court relating to involuntary court-ordered admission, and if he or she fails or refuses to obtain counsel, the court shall advise the person and the person's guardian or next of kin, if known, of such right to counsel and shall appoint counsel, who may be the public defender or his or her deputy.

2. Any counsel appointed pursuant to subsection 1 must be awarded compensation by the court for his or her services in an amount determined by it to be fair and reasonable. The compensation must be charged against the estate of the person for whom the counsel was appointed or, if the person is indigent, against the county where the person alleged to be a person **in a mental health crisis** last resided.

3. The court shall, at the request of counsel representing the person alleged to be a person **in a mental health crisis** in proceedings before the court relating to involuntary court-ordered admission, grant a recess in the proceedings for the shortest time possible, but for not more than 5 days, to give the counsel an opportunity to prepare his or her case.

4. If the person alleged to be a person with a mental illness is involuntarily admitted to a program of community-based or outpatient services, counsel shall continue to represent the person until the person is released from the program. The court shall serve notice upon such counsel of any action that is taken involving the person while the person is admitted to the program of community-based or outpatient services.

5. Each district attorney or his or her deputy shall appear and represent the State in all involuntary court-ordered admission proceedings in the district attorney's county. The district attorney is responsible for the presentation of evidence, if any, in support of the involuntary court-ordered admission of a person to a mental health facility or to a program of community-based or outpatient services in proceedings held pursuant to NRS 433A.200 or 433A.210.

(Added to NRS by 1975, 1605; A 2001, 3046; 2013, 3491)

NRS 433A.280 Testimony. In proceedings for involuntary court-ordered admission, the court shall hear and consider all relevant testimony, including, but not limited to, the testimony of examining personnel who participated in the evaluation of the person alleged to be a person **in a mental health crisis** and the certificates of physicians or certified psychologists accompanying the petition. The court may consider testimony relating to any past actions of the person alleged to be a person **in a mental health crisis** if such testimony is probative of the question of whether the person is presently mentally ill and presents a clear and present danger of harm to himself or herself or others.

(Added to NRS by 1975, 1606; A 1999, 120)

NRS 433A.290 Right of person alleged to be mentally ill to be present and testify. In proceedings for an involuntary court-ordered admission, the person with respect to whom the proceedings are held shall be present and may, at the discretion of the court, testify.

(Added to NRS by 1975, 1606)

NRS 433A.300 Fees and mileage for witnesses. Witnesses subpoenaed under the provisions of this chapter shall be paid the same fees and mileage as are paid to witnesses in the courts of the State of Nevada.

(Added to NRS by 1975, 1606)

NRS 433A.310 Findings and order; conditions for admission to program of community-based or outpatient services; expiration and renewal of admission to facility or program; alternative courses of treatment; transmittal of record to Central Repository for Nevada Records of Criminal History.

1. Except as otherwise provided in NRS 432B.6076 and 432B.6077, if the district court finds, after proceedings for the involuntary court-ordered admission of a person:

(a) That there is not clear and convincing evidence that the person with respect to whom the hearing was held has a mental illness or exhibits observable behavior such that the person is likely to harm himself or herself or others if allowed his or her liberty or if not required to participate in a program of community-based or outpatient services, the court shall enter its finding to that effect and the person must not be involuntarily admitted to a public or private mental health facility or to a program of community-based or outpatient services.

(b) That there is clear and convincing evidence that the person with respect to whom the hearing was held has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty or if not required to participate in a program of community-based or outpatient services, the court may order the involuntary admission of the person for the most appropriate course of treatment, including, without limitation, admission to a public or private mental health facility or participation in a program of community-based or outpatient services. The order of the court must be interlocutory and must not become final if, within 30 days after the involuntary admission, the person is unconditionally released pursuant to NRS 433A.390.

2. A court shall not admit a person to a program of community-based or outpatient services unless:

(a) A program of community-based or outpatient services is available in the community in which the person resides or is otherwise made available to the person;

(b) The person is 18 years of age or older;

(c) The person has a history of noncompliance with treatment for mental illness;

(d) The person is capable of surviving safely in the community in which he or she resides with available supervision;

(e) The court determines that, based on the person's history of treatment for mental illness, the person needs to be admitted to a program of community-based or outpatient services to prevent further disability or deterioration of the person which is likely to result in harm to himself or herself or others;

(f) The current mental status of the person or the nature of the person's illness limits or negates his or her ability to make an informed decision to seek treatment for mental illness voluntarily or to comply with recommended treatment for mental illness;

(g) The program of community-based or outpatient services is the least restrictive treatment which is in the best interest of the person; and

(h) The court has approved a plan of treatment developed for the person pursuant to NRS 433A.315.

3. Except as otherwise provided in NRS 432B.608, an involuntary admission pursuant to paragraph (b) of subsection 1 automatically expires at the end of 6 months if not terminated previously by the medical director of the public or private mental health facility as provided for in subsection 2 of NRS 433A.390 or by the professional responsible for providing or coordinating the program of community-based or outpatient services as provided for in subsection 3 of NRS 433A.390. Except as otherwise provided in NRS 432B.608, at the end of the court-ordered period of treatment, the Division, any mental health facility that is not operated by the Division or a program of community-based or outpatient services may petition to renew the involuntary admission of the person for additional periods not to exceed 6 months each. For each renewal, the petition must include evidence which meets the same

standard set forth in subsection 1 that was required for the initial period of admission of the person to a public or private mental health facility or to a program of community-based or outpatient services.

4. Before issuing an order for involuntary admission or a renewal thereof, the court shall explore other alternative courses of treatment within the least restrictive appropriate environment, including involuntary admission to a program of community-based or outpatient services, as suggested by the evaluation team who evaluated the person, or other persons professionally qualified in the field of psychiatric mental health, which the court believes may be in the best interests of the person.

5. If the court issues an order involuntarily admitting a person to a public or private mental health facility or to a program of community-based or outpatient services pursuant to this section, the court shall, notwithstanding the provisions of NRS 433A.715, cause, on a form prescribed by the Department of Public Safety, a record of such order to be transmitted to the Central Repository for Nevada Records of Criminal History, along with a statement indicating that the record is being transmitted for inclusion in each appropriate database of the National Instant Criminal Background Check System.

6. As used in this section, "National Instant Criminal Background Check System" has the meaning ascribed to it in NRS 179A.062.

(Added to NRS by 1975, 1606; A 1981, 1134; 1983, 508; 1989, 1761; 1993, 2115; 2001, 3046; 2005, 1323; 2009, 2491; 2013, 3492)

NRS 433A.315 Development of written plan for course of treatment and program of community-based or outpatient services. If a court determines pursuant to NRS 433A.310 that a person should be involuntarily admitted to a program of community-based or outpatient services, the court shall promptly cause two or more persons professionally qualified in the field of psychiatric mental health, which may include the person who filed the petition for involuntary court-ordered admission pursuant to NRS 433A.200 if he or she is so qualified, in consultation with the person to be involuntarily admitted, to develop and submit to the court a written plan prescribing a course of treatment and enumerating the program of community-based or outpatient services for the person. The plan must include, without limitation:

1. A description of the types of services in which the person will participate;
2. The medications, if any, which the person must take and the manner in which those medications will be administered;
3. The name of the person professionally qualified in the field of psychiatric mental health who is responsible for providing or coordinating the program of community-based or outpatient services; and
4. Any other requirements which the court deems necessary.

(Added to NRS by 2013, 3486)

NRS 433A.320 Clinical abstract to accompany order. The order for involuntary court admission of any person to a public or private mental health facility or to a program of community-based or outpatient services must be accompanied by a clinical abstract, including a history of illness, diagnosis, treatment and the names of relatives or correspondents.

(Added to NRS by 1975, 1607; A 2013, 3493)

NRS 433A.323 Failure to participate in program or carry out plan of treatment: Petition and order to take person into custody; evaluation.

1. When a person who is involuntarily admitted to a program of community-based or outpatient services fails to participate in the program or otherwise fails to carry out the plan of treatment developed pursuant to NRS 433A.315, despite efforts by the professional responsible for providing or coordinating the program of community-based or outpatient services for the person to solicit the person's compliance, the professional may petition the court to issue an order requiring a peace officer to take into custody and deliver the person to the appropriate location for an evaluation by an evaluation team from the Division pursuant to NRS 433A.240. The petition must be accompanied by:

- (a) A copy of the order for involuntary admission;

(b) A copy of the plan of treatment submitted to the court pursuant to NRS 433A.315;
(c) A list that sets forth the specific provisions of the plan of treatment which the person has failed to carry out; and

(d) A statement by the petitioner which explains how the person's failure to participate in the program of community-based or outpatient services or failure to carry out the plan of treatment will likely cause the person to harm himself or herself or others.

2. If the court determines that there is probable cause to believe that the person is likely to harm himself or herself or others if the person does not comply with the plan of treatment, the court may issue an order requiring a peace officer to take into custody and deliver the person to an appropriate location for an evaluation by an evaluation team from the Division pursuant to NRS 433A.240.

3. As used in this section, "appropriate location" does not include a jail or prison.

(Added to NRS by 2013, 3486)

NRS 433A.327 Conditional release of person in program: When allowed; no liability of State; notice to court, district attorney and legal guardian; order to resume participation in program; judicial review of order to resume participation in program.

1. Except as otherwise provided in subsection 3, any person involuntarily admitted to a program of community-based or outpatient services may be conditionally released from the program when, in the judgment of the professional responsible for providing or coordinating the program of community-based or outpatient services, the person does not present a danger of harm to himself or herself or others. The professional responsible for providing or coordinating the program of community-based or outpatient services shall prescribe the period for which the conditional release is effective. The period must not extend beyond the last day of the court-ordered period of admission to a program of community-based or outpatient services pursuant to NRS 433A.310.

2. When a person is conditionally released pursuant to subsection 1, the State of Nevada, the agents and employees of the State or a mental health facility, the professionals responsible for providing or coordinating programs of community-based or outpatient services and any other professionals providing mental health services are not liable for any debts or contractual obligations incurred, medical or otherwise, or damages caused by the actions of the person who is released.

3. A person who is involuntarily admitted to a program of community-based or outpatient services may be conditionally released only if, at the time of the release, written notice is given to the court which ordered the person to participate in the program, to the attorney of the person and to the district attorney of the county in which the proceedings for admission were held.

4. Except as otherwise provided in subsection 6, the professional responsible for providing or coordinating the program of community-based or outpatient services shall order a person who is conditionally released pursuant to subsection 1 to resume participation in the program if the professional determines that the conditional release is no longer appropriate because that person presents a clear and present danger of harm to himself or herself or others. Except as otherwise provided in this subsection, the professional responsible for providing or coordinating the program of community-based or outpatient services shall, at least 3 days before the issuance of the order to resume participation, give written notice of the order to the court that admitted the person to the program. If an emergency exists in which the person presents an imminent threat of danger of harm to himself or herself or others, the order must be submitted to the court not later than 1 business day after the order is issued.

5. The court shall review an order submitted pursuant to subsection 4 and the current condition of the person who was ordered to resume participation in a program of community-based or outpatient services at the next regularly scheduled hearing for the review of petitions for involuntary admissions, but in no event later than 5 judicial days after participation in the program is resumed. The court shall serve notice on the person who was ordered to resume participation in the program and to his or her

attorney of the time, date and place of the hearing and of the facts necessitating that the person resume participation in the program.

6. The provisions of subsection 4 do not apply if the period of conditional release has expired.

(Added to NRS by 2013, 3487)

NRS 433A.330 Transportation to facility.

1. When an involuntary court admission to a mental health facility is ordered under the provisions of this chapter, the involuntarily admitted person, together with the court orders and certificates of the physicians, certified psychologists or evaluation team and a full and complete transcript of the notes of the official reporter made at the examination of such person before the court, must be delivered to the sheriff of the county who shall:

(a) Transport the person; or

(b) Arrange for the person to be transported by:

(1) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority; or

(2) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS,

to the appropriate public or private mental health facility.

2. No person **in a mental health crisis** may be transported to the mental health facility without at least one attendant of the same sex or a relative in the first degree of consanguinity or affinity being in attendance.

(Added to NRS by 1975, 1607; A 2001, 1018; 2013, 3493)

HOSPITALIZATION

NRS 433A.350 Information to be furnished to consumer upon admission to facility or program.

1. Upon admission to any public or private mental health facility or to a program of community-based or outpatient services, each consumer and the consumer's spouse and legal guardian, if any, must receive a **"Patient's Bill of Rights"** including a written statement outlining in simple, nontechnical language all procedures for release provided by this chapter, setting out all rights accorded to such a consumer by this chapter and chapters 433 and 433B of NRS and, if the consumer has no legal guardian, describing procedures provided by law for adjudication of incompetency and appointment of a guardian for the consumer.

2. Written information regarding the services provided by and means of contacting the local office of an agency or organization that receives money from the Federal Government pursuant to 42 U.S.C. §§ 10801 et seq., to protect and advocate the rights of persons with mental illnesses must be posted in each public and private mental health facility and in each location in which a program of community-based or outpatient services is provided and must be provided to each consumer upon admission.

(Added to NRS by 1975, 1610; A 1993, 2115, 2722; 1995, 676; 2011, 427; 2013, 3494)

NRS 433A.360 Clinical records: Contents; confidentiality.

1. A clinical record for each consumer must be diligently maintained by any division facility, private institution, facility offering mental health services or program of community-based or outpatient services. The record must include information pertaining to the consumer's admission, legal status, treatment and individualized plan for habilitation. The clinical record is not a public record and no part of it may be released, except:

(a) If the release is authorized or required pursuant to NRS 439.538.

(b) The record must be released to physicians, attorneys and social agencies as specifically authorized in writing by the consumer, the consumer's parent, guardian or attorney.

(c) The record must be released to persons authorized by the order of a court of competent jurisdiction.

(d) The record or any part thereof may be disclosed to a qualified member of the staff of a division facility, an employee of the Division or a member of the staff of an agency in Nevada which has been established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq., or the Protection and Advocacy for Mentally Ill Individuals Act of 1986, 42 U.S.C. §§ 10801 et seq., when the Administrator deems it necessary for the proper care of the consumer.

(e) Information from the clinical records may be used for statistical and evaluative purposes if the information is abstracted in such a way as to protect the identity of individual consumers.

(f) To the extent necessary for a consumer to make a claim, or for a claim to be made on behalf of a consumer for aid, insurance or medical assistance to which the consumer may be entitled, information from the records may be released with the written authorization of the consumer or the consumer's guardian.

(g) The record must be released without charge to any member of the staff of an agency in Nevada which has been established pursuant to 42 U.S.C. §§ 15001 et seq. or 42 U.S.C. §§ 10801 et seq. if:

(1) The consumer is a consumer of that office and the consumer or the consumer's legal representative or guardian authorizes the release of the record; or

(2) A complaint regarding a consumer was received by the office or there is probable cause to believe that the consumer has been abused or neglected and the consumer:

(I) Is unable to authorize the release of the record because of the consumer's mental or physical condition; and

(II) Does not have a guardian or other legal representative or is a ward of the State.

(h) The record must be released as provided in NRS 433.332 or 433B.200 and in chapter 629 of NRS.

2. As used in this section, "consumer" includes any person who seeks, on the person's own or others' initiative, and can benefit from, care, treatment and training in a private institution or facility offering mental health services, from treatment to competency in a private institution or facility offering mental health services, or from a program of community-based or outpatient services.

(Added to NRS by 1975, 1611; A 1987, 746, 1197; 1989, 2056; 1991, 2351; 1993, 2722; 2003, 1945; 2007, 1981; 2011, 428; 2013, 3494)

NRS 433A.370 Escape or absence without leave.

1. When a consumer committed by a court to a division facility on or before June 30, 1975, or a consumer who is judicially admitted on or after July 1, 1975, or a person who is involuntarily detained pursuant to NRS 433A.145 to 433A.300, inclusive, escapes from any division facility, or when a judicially admitted consumer has not returned to a division facility from conditional release after the administrative officer of the facility has ordered the consumer to do so, any peace officer shall, upon written request of the administrative officer or the administrative officer's designee and without the necessity of a warrant or court order, apprehend, take into custody and deliver the person to such division facility or another state facility.

2. Any person appointed or designated by the Director of the Department to take into custody and transport to a division facility persons who have escaped or failed to return as described in subsection 1 may participate in the apprehension and delivery of any such person, but may not take the person into custody without a warrant.

(Added to NRS by 1975, 1609; A 1999, 867; 2001, 3047; 2011, 429)

NRS 433A.380 Conditional release: No liability of State; restoration of rights; notice to court, district attorney and legal guardian; order to return to facility; judicial review of order to return to facility.

1. Except as otherwise provided in subsection 4, any person involuntarily admitted by a court may be conditionally released from a public or private mental health facility when, in the judgment of the medical director of the facility, the conditional release is in the best interest of the person and will not be detrimental to the public welfare. The medical director of the facility or the medical director's

designee shall prescribe the period for which the conditional release is effective. The period must not extend beyond the last day of the court-ordered period of treatment pursuant to NRS 433A.310. If the person has a legal guardian, the facility shall notify the guardian before discharging the person from the facility. The legal guardian has discretion to determine where the person will be released, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the person will be released within 3 days after the date of notification, the facility shall discharge the person according to its proposed discharge plan.

2. When a person is conditionally released pursuant to subsection 1, the State or any of its agents or employees are not liable for any debts or contractual obligations, medical or otherwise, incurred or damages caused by the actions of the person.

3. When a person who has been adjudicated by a court to be incompetent is conditionally released from a mental health facility, the administrative officer of the mental health facility shall petition the court for restoration of full civil and legal rights as deemed necessary to facilitate the incompetent person's rehabilitation. If the person has a legal guardian, the petition must be filed with the court having jurisdiction over the guardianship.

4. A person who was involuntarily admitted by a court because he or she was likely to harm others if allowed to remain at liberty may be conditionally released only if, at the time of the release, written notice is given to the court which admitted him or her, to the person's legal guardian and to the district attorney of the county in which the proceedings for admission were held.

5. Except as otherwise provided in subsection 7, the administrative officer of a public or private mental health facility or the administrative officer's designee shall order a person who is conditionally released from that facility pursuant to this section to return to the facility if a psychiatrist and a member of that person's treatment team who is professionally qualified in the field of psychiatric mental health determine, pursuant to NRS 433A.115, that the conditional release is no longer appropriate because that person presents a clear and present danger of harm to himself or herself or others. Except as otherwise provided in this subsection, the administrative officer or the designee shall, at least 3 days before the issuance of the order to return, give written notice of the order to the court that admitted the person to the facility and to the person's legal guardian. If an emergency exists in which the person presents an imminent threat of danger of harm to himself or herself or others, the order must be submitted to the court and the legal guardian not later than 1 business day after the order is issued.

6. The court shall review an order submitted pursuant to subsection 5 and the current condition of the person who was ordered to return to the facility at its next regularly scheduled hearing for the review of petitions for involuntary court-ordered admissions, but in no event later than 5 judicial days after the person is returned to the facility. The administrative officer or the administrative officer's designee shall give written notice to the person who was ordered to return to the facility, to the person's legal guardian and to the person's attorney, if known, of the time, date and place of the hearing and of the facts necessitating that person's return to the facility.

7. The provisions of subsection 5 do not apply if the period of conditional release has expired.

(Added to NRS by 1975, 1608; A 1981, 1661; 1999, 867; 2009, 1667)

NRS 433A.390 Release without further order of court at end of period specified; unconditional early release; notice to court and legal guardian.

1. When a consumer, involuntarily admitted to a mental health facility or to a program of community-based or outpatient services by court order, is released at the end of the period specified pursuant to NRS 433A.310, written notice must be given to the admitting court and to the consumer's legal guardian at least 10 days before the release of the consumer. The consumer may then be released without requiring further orders of the court. If the consumer has a legal guardian, the facility or the professional responsible for providing or coordinating the program of community-based or outpatient services shall notify the guardian before discharging the consumer from the facility or program. The legal

guardian has discretion to determine where the consumer will be released, taking into consideration any discharge plan proposed by the facility assessment team or the professional responsible for providing or coordinating the program of community-based or outpatient services. If the legal guardian does not inform the facility or professional as to where the consumer will be released within 3 days after the date of notification, the facility or professional shall discharge the consumer according to its proposed discharge plan.

2. A consumer who is involuntarily admitted to a mental health facility may be unconditionally released before the period specified in NRS 433A.310 when:

(a) An evaluation team established under NRS 433A.250 or two persons professionally qualified in the field of psychiatric mental health, at least one of them being a physician, determines that the consumer has recovered from his or her mental illness or has improved to such an extent that the consumer is no longer considered to present a clear and present danger of harm to himself or herself or others; and

(b) Under advisement from the evaluation team or two persons professionally qualified in the field of psychiatric mental health, at least one of them being a physician, the medical director of the mental health facility authorizes the release and gives written notice to the admitting court and to the consumer's legal guardian at least 10 days before the release of the consumer. If the consumer has a legal guardian, the facility shall notify the guardian before discharging the consumer from the facility. The legal guardian has discretion to determine where the consumer will be released, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the consumer will be released within 3 days after the date of notification, the facility shall discharge the consumer according to its proposed discharge plan.

3. A consumer who is involuntarily admitted to a program of community-based or outpatient services may be unconditionally released before the period specified in NRS 433A.310 when:

(a) The professional responsible for providing or coordinating the program of community-based or outpatient services for the consumer determines that the consumer has recovered from his or her mental illness or has improved to such an extent that the consumer is no longer considered to present a clear and present danger of harm to himself or herself or others; and

(b) Under advisement from an evaluation team established under NRS 433A.250 or two persons professionally qualified in the field of psychiatric mental health, at least one of them being a physician, the professional responsible for providing or coordinating the program of community-based or outpatient services for the consumer authorizes the release and gives written notice to the admitting court at least 10 days before the release of the consumer from the program.

(Added to NRS by 1975, 1607; A 1983, 508; 1989, 1762; 1997, 3496; 1999, 868; 2009, 1668; 2011, 429; 2013, 3495)

NRS 433A.400 Return of indigent to county of last residence or county where involuntarily admitted; notice.

1. An indigent resident of this state discharged as having recovered from his or her mental illness, but having a residual medical or surgical disability which prevents him or her from obtaining or holding remunerative employment, must be returned to the county of his or her last residence, except as otherwise provided pursuant to subsection 2. A nonresident indigent with such disabilities must be returned to the county from which he or she was involuntarily court-admitted, except as otherwise provided in subsection 2. The administrative officer of the mental health facility shall first give notice in writing, not less than 10 days before discharge, to the board of county commissioners of the county to which the person will be returned and to the person's legal guardian.

2. Delivery of the indigent person must be made to an individual or agency authorized to provide further care. If the person has a legal guardian, the facility shall notify the guardian before discharging the person from the facility. The legal guardian has discretion to determine where the person will be

released, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the person will be released within 3 days after the date of notification, the facility shall discharge the person according to its proposed discharge plan.

3. This section does not authorize the release of any person held upon an order of a court or judge having criminal jurisdiction arising out of a criminal offense.

(Added to NRS by 1975, 1607; A 2009, 1669)

NRS 433A.420 Transfer to hospital of Department of Veterans Affairs or other facility; duties of medical director and Commission upon objection of consumer. The medical director of a division facility may order the transfer to a hospital of the Department of Veterans Affairs or other facility of the United States Government any admitted consumer eligible for treatment therein. If the consumer in any manner objects to the transfer, the medical director of the facility shall enter the objection and a written justification of the transfer in the consumer's record and forward a notice of the objection to the Administrator, and the Commission shall review the transfer pursuant to subsections 2 and 3 of NRS 433.534.

(Added to NRS by 1975, 1611; A 1981, 894; 1985, 2271; 1995, 1092; 2011, 430)

NRS 433A.430 Transfer to facility in other state: Examination; contract; objection to transfer; fee for examination.

1. Whenever the Administrator determines that division facilities within the State are inadequate for the care of any person **in a mental health crisis**, the Administrator may designate two physicians, licensed under the provisions of chapter 630 or 633 of NRS, and familiar with the field of psychiatry, to examine that person. If the two physicians concur with the opinion of the Administrator, the Administrator may contract with appropriate corresponding authorities in any other state of the United States having adequate facilities for such purposes for the reception, detention, care or treatment of that person, but if the person in any manner objects to the transfer, the procedures in subsection 3 of NRS 433.484 and subsections 2 and 3 of NRS 433.534 must be followed. The two physicians so designated are entitled to a reasonable fee for their services which must be paid by the county of the person's last known residence.

2. Money to carry out the provisions of this section must be provided by direct legislative appropriation.

(Added to NRS by 1975, 1609; A 1981, 895, 1527; 1999, 1826; 2003, 1177)

NRS 433A.440 Transfer of nonresident to state of residence.

1. If any person involuntarily court-admitted to any division facility pursuant to NRS 433A.310 is found by the court not to be a resident of this State and to be a resident of another state, the person may be transferred to the state of his or her residence pursuant to NRS 433.444 if an appropriate institution of that state is willing to accept the person.

2. The approval of the Administrator of the Division of Public and Behavioral Health of the Department must be obtained before any transfer is made pursuant to subsection 1.

(Added to NRS by 1975, 1607; A 1993, 2723; 1999, 102)

NRS 433A.450 Detention and treatment of offender with mental illness. When a psychiatrist and one other person professionally qualified in the field of psychiatric mental health determines that an offender confined in an institution of the Department of Corrections is a person **in a mental health crisis**, the Director of the Department of Corrections shall apply to the Administrator for the offender's detention and treatment at a division facility selected by the Administrator. If the Administrator determines that adequate security or treatment is not available in a division facility, the Administrator shall provide, within the resources available to the Division and as the Administrator deems necessary, consultation and other appropriate services for the offender at the place where the offender is confined. It is the Director's decision whether to accept such services.

(Added to NRS by 1975, 1609; A 1977, 871; 1983, 509; 2001, 240)

NRS 433A.460 Legal capacity of person admitted to facility or program unimpaired unless adjudicated incompetent. No person admitted to a public or private mental health facility or to a program of community-based or outpatient services pursuant to this chapter shall, by reason of such admission, be denied the right to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote and hold a driver's license, unless such person has been specifically adjudicated incompetent by a court of competent jurisdiction and has not been restored to legal capacity.

(Added to NRS by 1975, 1610; A 2013, 3496)

NRS 433A.470 Guardian may be appointed for person adjudicated incompetent. A person adjudicated by a court to be a person with mental incompetence who is admitted to a public or private mental health facility may have a guardian appointed either by the admitting court or by the district court of the county wherein the mental health facility is located, on the application of any interested person or, in the case of an indigent, on the application of the district attorney of the county wherein the mental health facility is located. The provisions of chapter 159 of NRS shall govern the appointment and administration of guardianships created pursuant to this chapter.

(Added to NRS by 1975, 1610)

NRS 433A.480 Evaluation of person adjudicated incompetent; initiation of action for restoration to legal capacity.

1. The medical director of a division mental health facility shall have all persons adjudicated as persons with mental incompetence of that facility automatically evaluated no less than once every 6 months to determine whether or not there is sufficient cause to believe that the consumer remains unable to exercise rights to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote or hold a driver's license.

2. If the medical director has sufficient reason to believe that the consumer remains unable to exercise these rights, such information shall be documented in the consumer's treatment record.

3. If there is no such reason to believe the consumer is unable to exercise these rights, the medical director shall immediately initiate proper action to cause to have the consumer restored to legal capacity.

(Added to NRS by 1975, 1610; A 2011, 430)

NRS 433A.490 Restoration of legal capacity of person previously adjudicated incompetent. Any person in the State of Nevada who, by reason of a judicial decree ordering the person's hospitalization entered prior to July 1, 1975, is considered to be mentally incompetent and is denied the right to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote or hold a driver's license solely by reason of such decree shall, upon the expiration of the 6-month period immediately following such date, be deemed to have been restored to legal capacity unless, within such 6-month period, affirmative action is commenced to have the person adjudicated mentally incompetent by a court of competent jurisdiction.

(Added to NRS by 1975, 1610)

PAYMENT OF COSTS OF HOSPITALIZATION AND TREATMENT

NRS 433A.580 Arrangements for payment of costs required. No person may be admitted to a private hospital, a division mental health facility or a program of community-based or outpatient services pursuant to the provisions of this chapter unless mutually agreeable financial arrangements relating to the costs of treatment are made between the private hospital, division facility or professional responsible for providing or coordinating a program of community-based or outpatient services and the consumer or person requesting his or her admission.

(Added to NRS by 1975, 1614; A 2011, 430; 2013, 3496)

NRS 433A.590 Schedule of fees.

1. Fees for the cost of treatment and services rendered through any division facility must be established pursuant to the fee schedule established under NRS 433.404 or 433B.250, as appropriate.
2. The maximum fee established by the schedule must approximate the actual cost per consumer for the class of consumer care provided.
3. The fee schedule must allow for a consumer to pay a portion of the actual cost if it is determined that the consumer and his or her responsible relatives pursuant to NRS 433A.610 are unable to pay the full amount. That determination must be made pursuant to NRS 433A.640 and 433A.650.
4. Any reduction pursuant to subsection 3 of the amount owed must not be calculated until all of the benefits available to the consumer from third-party sources, other than Medicaid, have been applied to pay the actual cost for the care provided.

(Added to NRS by 1975, 1614; A 1993, 1239, 2723; 2011, 430)

NRS 433A.600 Charges to nonindigent persons admitted to facility or program and responsible relative; recovery by civil action; disposition of receipts.

1. A person who is admitted to a division facility or to a program of community-based or outpatient services operated by the Division and not determined to be indigent and every responsible relative pursuant to NRS 433A.610 of the person shall be charged for the cost of treatment and is liable for that cost. If after demand is made for payment the person or his or her responsible relative fails to pay that cost, the administrative officer or professional responsible for providing or coordinating the program of community-based or outpatient services, as applicable, may recover the amount due by civil action.

2. All sums received pursuant to subsection 1 must be deposited in the State Treasury and may be expended by the Division for the support of that facility or program in accordance with the allotment, transfer, work program and budget provisions of NRS 353.150 to 353.245, inclusive.

(Added to NRS by 1975, 1615; A 1985, 2272; 1993, 1240; 2013, 3496)

NRS 433A.610 Liability of certain relatives and estate of person admitted to facility for payment of costs; recovery by legal action.

1. When a person is admitted to a division facility or hospital under one of the various forms of admission prescribed by law, the parent or legal guardian of a person **in a mental health crisis** who is a minor or the husband or wife of a person **in a mental health crisis**, if of sufficient ability, and the estate of the person **in a mental health crisis**, if the estate is sufficient for the purpose, shall pay the cost of the maintenance for the person **in a mental health crisis**, including treatment and surgical operations, in any hospital in which the person is hospitalized under the provisions of this chapter:

- (a) To the administrative officer if the person is admitted to a division facility; or
- (b) In all other cases, to the hospital rendering the service.

2. If a person or an estate liable for the care, maintenance and support of a committed person neglects or refuses to pay the administrative officer or the hospital rendering the service, the State is entitled to recover, by appropriate legal action, all money owed to a division facility or which the State has paid to a hospital for the care of a committed person, plus interest at the rate established pursuant to NRS 99.040.

(Added to NRS by 1975, 1614; A 1987, 1446; 1993, 1240)

NRS 433A.620 Limitation on payment from estate of person admitted to facility. Payment for the care, support, maintenance and other expenses of a person admitted to a division mental health facility shall not be exacted from such person's estate if there is a likelihood of such person's recovery or release from such facility and payment will reduce the person's estate to such an extent that he or she is likely to become a burden on the community in the event of his or her discharge from such facility.

(Added to NRS by 1975, 1615)

NRS 433A.630 Special agreement for support of consumer adjudicated incompetent; advance payments.

1. The administrative officers of the respective division facilities may enter into special agreements secured by properly executed bonds with the relatives, guardians or friends of consumers who are adjudicated to be consumers with mental incompetence for subsistence, care or other expenses of such consumers. Each agreement and bond must be to the State of Nevada and any action to enforce the agreement or bond may be brought by the administrative officer.

2. Financially responsible relatives pursuant to NRS 433A.610 and the guardian of the estate of a consumer may, from time to time, pay money to the division facility for the future personal needs of the consumer with mental incompetence and for the consumer's burial expenses. Money paid pursuant to this subsection must be credited to the consumer in the consumers' personal deposit fund established pursuant to NRS 433.539.

(Added to NRS by 1975, 1615; A 1993, 1240; 2011, 430)

NRS 433A.640 Parties responsible for payment of charges after court-ordered admission; investigation of ability to pay.

1. Once a court has ordered the admission of a person to a division facility, the administrative officer shall make an investigation, pursuant to the provisions of this chapter, to determine whether the person or his or her responsible relatives pursuant to NRS 433A.610 are capable of paying for all or a portion of the costs that will be incurred during the period of admission.

2. If a person is admitted to a division facility or program of community-based or outpatient services pursuant to a court order, that person and his or her responsible relatives are responsible for the payment of the actual cost of the treatment and services rendered during his or her admission to the division facility or program unless the investigation reveals that the person and his or her responsible relatives are not capable of paying the full amount of the costs.

3. Once a court has ordered the admission of a person to a program of community-based or outpatient services operated by the Division, the professional responsible for providing or coordinating the program shall make an investigation, pursuant to the provisions of this chapter, to determine whether the person or his or her responsible relatives pursuant to NRS 433A.610 are capable of paying for all or a portion of the costs that will be incurred during the period of admission.

(Added to NRS by 1975, 1614; A 1993, 1241; 2013, 3497)

NRS 433A.650 Benefits available from third party. Determination of ability to pay pursuant to NRS 433A.640 shall include investigation of whether the consumer has benefits due and owing to the consumer for the cost of his or her treatment from third-party sources, such as Medicare, Medicaid, social security, medical insurance benefits, retirement programs, annuity plans, government benefits or any other financially responsible third parties. The administrative officer of a division mental health facility or professional responsible for providing or coordinating a program of community-based or outpatient services may accept payment for the cost of a consumer's treatment from the consumer's insurance company, Medicare or Medicaid and other similar third parties.

(Added to NRS by 1975, 1614; A 2011, 431; 2013, 3497)

NRS 433A.660 Collection of fees by legal action and other methods.

1. If the consumer, his or her responsible relative pursuant to NRS 433A.610, guardian or the estate neglects or refuses to pay the cost of treatment to the division facility or to the program of community-based or outpatient services operated by the Division rendering service pursuant to the fee schedule established under NRS 433.404 or 433B.250, as appropriate, the State is entitled to recover by appropriate legal action all sums due, plus interest.

2. Before initiating such legal action, the division facility or program, as applicable, shall demonstrate efforts at collection, which may include contractual arrangements for collection through a private collection agency.

(Added to NRS by 1975, 1615; A 1993, 1241, 2723; 2011, 431; 2013, 3497)

NRS 433A.680 Payment of costs of medical services rendered by person not on staff of facility of Division. The expense of diagnostic, medical and surgical services furnished to a consumer admitted to a division facility by a person not on the staff of the facility, whether rendered while the consumer is in a general hospital, an outpatient of a general hospital or treated outside any hospital, must be paid by the consumer, the guardian or relatives responsible pursuant to NRS 433A.610 for the consumer's care. In the case of an indigent consumer or a consumer whose estate is inadequate to pay the expenses, the expenses must be charged to the county from which the admission to the division facility was made, if the consumer had, before admission, been a resident of that county. The expense of such diagnostic, medical and surgical services must not in any case be a charge against or paid by the State of Nevada, except when in the opinion of the administrative officer of the division mental health facility to which the consumer is admitted payment should be made for nonresident indigent consumers and money is authorized pursuant to NRS 433.374 or 433B.230 and the money is authorized in approved budgets.

(Added to NRS by 1975, 1617; A 1993, 1241, 1972, 2724; 1995, 664; 2011, 431)

NRS 433A.690 Claim against estate of deceased consumer. Claims by a division mental health facility against the estates of deceased consumers may be presented to the executor or Administrator in the manner required by law, and shall be paid as preferred claims equal to claims for expenses of last illness. When a deceased person has been maintained at a division mental health facility at a rate less than the maximum usually charged, or the facility has incurred other expenses for the benefit of the person for which full payment has not been made, the estate of the person shall be liable if the estate is discovered within 5 years after the person's death.

(Added to NRS by 1975, 1617; A 2011, 432)

MISCELLANEOUS PROVISIONS

NRS 433A.715 Court required to seal records of admission and treatment; petition to inspect records after sealing; admission to hospital, facility or program deemed to have never occurred after sealing.

1. A court shall seal all court records relating to the admission and treatment of any person who was admitted, voluntarily or as the result of a noncriminal proceeding, to a public or private hospital, a mental health facility or a program of community-based or outpatient services in this State for the purpose of obtaining mental health treatment.

2. Except as otherwise provided in subsections 4 and 5, a person or governmental entity that wishes to inspect records that are sealed pursuant to this section must file a petition with the court that sealed the records. Upon the filing of a petition, the court shall fix a time for a hearing on the matter. The petitioner must provide notice of the hearing and a copy of the petition to the person who is the subject of the records. If the person who is the subject of the records wishes to oppose the petition, the person must appear before the court at the hearing. If the person appears before the court at the hearing, the court must provide the person an opportunity to be heard on the matter.

3. After the hearing described in subsection 2, the court may order the inspection of records that are sealed pursuant to this section if:

(a) A law enforcement agency must obtain or maintain information concerning persons who have been admitted to a public or private hospital, a mental health facility or a program of community-based or outpatient services in this State pursuant to state or federal law;

(b) A prosecuting attorney or an attorney who is representing the person who is the subject of the records in a criminal action requests to inspect the records; or

(c) The person who is the subject of the records petitions the court to permit the inspection of the records by a person named in the petition.

4. A governmental entity is entitled to inspect court records that are sealed pursuant to this section without following the procedure described in subsection 2 if:

(a) The governmental entity has made a conditional offer of employment to the person who is the subject of the records;

(b) The position of employment conditionally offered to the person concerns public safety, including, without limitation, employment as a firefighter or peace officer;

(c) The governmental entity is required by law, rule, regulation or policy to obtain the mental health records of each individual conditionally offered the position of employment; and

(d) An authorized representative of the governmental entity presents to the court a written authorization signed by the person who is the subject of the records and notarized by a notary public or judicial officer in which the person who is the subject of the records consents to the inspection of the records.

5. Upon its own order, any court of this State may inspect court records that are sealed pursuant to this section without following the procedure described in subsection 2 if the records are necessary and relevant for the disposition of a matter pending before the court. The court may allow a party in the matter to inspect the records without following the procedure described in subsection 2 if the court deems such inspection necessary and appropriate.

6. Following the sealing of records pursuant to this section, the admission of the person who is the subject of the records to the public or private hospital, mental health facility or program of community-based or outpatient services, is deemed never to have occurred, and the person may answer accordingly any question related to its occurrence, except in connection with:

(a) An application for a permit to carry a concealed firearm pursuant to the provisions of NRS 202.3653 to 202.369, inclusive;

(b) A transfer of a firearm; or

(c) An application for a position of employment described in subsection 4.

7. As used in this section:

(a) "Firefighter" means a person who is a salaried employee of a fire-fighting agency and whose principal duties are to control, extinguish, prevent and suppress fires. As used in this paragraph, "fire-fighting agency" means a public fire department, fire protection district or other agency of this State or a political subdivision of this State, the primary functions of which are to control, extinguish, prevent and suppress fires.

(b) "Peace officer" has the meaning ascribed to it in NRS 289.010.

(c) "Seal" means placing records in a separate file or other repository not accessible to the general public.

(Added to NRS by 2007, 1521; A 2013, 3498)

CRIMES AND PENALTIES

NRS 433A.740 Liability of public officer or employee. Any public officer or employee who transports or delivers or assists in transporting or delivering or detains or assists in detaining any person pursuant to the provisions of this chapter shall not be rendered civilly or criminally liable thereby unless it is shown that such officer or employee acted maliciously or in bad faith or that his or her negligence resulted in bodily harm to such person.

(Added to NRS by 1975, 1609)

NRS 433A.750 Unlawful acts; penalties.

1. A person who:

(a) Without probable cause for believing a person to be mentally ill causes or conspires with or assists another to cause the involuntary court-ordered admission of the person under this chapter; or

(b) Causes or conspires with or assists another to cause the denial to any person of any right accorded to the person under this chapter,

is guilty of a category D felony and shall be punished as provided in NRS 193.130.

2. Unless a greater penalty is provided in subsection 1, a person who knowingly and willfully violates any provision of this chapter regarding the admission of a person to, or discharge of a person from, a public or private mental health facility or a program of community-based or outpatient services is guilty of a gross misdemeanor.

3. A person who, without probable cause for believing another person to be mentally ill, executes a petition, application or certificate pursuant to this chapter, by which the person secures or attempts to secure the apprehension, hospitalization, detention, admission or restraint of the person alleged to be mentally ill, or any physician, psychiatrist, licensed psychologist or other person professionally qualified in the field of psychiatric mental health who knowingly makes any false certificate or application pursuant to this chapter as to the mental condition of any person is guilty of a category D felony and shall be punished as provided in NRS 193.130.

(Added to NRS by 1975, 1608; A 1989, 1552; 1993, 2116; 1995, 1277; 2013, 3499)