

Statement from Medical Director/Designee of Inpatient Psychiatric Acute Care Hospital

| Child's Name | Date of Birth | Court Case No | |
|--|---------------|---|--|
| I am the Medical Director or designee of | | _ Pursuant to ARS §8-272 (F)(2), I have determined that the | |

above named youth requires acute inpatient psychiatric assessment and stabilization. This hospital's services are appropriate to meet these treatment needs.

A.R.S. § 8-201 (19) defines a "medical director of a mental health agency" as a psychiatrist, or licensed physician experienced in psychiatric matters, who is designated in writing by the governing body of the agency as the person in charge of the medical services of the agency; or a psychiatrist designated by such a governing body to act for the director. The term includes the superintendent of the State Hospital.

| Medical Director or Designee Name (Printed) | | | |
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| | | | |
| | | | |

Email Address

Medical Director or Designee Signature

Facility Phone No.

Date



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