## **NOTICE OF CERTIFICATION**

Confidential Patient Information See Welfare & Institutions Code Section 5328 and Penal Code HIPAA Privacy Rule 45 C.F.R. § 164.508

	11142		
The authorized agency provid evaluated the condition of:	ing evaluation services in the C	County of	has
Name			
Address			
	Date of Birth		Sex
We, the undersigned, allege the impairment by chronic alcohol	hat the above-named person is lism (Mark all that apply):	s, as a result of a mental disor	der or
☐ A danger to others ☐ A	A danger to himself or herself	☐ Gravely disabled as defir paragraph (1) of sub- div subdivision (1) of Section Welfare and Institutions	rision (h) or n 5008 of the
*Strike out all inapplicable class	ssifications.		
The specific facts which form of the classifications indicated	the basis for our opinion that th l above are as follows:	ne above-named person meet	s one or more
-	s been informed of this evaluating to accept treatment on a volu		
	ve-named person to receive into onic alcoholism beginning this ein named:		
Date			
Signature			
Signature			

DHCS 1808 (04/19)

I hereby state that I delivered a copy of this notice this day to the above-named person and that I informed him or her that unless judicial review is requested, a certification review hearing will be held within four days of the date on which the person is certified for a period of intensive treatment and that an attorney or advocate will visit him or her to provide assistance in preparing for the hearing or to an- swer questions regarding his or her commitment or to provide other assistance. The court has been notified of this certification on this day.

0:		
Signature		
o.ga.a. o		

Copies: Person Certified-Personally delivered Person's Attorney/Advocate

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