

3. Having this background information, the psychiatrist, in private, would evaluate the person. He could recommend release, refer for out-patient care or a 3 day involuntary hospitalization for further observation and assessment.
4. Realizing that psychiatric services are often not readily available, especially in rural areas a protocol should make the process clear.
  - a. the person would be taken to a local clinic or hospital. Information would be shared, an on-call psychiatrist would be summoned if the staff felt this was indicated.
  - b. cost of services would be paid by the Affordable Care Act so that money would not influence decisions, or overwhelm local resources.
  - c. malicious reporting would be punishable by law. A family or good Samaritan, scared but wrong, would be thanked for being a good citizen.
5. A person's right to refuse medical treatment, if his mental status precludes the good judgment necessary to act on his own behalf, would be suspended. However, he does have the right to humane, appropriate treatment. This would most likely require admission to a psych unit with staff trained to deal with this level of pathology. Locked doors and a seclusion room would be necessary. Also, the person has the right to a therapeutic discharge plan that the appropriate level of supervision. If this is unavailable in Connecticut an interstate agreement can allow transfer to an out-of-state facility.