1. Your doctor in the hospital has recommended that you be a Community Probate patient after you leave the hospital because they believe you need closer supervision to help you keep up with your treatment plan.
2. Your treatment plan includes:
	1. Medication
	2. Appointments with your doctor/prescriber
	3. Meetings with your case manager
3. If you keep up with your treatment plan, it is likely that you will continue to feel well and be able to carry on your life at home.
4. If you do not take your medication as prescribed and follow-up with the doctor and case manager regularly, it is very possible that you will become ill again, that you are likely to become dangerous to yourself or others and may need to be re-hospitalized.
5. While you are a Community Probate patient, your treatment team (doctor and case manager) may recommend that you be re-hospitalized because they believe you are getting sick again and have become dangerous to yourself or others. They will ask you to agree to be hospitalized but they can return you to the hospital involuntarily if they believe you have become dangerous to yourself or others.
6. If your treatment team hospitalizes you against your will, you are entitled to a court hearing.
7. As part of your Community Probate, you will have regular Probate Court hearings which you must attend unless you waive your attendance.
8. You may apply to continue your treatment as a voluntary patient rather than under Community Probate at any time. If you think you may wish to take this step, you and your doctor should discuss the pros and cons of such a change in status, and your treatment will continue according to what you and your doctor decide.

**The Client's Rights Officer in your behavioral health facility is** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]  My rights and responsibilities as a community-probate patient have been discussed**

 **with me. I have had an opportunity to have my questions answered.**

Patient's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_