Charles Richard Fran Treadway, M.D.
Disclaimers:

I am a Licensed Psychologist in Tennessee designated as a Health Service Provider with specialties in substance abuse (APA-American College of Professional Psychology/SAP) and police psychology (IACP). I am also a Sergeant with the Cookeville Police Department. I was appointed by the Tennessee Governor to the Advisory Board of the Tennessee Suicide Prevention Network in February of 2014. I have served on the clinical staff of Cookeville Regional Medical Center and serve on the staff of Ten Broeck Behavioral Health Hospital, Cookeville.

I sign many Emergency Papers each year: 90 last year and 87 as of this date.

I am not a lawyer and I am not giving legal advice. I maintain a relationship with my attorney and seek his advice.
Levels of Burden of Proof

Reasonable suspicion—Traffic Stops
Probable cause—General Session Court: Misdemeanors
Preponderance of the evidence—Civil: Circuit Court
Clear and convincing evidence—Equity: Chancery Court
Beyond reasonable doubt—Criminal Court
Current Tennessee Forms

http://tn.gov/mental/legalCounsel/ModelFor
Rules and Regulations in Tennessee Law

Rules of the Tennessee Department of Mental and Substance Abuse Service

Chapter 0940-03
<table>
<thead>
<tr>
<th>Mental Health Services</th>
<th>Chapter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0940-03-01</td>
<td></td>
<td>Release from Involuntary Hospitalization</td>
</tr>
<tr>
<td>0940-03-02</td>
<td></td>
<td>Mandatory Pre-Screening for Admission to State Supported Mental Health Institutes</td>
</tr>
<tr>
<td>0940-03-03</td>
<td></td>
<td>Forensics</td>
</tr>
<tr>
<td>0940-03-04</td>
<td></td>
<td>Outpatient Services</td>
</tr>
<tr>
<td>0940-03-05</td>
<td></td>
<td>Mental Health Supportive Living Facility</td>
</tr>
<tr>
<td>0940-03-06</td>
<td></td>
<td>Quality Enabling Program</td>
</tr>
<tr>
<td>0940-03-07</td>
<td></td>
<td>Hospital Isolation and Restraint</td>
</tr>
<tr>
<td>0940-03-08</td>
<td></td>
<td>Severe Impairment</td>
</tr>
<tr>
<td>0940-03-09</td>
<td></td>
<td>Community-Based Screening Process for Emergency Involuntary Admissions</td>
</tr>
<tr>
<td>0940-03-10</td>
<td></td>
<td>Use Of Isolation, Mechanical Restraint, And Physical Holding Restraint In Mental Health Residential Treatment Facilities</td>
</tr>
<tr>
<td>0940-03-11</td>
<td></td>
<td>Community Mental Health Center Cooperation</td>
</tr>
<tr>
<td>0940-03-12</td>
<td></td>
<td>Transfer of Service Recipients to and from the MTMHI Forensic Services Program</td>
</tr>
<tr>
<td>0940-03-13</td>
<td></td>
<td>Admissions to a Regional Mental Health Institute (RMHI)</td>
</tr>
</tbody>
</table>
§ 33-6-401. Emergency detention.

AND ONLY IF

(1) a person has a mental illness or serious emotional disturbance,

(2) the person poses an immediate substantial likelihood of serious harm under § 33-6-501 because of the mental illness or serious emotional disturbance,

THEN

(3) the person may be detained under § 33-6-402 to obtain examination for certification of need for care and treatment.
33-6-402. Detention without warrant authorized. If an officer authorized to make arrests in the state, a licensed physician, a psychologist authorized under § 33-6-427(a), or a professional designated by the commissioner under § 33-6-427(b) has reason to believe that a person is subject to detention under § 33-6-401, then the officer, physician, psychologist, or designated professional may take the person into custody without a civil order or warrant for immediate examination under § 33-6-404 for certification of need for care and treatment.
03. Admission to treatment facility.

ONLY IF

(1) a person has a mental illness or serious emotional disturbance, AND

(2) the person poses an immediate substantial likelihood of serious harm, under § 33-6-501, because of the mental illness or serious emotional disturbance, AND

(3) the person needs care, training, or treatment because of the mental illness or serious emotional disturbance, AND

(4) all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person,

THEN

(5) the person may be admitted and detained by a hospital or treatment resource for emergency diagnosis, evaluation, and treatment under this part.
06. Transportation of detainee to treatment facility.

If the person certified for admission under § 33-6-404 is not already at the hospital or treatment resource at which the person is proposed to be admitted, the physician, psychologist or designated professional who completed the certificate of need under § 33-6-404 shall give the sheriff or the transportation agent designated under part 9 of this chapter the original of the certificate and turn the custody of the person over to the sheriff or transportation agent who shall transport the person to a hospital or treatment resource that has available suitable accommodations for proceedings under § 33-6-407; provided, that, if admission is sought to a state-owned or operated hospital or treatment resource, the physician, psychologist or designated professional who completed the certificate of need under § 33-6-404 shall also provide to the sheriff or transportation agent a written statement verifying that the state-owned or operated hospital or treatment resource has been contacted and has available suitable accommodations, and the sheriff or transportation agent shall not be required to take custody of the person for transportation unless both the original of the certificate and the written statement are provided.
33-6-407. Examination to determine need for hospitalization.

(a) A hospital or treatment resource that receives a person transported under § 33-6-406 shall have a licensed physician examine the person to determine whether the person is subject to admission under § 33-6-403.
§ 33-6-408. Admission of person already at treatment facility.

If the person has been certified as subject to admission under § 33-6-403 and is already at the hospital or treatment source at which the person is proposed to be admitted, the person who took the service recipient to the hospital or treatment source may then apply for the admission for the purpose of emergency diagnosis, evaluation and treatment. Except as provided in § 33-6-409 [Repealed], the application shall be accompanied by the two (2) certificates of need and shall state the reasons and circumstances under which the person was taken into custody.
Notice of admission to general sessions court -- Notice of defendant's status.

Information about the process plus:

The defendant's rights, including, but not limited to, right to counsel, right to waive hearing, right to confront and cross-examine witnesses, and right to be protected from compelled self-incrimination;
The status of the defendant if judicially committed, including, but not limited to:

(A) The person's prohibition against purchasing a firearm under § 39-17-1316;

(B) The person's prohibition against obtaining a handgun carry permit under § 39-17-1351; and

(C) The suspension or revocation of a handgun carry permit under § 39-17-1352 once judicially committed to a hospital or treatment resource pursuant to this title;

The person's right to appeal the prohibition against purchasing a firearm pursuant to § 39-17-1316; and

The person's right to appeal the denial of a handgun carry permit pursuant to §§ 39-17-1352, 39-17-1353, and 39-17-1354.
-421. Filing of certificates of need.

The chief officer shall file with the court, by the time of the probable cause hearing, certificates of need for care and treatment from **two (2) licensed physicians or one (1) licensed physician and a psychologist qualified under § 33-6-427(a)**, certifying that the defendant satisfies the requirements of § 33-6-502(1)-(4), and that if involuntary treatment is not continued the defendant's condition resulting from serious emotional disturbance is likely to deteriorate rapidly to the point that the defendant would be again admissible under § 33-6-403, and showing the factual foundation for the conclusions on each item of the certificates.
6-426. Certification by physician required.

If a person who is not a licensed physician executes the first certificate of need in support of hospitalization under this part, then only a licensed physician may execute the second certificate of need in support of hospitalization under this part.
If a person is a licensed psychologist designated as a health service provider by the board of healing and actively practicing as such, the person may take any action authorized and perform any duty imposed on a physician by §§ 33-6-401 -- 33-6-406.

The commissioner may designate a person to take any action authorized and perform any duty imposed on a physician by §§ 33-6-401 -- 33-6-406 to the extent the duties are within the scope of practice of the profession in which the person is licensed or certified, if the person:
Is a qualified mental health professional under § 33-1-101 or is a licensed physician assistant with a master's degree in psychiatry as determined by the department based on training or experience;

Is licensed or certified to practice in the state if required for the discipline; and

Satisfactorily completes a training program approved and provided by the department on emergency commitment procedures.

Subsection (b) does not affect any property right of state while the person is acting in the person's capacity as employee of the state.
Recommendations

1) Maintain a relationship with an attorney and do with a psychiatrist and/or physician.

2) Keep current emergency papers with you wherever you practice and keep current on the law.

3) When you have questions or concerns: consult, consult, consult and then consult again.
Document and keep excellent records (including emergency papers you sign).

Use your malpractice carrier as your source of questions when necessary.

Understand Probable Cause Law when you stand before a General Sessions Judge and be prepared to justify statements with factual information.

Remember you can have liability for not signing for signing.
The goal of the TSPN is to Educate And Save Lives

“Suicide is one of the most preventable causes of death. Anyone can step in and prevent a tragedy, if they know how to spot someone in crisis and how to approach them.”

Questions?