**AUTHORIZATION TO TRANSFER**
**A PERSON ON AN EMERGENCY PSYCHIATRIC HOLD BEWTEEN HOSPITALS**

In the Matter of )
)
)
_____, )
allegedly to be a mentally ill person )

Pursuant to ORS 426.235, I, _____, the community mental health program director, or designee, for _____ County, Oregon, hereby authorize the transfer of _____, who is in custody under ORS 426.232, 426.233 or 426.237(1)(b), from

_____, an approved hospital or
name of the hospital or nonhospital facility

nonhospital facility to_____, an approved
name of the hospital or nonhospital facility

hospital or nonhospital facility located at _____
address of the facility

Furthermore, _____ M.D., a physician, who is responsible for the above named person at the hospital where the person is in custody, consents to the transfer described above, and _____ M.D., a physician at the receiving hospital has agreed to admit the above named person.

In addition, pursuant to ORS 426.235(4), the following person shall transport the above named person to the receiving hospital described above:

_____ _____.
Peace Officer, or CMHP Director or designee — Badge No. (if appropriate)

Signed on the _____ day of _____, 20__.

_____ _____
Signature of CMHP Director or designee — Print Name


Original: Sending Hospital
Copies: CMHP
Receiving Hospital