

**NOTICE OF PROPOSED EXPEDITED RULEMAKING**  
**TITLE 9. HEALTH SERVICES**  
**CHAPTER 10. DEPARTMENT OF HEALTH SERVICES**  
**HEALTH CARE INSTITUTIONS: LICENSING**  
**ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY**

**PREAMBLE**

- 1. Article, Part, of Section Affected (as applicable)**                      **Rulemaking Action**
- |            |       |
|------------|-------|
| R9-10-1302 | Amend |
| R9-10-1307 | Amend |
| R9-10-1309 | Amend |
| R9-10-1310 | Amend |
| R9-10-1312 | Amend |
- 2. Citations to the agency’s statutory authority for the rulemaking to include the authorizing statute (general) and the implementing statute (specific):**
- Authorizing Statutes: A.R.S. §§ 36-132(A)(1), 36-136(G)  
Implementing Statutes: A.R.S. §§ 36-132(A)(17) and 36-405(A) and (B)
- 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed expedited rulemaking:**
- Notice of Docket Opening: 24 A.A.R. XXXX, July 6, 2018 [To be entered by Register Editor]
- 4. The agency’s contact person who can answer questions about the rulemaking:**
- Name:                      Colby Bower, Assistant Director  
Address:                      Department of Health Services  
                                    Public Health Licensing Services  
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                                    Phoenix, AZ 85007  
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                                    or  
Name:                        Robert Lane, Chief

Address: Arizona Department of Health Services  
Office of Administrative Counsel and Rules  
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Phoenix, AZ 85007  
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**5. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, under A.R.S. § 41-1027, to include an explanation about the rulemaking:**

In order to ensure public health, safety, and welfare, Arizona Revised Statutes (A.R.S.) §§ 36-405 and 36-406 require the Arizona Department of Health Services (Department) to adopt rules establishing minimum standards and requirements for construction, modification, and licensure of health care institutions. Pursuant to Arizona Administrative Code (A.A.C.) R9-10-101(31), a “[b]ehavioral health specialized transitional facility” means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.” Specific rules for Arizona’s sole behavioral health specialized transitional facility, the Arizona Community Protection and Treatment Center (ACPTC), may be found in A.A.C Title 9, Chapter 10, Article 13. Although the rules were made in 2013 and all but two revised in 2014, several issues have arisen that need to be addressed. Among them is that ACPTC is prohibited, according to the current requirement in R9-10-1309, from placing patients in seclusion (locked rooms) under emergency circumstances. Instead, staff must immediately resort to physically restraining patients, a more punitive and severe alternative than seclusion. The inability to place patients in seclusion has resulted in ACPTC receiving complaints from patients, potentially increasing costs and incurring unnecessary liability. As described in a five-year-review report for 9 A.A.C. 10, Article 13, approved by the Governor’s Regulatory Review Council on January 9, 2018, the Department is revising the rules in 9 A.A.C. 10, Article 13, by expedited rulemaking to clarify the permissible use of seclusion in behavioral health specialized transitional facility clinical environments and address other issues described in the five-year-review report. The proposed amendments will conform to rulemaking format and style requirements of the Governor’s Regulatory

Review Council and the Office of the Secretary of State.

- 6. A reference to any study relevant to the rules that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Department did not review or rely on any study for this rulemaking.

- 7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state.**

Not applicable

- 8. The preliminary summary of the economic, small business, and consumer impact:**

Under A.R.S. § 41-1055(D)(2), the Department is not required to provide an economic, small business, and consumer impact statement.

- 9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:**

Not applicable

- 10. Where, when, and how persons may provide written comment to the agency on the proposed expedited rules under A.R.S. § 41-1027(C):**

Close of record: July 23, 2018, 4:00 p.m.

A person may submit written comments on the proposed expedited rules no later than the close of record to either of the individuals listed in item 4.

- 11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

- a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

A.R.S. § 36-407 prohibits a person from establishing, conducting, or maintaining “a health care institution or any class or subclass of health care institution unless that person holds a current and valid license issued by the [D]epartment specifying the class or subclass of health care institution the person is establishing, conducting or maintaining.” A health care institution license is specific to the licensee, class or subclass of health care institution, facility

location, and scope of services provided. As such, a general permit is not applicable and is not used.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

Federal laws do not apply to the rules.

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

No such analysis was submitted.

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

None

**13. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**  
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**HEALTH CARE INSTITUTIONS: LICENSING**  
**ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY**

Section

- R9-10-1302. Administration
- R9-10-1307. Discharge or Conditional Release to a Less Restrictive Alternative
- R9-10-1309. Patient Rights
- R9-10-1310. Behavioral Health Services
- R9-10-1312. Medical Records

## ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY

### R9-10-1302. Administration

#### A. The governing authority for a behavioral health specialized transitional facility:

1. Is the superintendent of the state hospital; and
2. Shall:
  - a. Establish, in writing:
    - i. A behavioral health specialized transitional facility's scope of services, and
    - ii. Qualifications for an administrator;
  - b. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(a)(ii);
  - c. Adopt a quality management program according to R9-10-1303;
  - d. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  - e. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(a)(ii), if the administrator is:
    - i. Expected not to be present on the behavioral health specialized transitional facility's premises for more than 30 calendar days, or
    - ii. Not present on the behavioral health specialized transitional facility's premises for more than 30 calendar days; and
  - f. Except as provided in subsection (A)(2)(e), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

#### B. An administrator:

1. Is directly accountable to the superintendent of the state hospital for the daily operation of the behavioral health specialized transitional facility and for all services provided by or at the behavioral health specialized transitional facility;
2. Has the authority and responsibility to manage the behavioral health specialized transitional facility; and
3. Except as provided in subsection (A)(2)(e), designates, in writing, an individual who is present on the behavioral health specialized transitional facility's premises and

accountable for the behavioral health specialized transitional facility when the administrator is not present on the behavioral health specialized transitional facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Cover patient admission, assessment, treatment plan, transfer, discharge planning, ~~discharge~~, and recordkeeping;
  - d. Cover discharge, including the amount of medication provided to a patient at discharge, based on an assessment of the patient's medical condition;
  - ~~d.e.~~ Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - ~~e.f.~~ Cover the requirements in A.R.S. §§ 36-3708, 36-3709, and 36-3714;
  - ~~f.g.~~ Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the patient has the apparent intent and ability to carry out the threat;
  - ~~g.h.~~ Cover when informed consent is required and how informed consent is obtained;
  - ~~h.i.~~ Cover the criteria and process for conducting research using patients or patients' medical records;
  - ~~i.j.~~ Include the establishment of, disbursing from, and recordkeeping for a patient personal funds account;
  - ~~j.k.~~ Include a method of patient identification to ensure a patient receives the services ordered for the patient;
  - ~~k.l.~~ Cover contracted services;

- ~~l~~m. Cover health care directives;
  - ~~m~~n. Cover medical records, including electronic medical records;
  - ~~n~~o. Cover medication procurement, storage, inventory monitoring and control, and disposal;
  - ~~o~~p. Cover infection control;
  - ~~p~~q. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
  - ~~q~~r. Cover environmental services that affect patient care;
  - ~~r~~s. Cover reporting suspected or alleged abuse, neglect, exploitation, or other criminal activity;
  - ~~s~~t. Cover quality management, including incident reports and supporting documentation;
  - ~~t~~u. Cover emergency treatment and disaster plan;
  - ~~u~~v. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - ~~v~~w. Include security of the facility, patients and their possessions, personnel members, and visitors at the behavioral health specialized transitional facility;
  - ~~w~~x. Include preventing unauthorized patient absences;
  - ~~x~~y. Cover transportation of patients, including the criteria for using a locking mechanism to restrict a patient's movement during transportation;
  - ~~y~~z. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The behavioral health specialized transitional facility to respond to a patient's complaint;
  - ~~z~~aa. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities; and
  - ~~aa~~bb. Include equipment inspection and maintenance;
2. Policies and procedures are available to each personnel member;
  3. Laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of



Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;

4. Food services are provided as specified in R9-10-1314;
  5. The following individuals have access to a patient:
    - a. The patient's representative,
    - b. An individual assigned by a court of law to provide services to the patient,  
and
    - c. An attorney hired by the patient or patient's family;
  6. Labor performed by a patient for the behavioral health specialized transitional facility is consistent with A.R.S. § 36-510 and applicable state and federal law; and
  7. The following information is posted in an area easily viewed by a patient or an individual entering or leaving the behavioral health specialized transitional facility:
    - a. Patient rights,
    - b. Telephone number for the Department and the Office of Human Rights,
    - c. Location of inspection reports,
    - d. Complaint procedures, and
    - e. Visitation hours and procedures;
- D.** An administrator shall:
1. Provide written notification to the Department of a patient's:
    - a. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death;
    - b. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical service provider; and
    - c. Absence, within one working day after an unauthorized patient absence from the behavioral health specialized transitional facility is discovered;
  2. Maintain the documentation required in subsection (D)(1) for at least 12 months after the date of the notification; and
  3. Ensure that sufficient personnel are present at the behavioral health specialized transitional facility at all times to maintain safe and secure conditions.
- E.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving

services from an employee or personnel member of the behavioral health specialized transitional facility, the administrator shall:

1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
3. Document:
  - a. The suspected abuse, neglect, or exploitation of the patient;
  - b. Any action taken according to subsection (E)(1); and
  - c. The report in subsection (E)(2);
4. Maintain the documentation required in ~~subsections (E)(1) and (E)(2)~~ subsection (E)(3) for at least 12 months after the date of the report;
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (E)(2):
  - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
  - b. A description of any injury to the patient related to the abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
  - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
  - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection ~~(C)(10)(e)~~ (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

**F. An administrator shall:**

1. Unless otherwise stated, ensure that:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health specialized transitional facility, the documentation or information is provided to the unit in the

Department that is responsible for licensing and monitoring the behavioral health specialized transitional facility;

2. Appoint a medical director, to direct the medical and nursing services provided by or at the behavioral health specialized transitional facility, who:
  - a. Is a medical staff member, and
  - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
3. Appoint a clinical director, to provide direction for the behavioral health services provided by or at the behavioral health specialized transitional facility, who:
  - a. Is a psychiatrist or a psychologist;
  - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
  - c. May, if qualified, also serve as the medical director.

**G.** A medical director:

1. Is responsible for the medical services, nursing services, and physical health-related services provided to patients consistent with the patients behavioral treatment plan; and
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. Restraint and seclusion, according to ~~R9-10-224~~ R9-10-225;
  - b. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's physical health conditions;
  - c. Dispensing and administration of medications, including the process and criteria for determining whether a patient is capable of and eligible to self-administer medication;
  - d. The process by which emergency medical treatment will be provided to a patient; and
  - e. The requirements for completion of medication records and recording of adverse events.

**H.** A clinical director:

1. Is responsible for the behavioral health services provided to patients;
2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. Assessing the competency and proficiency of a behavioral health personnel member for each type of service the personnel member provides and each type of patient to which the personnel member is assigned;
  - b. Providing:
    - i. Supervision to behavioral health paraprofessionals, according to R9-10-115(1); and
    - ii. Clinical oversight to behavioral health technicians, according to R9-10-115(2);
  - c. The qualifications for personnel members who provide clinical oversight;
  - d. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's behavioral health issues;
  - e. The process for developing and implementing a patient's treatment plan;
  - f. The frequency of and process for reviewing and modifying a patient's treatment plan, based on the ongoing monitoring of the patient's response to treatment; and
  - g. The process for determining whether a patient is eligible for discharge or conditional release to a less restrictive alternative;
3. Shall ensure that patient services are provided by personnel competent and proficient in providing the services; and
4. Shall ensure that clinical oversight of personnel members is provided according to the policies and procedures.

**R9-10-1307. Discharge or Conditional Release to a Less Restrictive Alternative**

- A.** An administrator shall ensure that annual written notice is given to a patient of the patient's right to petition for:
  1. Conditional release to a less restrictive alternative under A.R.S. § 36-3709, or
  2. Discharge under A.R.S. § 36-3714.
- B.** An administrator shall ensure that a patient who is detained at or committed to the behavioral health specialized transitional facility is transported to a hearing to determine

the patient's continued detention at or commitment to the behavioral health specialized transitional facility.

- C. An administrator shall ensure that a patient is not discharged or conditionally released to a less restrictive alternative before the behavioral health specialized transitional facility receives documentation from a court of competent jurisdiction of the patient's:
  - 1. Conditional release to a less restrictive alternative, or
  - 2. Discharge including the disposition of the patient upon discharge.
- D. A clinical director shall ensure that before a patient is discharged or conditionally released to a less restrictive alternative:
  - 1. The clinical director or the clinical director's designee, as specified in the behavioral health specialized transitional facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional to whom a copy of the patient's discharge summary will be sent; and
  - 2. The patient receives:
    - a. Written follow-up instructions including as applicable to the patient:
      - i. On-going behavioral health issues and physical health conditions;
      - ii. A list of the patient's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
      - iii. Counseling goals; and
    - b. A supply of medications ~~sufficient to last the patient for at least 14 calendar days~~ determined according to the policies and procedures specified in R9-10-1302(C)(1)(d).

**R9-10-1309. Patient Rights**

An administrator shall ensure that:

- 1. A patient:
  - a. Has privacy in treatment and personal care needs;
  - b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
    - i. Restricted by court order; or
    - ii. Contraindicated on the basis of clinical judgment, as documented in

the patient's medical record;

- c. Is given the opportunity to seek, speak to, and be assisted by legal counsel:
  - i. Whom the court assigns to the patient, or
  - ii. Whom the patient obtains at the patient's own expense; and
- d. Is not subjected to:
  - i. Abuse;
  - ii. Neglect;
  - iii. Exploitation;
  - iv. Coercion;
  - v. Manipulation;
  - vi. Seclusion, if not necessary to prevent imminent harm to self or others;
  - vii. Restraint, if not necessary to prevent imminent harm to self or others;
  - viii. Sexual abuse according to A.R.S. § 13-1404; or
  - ix. Sexual assault according to A.R.S. § 13-1406; and

2. A patient or the patient's representative:

- a. Is provided with the opportunity to participate in the development of the patient's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
- b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
- c. Is allowed to control the patient's finances and have access to the patient's personal funds account according to the behavioral health specialized transitional facility's policies and procedures specified in ~~R9-10-1302(C)~~ ~~(+)(i)~~ R9-10-1302(C)(1)(j);
- d. Has an opportunity to review the medical record for the patient according to the behavioral health specialized transitional facility's policies and procedures; and
- e. Receives information about the behavioral health specialized transitional facility's policies and procedures for:
  - i. Health care directives;
  - ii. Filing complaints, including the telephone number of an individual at the behavioral health specialized transitional facility to contact

- about a complaint and the Department's telephone number; and
- iii. Petitioning a court for a patient's discharge or conditional release to a less restrictive alternative.

**R9-10-1310. Behavioral Health Services**

**A.** A clinical director shall ensure that:

1. A treatment plan is developed and implemented for the patient:
  - a. According to the behavioral health specialized transitional facility's policies and procedures;
  - b. Based on the assessment conducted under R9-10-1306(C)(4) and on-going changes to the assessment of the patient's behavioral health issues, mental disorders, and physical health conditions, as applicable; and
  - c. Including:
    - i. The physical health services, behavioral health services, and ancillary services to be provided to the patient until completion of the treatment plan;
    - ii. The type, frequency, and duration of counseling or other treatment ordered for the patient;
    - iii. The name of each individual who ordered medication, counseling, or other treatment for the patient;
    - iv. The signature of the patient or the patient's representative and dated signed, or documentation of the refusal to sign;
    - v. The date when the patient's treatment plan will be reviewed;
    - vi. If a discharge date has been determined, the treatment needed after discharge; and
    - vii. The signature of the personnel member who developed the treatment plan and the date signed; and
2. A patient's treatment plan is reviewed and updated:
  - a. According to the review date specified in the treatment plan,
  - b. When a treatment goal is accomplished or changes,
  - c. When additional information that affects the patient's assessment is identified, and
  - d. When a patient has a significant change in condition or experiences an event that affects treatment.

- B.** A clinical director shall ensure that treatment is:
1. Offered to a patient according to the patient's treatment plan;
  2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the treatment from the patient; and
  3. Documented in the patient's medical record as specified in R9-10-1312.
- C.** The clinical director shall ensure that restraint and seclusion ~~is~~are used, performed, and documented according to the behavioral health specialized transitional facility's policies and procedures.
- D.** A clinical director shall ensure that:
1. A patient receives the annual examination required by A.R.S. § 36-3708, and
  2. A report of the patient's annual examination is prepared according to the behavioral health specialized transitional facility's policies and procedures.

**R9-10-1312. Medical Records**

- A.** An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by an individual authorized by facility policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to facility policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or the electronic signature;
  5. A patient's medical record is available to an individual:



- a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
  - c. As permitted by law;
- 6. A patient's medical record is available to the patient or patient's representative upon request at a time agreed upon by the patient or patient's representative and the administrator; and
- 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a behavioral health specialized transitional facility maintains patient's medical records electronically, an administrator shall ensure that:
  - 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
  - 1. A copy of the court order requiring the patient to be detained at or committed to the behavioral health specialized transitional facility;
  - 2. The date the patient was detained at or committed to the behavioral health specialized transitional facility;
  - 3. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - d. Any known allergies, including medication allergies;
  - 4. Documentation of the patient's freedom from infectious tuberculosis as required in R9-10-1306(C)(2);
  - 5. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
  - 6. If applicable, the name and contact information of the patient's representative and:
    - a. The document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative;
      - i. Is a legal guardian, a copy of the court order establishing

- guardianship; or
- ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
7. Documentation of medical history and physical examination of the patient;
  8. A copy of patient's health care directives, if applicable;
  9. Orders;
  10. The patient's assessment including updates;
  11. The patient's treatment plan including updates;
  12. Progress notes;
  13. Documentation of transportation provided to the patient;
  14. Documentation of behavioral health services and physical health services provided to the patient;
  15. Documentation of patient's annual examination and report required by A.R.S. § 36-3708;
  16. Documentation of the annual written notice of the patient of the patient's right to petition for:
    - a. Conditional release to a less restrictive alternative as required by A.R.S. § 36-3709, or
    - b. Discharged as required by A.R.S. § 36-3714;
  17. A copy of any petition for discharge or conditional release to a less restrictive alternative filed by the patient and provided to the behavioral health specialized transitional facility and the outcome of the petition;
  18. Documentation of the patient's, if applicable:
    - a. Conditional release to a less restrictive alternative; or
    - b. Discharge, including the disposition of the patient upon discharge;
  19. If a patient has been discharged, a discharge summary that includes:
    - a. A summary of the treatment provided to the patient;
    - b. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved;
    - c. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge from the behavioral health

- specialized transitional facility;
  - d. A description of the disposition of the patient's possessions, funds, or medications; and
  - e. The date the patient was discharged from the behavioral health specialized transitional facility;
20. If applicable:
- a. Laboratory reports,
  - b. Radiologic reports,
  - c. Diagnostic reports,
  - d. Documentation of restraint or seclusion,
  - e. Patient follow-up instructions, and
  - f. Consultation reports; and
21. Documentation of a medication administered to the patient that includes:
- a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain:
    - i. An assessment of the patient's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication:
    - i. An assessment of the patient's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
  - f. Any adverse reaction a patient has to the medication; and
  - g. If applicable, a patient's refusal to take medication ordered for the patient.