

DUTY TO PROTECT

Name of Client

Date of Birth

Chart Number

On _____, a threat to seriously physically harm another identifiable person
(date)

or identifiable structure was communicated to me by _____
(name of person)

_____. The nature of the threat was to _____
(explicit threat)

to the following person(s) or structure _____
(specific person(s) or structure)

Based on my knowledge of the patient/client, it is my judgment that the patient/client
_____ does not have the intent or ability to carry out the treat because:

Note: If the client/patient does not have the ability or intent to carry out the threat, no further
action is legally mandated. However, clinical steps should be considered.

OR

_____ does have the intent and ability to carry out the threat.

In accordance with Ohio Revised Code Section 2305.51, I have initiated the following option(s)
and, after consideration, have chosen not to pursue other options at this time, based on the
following reasons in order to fulfill my duty to protect potential victims from threatened violence.
(ALL FOUR SECTIONS BELOW MUST BE COMPLETED.)

1. Voluntary hospitalization: ____ Chosen ____ Not Chosen

Reason: _____

2. Involuntary hospitalization (Emergency or Judicial) ____ Chosen ____ Not Chosen

Reason: _____

3. Establish and undertake a documented treatment plan reasonably calculated to eliminate the threat and concurrently initiate a risk assessment and management consultation with a consultant as described in the law.

Chosen Not Chosen

Reason: _____

4. Warning to law enforcement and, if feasible, intended victim(s)

Chosen Not Chosen

Reason: _____

Information shared if this option is chosen (name of client/patient, nature of threat, and names of potential victim(s)/structure)

STEPS TAKEN to implement the option(s) I have chosen are: (include any persons to whom a warning is given, as well as the date and time and specifics; or specific changes in the treatment plan, the initiation of the required consultation and name of consultant; or specific steps taken to hospitalize the client/patient)

Signature/Date

Supervisor Signature

Print Name

Print Name