

Name of Patient	Patient Number
Admission Date	Unit

1.	Specific Threat: _____ Person receiving threat: _____ Date: _____	
2.	Threat promptly communicated to psychiatrist or RN on patient's treatment team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Threat determined to be credible by Treatment Team? (If No, document conclusion & rationale in progress note, and go to #9 below. Obligation is complete.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Team Social Worker enters DTP status in Discharge Matrix? Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Threat promptly reported to CCO? Reported By: _____ Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	A. Licensed Independent Mental Health Professional assigned by CCO/Designee to provide second opinion? Person assigned: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B. Second opinion determines that threat meets "Duty to Protect" threshold? Conclusion, rationale and any clinical recommendations documented on Duty to Protect form? Completed by: _____ Date: _____ (If patient does not meet Duty to Protect threshold, to to #9 below. Obligation is complete.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Suggestion made to notify to Law Enforcement and/or potential victim? (If No, go to #7A below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C. I. CCO notified by second opinion this option suggested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	II. Person designated by CCO to give warning? Designee: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	III. Warning given by designee & progress note written documenting person warned, information given, and time of warning? Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	A. Second Opinion finds threat serious, not imminent and suggests follow up evaluation? (If all DTP recommendations completed and no follow-up suggested, go to #9 below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B. If yes, "Duty to Protect" sticker placed on front of medical record? Placed by: _____ Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	A. Plans to grant unsupervised movement, conditional release or discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B. CCO Notified? Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C. Licensed Independent Mental Health Professional assigned by CCO/Designee to provide second opinion evaluation? Person Assigned: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	D. Second opinion professional confirms that threat still meets "Duty to Protect" threshold? Conclusion, rational and any clinical recommendations documented on Duty to Protect form Completed by: _____ Date: _____ (If patient does not meet Duty to Protect threshold, to to #8 below. Obligation is complete.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Suggestion made to notify Law Enforcement and/or potential victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	E. I CCO notified by second opinion this option suggested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	II Person designated by CCO to give warning? Designee: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	III Warning given by designee & progress note written documenting person warned, information given, and time of warning? Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	A. Have all Duty to Protect obligations been met (including consultant recommendations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B. Date all Duty to Protect obligations complete: _____	
C.	Team member signature/Discipline/Date	Team member signature/Discipline/Date

ALL DUTY TO PROTECT OBLIGATIONS MUST BE COMPLETED BEFORE PATIENT DISCHARGE.
 Copies of all documentation relating to DTP issues should be filed in the legal section of the medical record and wit Legal Assurance.
 Forward copy of this completed document to QA/PI and Legal Assurance.