

tent of this section. If no criminal charge is filed no entry shall be made on the person's arrest or other criminal record. The registration and other records of a detoxification unit and of the other alcoholism treatment facilities utilized under this subtitle shall remain confidential and a patient's identity may be disclosed without the patient's consent only to his family, next of kin, to personnel working with the patient in accordance with this subtitle, to police personnel for purposes of investigation of criminal offenses and of complaints against police action, and to court or correctional personnel for purposes of procedures related to trial, appeal, probation, parole and presentence reports.

(f) The Division of Alcoholism Control and appropriate officials of the subdivisions shall promptly develop, in cooperation with State and local police, procedures for taking or sending an inebriate to a detoxification unit or to his residence or to a public or private health facility by authorized personnel other than the police wherever feasible, to the end that the functions of the police under this section shall be reduced to a minimum in the shortest time practicable.

304. Diagnosis and Inpatient Treatment.

(a) A patient in a detoxification unit shall be encouraged to consent to an intensive diagnosis for possible alcoholism on his first stay and, where indicated, to consent to treatment at the inpatient and outpatient facilities provided for under Sections 302 (a) (2) and 302 (a) (3) of this chapter.

(1) Any person may voluntarily request admission to an inpatient facility under the provisions of Article 59, Section 37. The medical officer then in charge of the inpatient facility is authorized to determine who shall be admitted as a patient on a voluntary basis. A person who has previously been diagnosed and treated at an inpatient facility may again be admitted voluntarily for further diagnosis and treatment at the discretion of the medical officer in charge of the facility.

(2) A complete medical, social, occupational, and family history shall be obtained as part of the diagnosis and classification at the inpatient facility. An effort shall be made to obtain copies of all pertinent records from other agencies, institutions, and medical facilities in order to develop a complete and permanent history on each patient.

(b) If a patient is not diagnosed as a chronic alcoholic he shall be so informed. An attempt shall be made to educate him about the seriousness of the illness and the dangers of excessive consumption of alcoholic beverages. An attempt shall also be made to uncover any personal problems that may have resulted in excessive drinking and to refer the patient to other appropriate agencies for assistance.

(c) If a patient is diagnosed as a chronic alcoholic he shall be so informed. If he consents, intensive treatment for the illness shall begin immediately at the inpatient center while a comprehensive individualized plan is being made for his future outpatient treatment. This plan shall be in writing and available to the patient.

(d) As provided in Article 59, Section 37, no voluntary patient may be detained at the inpatient center without his consent; however, reasonable regulations for checking out of the center and for