

under Article 59 § 31 (a), the admission of any person under 18 years of age shall be treated as an involuntary admission and shall be subject to the provisions of § 12 of this article, except that a minor who has attained the age of 16 years may consent to admission for the purpose of diagnosis and consultation pursuant to Article 43, § 135A. Additionally, the admission of a minor by a parent to a child or adolescent unit for the purpose of diagnosis and consultation which is assented to by two physicians, OR ONE PHYSICIAN AND ONE CERTIFIED PSYCHOLOGIST, ~~OR TWO PSYCHOLOGISTS~~ may be treated as a voluntary admission for a period not to exceed 20 days.

12.

(c) Each such application for admission to a facility shall:

(5) Be accompanied by the certificates of two physicians, OR THE CERTIFICATES OF ONE PHYSICIAN AND ONE CERTIFIED PSYCHOLOGIST, ~~OR THE CERTIFICATES OF TWO CERTIFIED PSYCHOLOGISTS~~ that the prospective patient has a mental disorder, and for his protection or others, needs inpatient care or treatment.

12.

(d) (1) Each physician's OR CERTIFIED PSYCHOLOGIST'S certificate shall be in substantially the following form:

PHYSICIANS OR PSYCHOLOGISTS CERTIFICATE TO ACCOMPANY APPLICATION FOR INVOLUNTARY ADMISSION

Patient's Name

At the time of my examination, the above named patient showed the following symptoms:

Physical (Illness, Injury, Deformity)
.....
.....

Mental (History and Mental Status)
.....
.....
.....

I hereby certify that on, 19....., I, a graduate of Medical College and licensed to practice in the State of Maryland, OR I, DULY CERTIFIED TO PRACTICE PSYCHOLOGY UNDER THE PSYCHOLOGISTS' CERTIFICATION ACT AND LISTED IN THE NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN PSYCHOLOGY, personally examined the above named patient and believe that he has a mental disorder and that the disorder is of a character which, in my opinion, requires that the patient be placed in a facility for the treatment of the mentally disordered. I