

LRA / Conditional Release Monitoring Consent

Purpose of This Consent

This form authorizes Emerald City Behavioral Health (ECBH) to monitor your Less Restrictive Alternative (LRA) or Conditional Release conditions as ordered by the court under Washington State law (RCW 71.05). Monitoring helps ensure your treatment requirements are met, supports your stability in the community, and promotes your safety and the safety of others.

What LRA Monitoring Includes

Monitoring may include one or more of the following, depending on your court order:

- Regular check-ins with your ECBH provider.
- Verification that you are participating in treatment (medication, therapy, or case management).
- Coordination with hospitals, facilities, or residential programs.
- Medication monitoring or confirmation that medications are being taken as prescribed.
- Monitoring for safety concerns, crises, or behavioral changes.
- Reporting compliance concerns to the designated entities as required by law.

Legal Requirements

Under RCW 71.05.585 and related laws, ECBH must notify the Designated Crisis Responder (DCR), court, or appropriate agency if you are not complying with your LRA conditions, pose a risk to yourself or others, or if your clinical condition significantly changes.

Information That May Be Shared

Information shared for LRA monitoring may include:

- Attendance and participation in treatment.
- Medication adherence or concerns reported by facility staff.
- Behavioral observations relevant to your LRA conditions.
- Safety concerns, risk behaviors, or crises.
- Updates related to hospitalizations, emergency visits, or stabilization needs.

Who ECBH May Communicate With

Depending on your court order, ECBH may communicate with:

- Designated Crisis Responders (DCRs)
- Court officials or representatives
- Law enforcement (if required)
- Residential care facilities, Adult Family Homes, ESFs, or treatment programs
- Case managers or social workers
- Prescribers and treating providers



Emerald City Behavioral Health

Your Rights

- You may ask questions about your LRA conditions at any time.
- You may request clarification of what is required for compliance.
- You may provide additional information you want considered.
- You may not revoke this consent if monitoring is court-ordered.

Court Order Information

Court Order / Case Number: _____

Date LRA Was Ordered: _____

Designated Crisis Responder (if known): _____

Acknowledgment and Signature

By signing below, I acknowledge that I understand the purpose of LRA monitoring and authorize ECBH to communicate with the relevant entities listed above as required to carry out my court-ordered conditions.

Client Name (print): _____

Client Signature: _____ Date: _____

Guardian/Representative (if applicable): _____ Date: _____

Staff/Witness Signature: _____ Date: _____