



Riverside University Health System- Behavioral Health

5150 Form Review Session

**Jessica Silva, LMFT
Cristina Zamora, LMFT**

Completing the 5150 Form

- This is a legal document taking someone else's rights away.
- It must be filled out completely, accurately, and legibly.
- Effective January 1, 2026, all 5150 holds must be completed using the updated two-page RUHS form.

APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT Pursuant to W&I Code 5150, 5585, Penal Code 4011.6 & Senate Bill 43 (SB43) <i>Confidential Client/Patient Information</i> See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy Rule 45 C.F.R. § 164.508 Welfare and Institutions Code (W&I Code), Section 5150(g), requires that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.		DETAINMENT ADVISEMENT My name is <u>Practitioner's Name</u> I am a (mental health professional/peace officer, etc.) with (name of agency). You are not under criminal arrest, but I am taking you for examination by mental health professionals at (name of facility). You will be told your rights by the mental health staff. If taken into custody at his or her residence, the person shall also be told the following information: You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You can make a phone call and leave a note to tell your friends or family where you have been taken.	
<input checked="" type="checkbox"/> Advisement Complete <input type="checkbox"/> Advisement Incomplete Good Cause For Incomplete Advisement		Language or Modality Used: <u>English</u> Date of Advisement: <u>1/4/2026</u>	
Advisement Completed By/Attempted By: <u>Practitioner's Name</u> Position: <u>Clinical Therapist</u>			

FACILITY INFORMATION Do not leave blank or write "Any LPS Designated Facility." You may line through and initial if facility name changes.	
To (Name of 5150 Designated Facility): <u>ETS</u> <small>The 72-hour period begins at the time when the person is first detained.</small>	
Detainment Start Date: <u>1/4/2026</u> Detainment Start Time: <u>2:37</u> Military hours or <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
City where this current evaluation for 5150 is taking place: <u>Moreno Valley</u>	
If medical clearance is needed, check below and please transport to the NEAREST Emergency Department near City listed above.	
<input checked="" type="checkbox"/> Medical Clearance Necessary – Name of Medical Facility Transferred to: <u>RUHS- Medical Center</u>	

Application is hereby made for the assessment and evaluation of (name of person) John Doe
If homeless, check here and indicate city of residence below.

Date of Birth 9/18/75. Residing at 3499 First St, Corona, California, for up to 72-hour assessment, evaluation, and crisis intervention or placement for evaluation and treatment at a designated facility pursuant to Section 5150 et seq. (adult), Section 5585 et seq. (minor), of the W&I Code and Penal Code 4011.6 (person in custody). If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be/is: (Check one, if applicable)
 Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide name(s), address and telephone number: James Doe- Brother, 951-351-8027

The detained person's condition was called to my attention under the following circumstances:

_____ 1 _____

I have probable cause to believe that the person, as a result of a mental health disorder, is a danger to self, and/or a danger to others, and/or is gravely disabled as a result of a mental health disorder and/or severe substance use disorder. State the specific facts, including any historical course of the person's mental health disorder and/or severe substance use disorder, that has a bearing on this probable cause determination:

_____ 2 _____

I have considered the historical course of the person's mental disorder. Historical Course has no reasonable bearing on determination.

No Info Available on historical course because: _____

Voluntary treatment is not available/not a viable option due to: Client refuses voluntary treatment.

Complete the Advisement Section of the form, include date and language.

Enter the name of the 5150 designated facility—this field is required and must list a designated facility. Document the date and time you determined the individual met criteria for a hold. Use military time or if using standard time select AM or PM. Enter the city where the 5150 evaluation is taking place. If medical clearance is required, check the box and transport the individual to the nearest emergency department in the listed city. Document the name of the medical facility the individual is transferred to.

Enter the person's full name; if unknown, use John/Jane Doe—do not leave this field blank. Enter the person's date of birth, if unknown, write the approximate age. Enter their address; if homeless, check the appropriate box and list the city of residence.

If the individual is a minor or conserved, select the appropriate designation and document the guardian's name, relationship, and contact number.

1- The first section is how the person came to your attention. i.e. ***"Mobile Crisis Response Team was dispatched to Corona Regional Medical Center to conduct a risk assessment for John Doe, who was brought into the ER by his brother, due to experiencing psychosis and running into the freeway. Client has a history of psychiatric hospitalizations due to a diagnosis of schizophrenia"***.

2- In the second section, clearly explain why the person meets criteria for a hold. Include specific behaviors, symptoms, and, when possible, a direct quote. Use MAUI to help support and strengthen your justification for involuntary hospitalization.

Select one option in the Historical Course section. If you choose "No Information Available," please include a brief explanation, such as the individual being a poor historian, no collateral information available, or this being a first visit.

Clearly indicate why voluntary treatment is not an option. An inability to safety plan alone is not a valid reason for an involuntary hold—specify why the person cannot or will not go voluntarily for psychiatric evaluation.



APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

Name of Detained Person: John Doe Date of Birth: 9/18/75

HOLD CRITERIA

Based upon the specific facts provided in narrative, there is probable cause to believe that detained person is a (check all that apply):

- Danger to Self, as a result of a mental health disorder.
- Danger to Others, as a result of a mental health disorder.
- Gravely disabled minor, as a result of a mental health disorder.
- Gravely disabled adult, as a result of: (check all that apply) mental health disorder severe substance use disorder.

AUTHORIZED PERSON INFO

Signature, title, and badge number of peace officer, professional person in charge or the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.

Signature: <u>Jessica Silva</u>	Date: <u>1/4/2026</u>	Phone: <u>951-358-4544</u>
Print Name: <u>Jessica Silva</u>	Name of Law Enforcement Agency/ Evaluation Facility/Person: <u>RUHS-BH CSSOC</u>	
Position Title: <u>Clinical Therapist</u>	Badge/ Employee #: <u>123456</u>	Address: <u>2085 Rustin Ave, Riverside, CA 92501</u>

Procedure: send a copy of this 5150 hold within (3) business days to LPS 5150 Department at 5150@ruhealth.org or fax 951-351-8027.

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify the following peace officer if the detained person will be released:

Only to be completed by Law Enforcement

Officer Name (Print name):	Unit:	Phone:
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NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

- The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.
- Weapon was confiscated pursuant to Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.

Note: The section below is only for documenting the interruption of a 5150 hold, if later applicable.

INTERRUPTION OF 5150 HOLD

Anyone authorized to write a 5150 may end the hold before transfer to a LPS designated facility, with supervisor consultation, if they determine the person no longer meets 5150 criteria or is willing and able to accept voluntary treatment.

If 5150 hold was interrupted prior to transport to a LPS designated facility, check here: 5150 Hold Interrupted

Interrupted by (Print name):	Date of Interruption:
Signature:	Time of Interruption: Military hours or <input type="checkbox"/> AM <input type="checkbox"/> PM

Procedure: complete section above then put a line through both pages of 5150 hold, crossing it out, and send with supporting documentation to LPS 5150 Department at 5150@ruhealth.org or fax 951-351-8027.

REFERENCES

Referenced Form: DHCS 1801 Form (rev 6/2024)
 Welfare & Institutions Code Sections: 300, 601, 602, 5008, 5122, 5150, 5150.05, 5152.1, 5328, 5350, 5354, 5685.25, 5685.50, 8102
 Senate Bill 43: SB43 expands California's LPS 5150 criteria for involuntary detention for grave disability to a condition in which a person, as result of a mental health disorder, and/or severe substance use disorder, is unable to provide for their basic needs of food, clothing, shelter, personal safety or necessary medical care.
 California Penal Code 4011.6: A person in custody at a jail or juvenile detention facility, who has a mental health disorder, may be taken to a facility for 72-hour treatment and evaluation pursuant to Section 5150 of the Welfare and Institutions Code.

Write the person's name and DOB at the top in case a page gets separated.

Check the appropriate risk category.
When selecting Gravely Disabled (Adult), check the box AND indicate whether the condition is due to mental health, severe substance use disorder, or both.
****Selecting GD without specifying a cause—or selecting a cause without GD—will render the hold invalid****

Complete the form with your name, signature, date, agency name, address, and contact number. Selecting GD without specifying a cause—or selecting a cause without GD—will render the hold invalid.

Law enforcement must print their name and include their ID/Badge number as there are officers/deputies with the same last name.
 The "unit" refers to either the officer's agency (e.g. Riverside PD or Riverside Sheriff) or their specific department (e.g. Narcotics).



APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

Pursuant to W&I Code 5150, 5585, Penal Code 4011.6 & Senate Bill 43 (SB43)

Confidential Client/Patient Information

See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy Rule 45 C.F.R. § 164.508

Welfare and Institutions Code (W&I Code), Section 5150(g), requires that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.

Advisement Complete / Advisement Incomplete

Good Cause For Incomplete Advisement

Advisement Completed By / Attempted By / Position / Language or Modality Used / Date of Advisement

DETAINMENT ADVISEMENT

My name is... I am a (mental health professional/peace officer, etc.) with (name of agency). You are not under criminal arrest, but I am taking you for examination by mental health professionals at (name of facility).

You will be told your rights by the mental health staff.

If taken into custody at his or her residence, the person shall also be told the following information:

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You can make a phone call and leave a note to tell your friends or family where you have been taken.

APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

Name of Detained Person: / Date of Birth:

HOLD CRITERIA

Based upon the specific facts provided in narrative, there is probable cause to believe that detained person is a (check all that apply):

- Danger to Self, as a result of a mental health disorder.
Danger to Others, as a result of a mental health disorder.
Gravely disabled minor, as a result of a mental health disorder.
Gravely disabled adult, as a result of: (check all that apply) mental health disorder / severe substance use disorder.

AUTHORIZED PERSON INFO

Signature, title, and badge number of peace officer, professional person in charge or the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.

Signature: / Date: / Phone:
Print Name: / Name of Law Enforcement Agency/ Evaluation Facility/Person:
Position Title: / Badge/ Employee #: / Address:

Procedure: send a copy of this 5150 hold within (3) business days to LPS 5150 Department at 5150@ruhealth.org or fax 951-351-8027.

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify the following peace officer if the detained person will be released:

Officer Name (Print name): / Unit: / Phone:

NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

- The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

Section 5150 W&I Code. Upon release, facility is required to provide notice to the person regarding the pursuant to Section 8102 W&I Code.

Interruption of a 5150 hold, if later applicable.

Transfer to a LPS designated facility, with supervisor consultation, if they determine the person no longer requires voluntary treatment.

If a LPS designated facility, check here: 5150 Hold Interrupted

Date of Interruption:
Time of Interruption: Military hours or AM PM

Both pages of 5150 hold, crossing it out, and send with supporting documentation to LPS 5150

REFERENCES

Referenced Form: DRCS 1801 Form (rev 02/24)

Welfare & Institutions Code Sections: 300, 601, 602, 5008, 5122, 5150, 5150.05, 5152.1, 5328, 5350, 5354, 5585.25, 5585.50, 8102
Senate Bill 43: SB43 expands California's LPS 5150 criteria for involuntary detention for grave disability to a condition in which a person, as result of a mental health disorder, and/or severe substance use disorder, is unable to provide for their basic needs of food, clothing, shelter, personal safety or necessary medical care.

California Penal Code 4011.6: A person in custody at a jail or juvenile detention facility, who has a mental health disorder, may be taken to a facility for 72-hour treatment and evaluation pursuant to Section 5150 of the Welfare and Institutions Code.

Only the highlighted sections of the 5150 form may be revised. All other sections of the hold may not be altered.

Application is hereby made for the assessment and evaluation of (name of person)

Date of Birth: / Residing at: / California, for up to 72-hour assessment, evaluation, and crisis intervention or placement for evaluation and treatment at a designated facility pursuant to Section 5150 et seq. (adult), Section 5585 et seq. (minor), of the W&I Code and Penal Code 4011.6 (person in custody). If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be/is: (Check one, if applicable)

Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide name(s), address and telephone number:

The detained person's condition was called to my attention under the following circumstances:

I have probable cause to believe that the person, as a result of a mental health disorder and/or is gravely disabled as a result of a mental health disorder and/or severe substance use disorder, including any historical course of the person's mental health disorder and/or severe substance use disorder, is unable to provide for their basic needs of food, clothing, shelter, personal safety or necessary medical care. probable cause determination:

I have considered the historical course of the person's mental disorder. Historical Course has no reasonable bearing on determination.

No Info Available on historical course because:

Voluntary treatment is not available/not a viable option due to:

APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

Pursuant to W&I Code 5150, 5585, Penal Code 4011.6 & Senate Bill 43 (SB43)

Confidential Client/Patient Information

See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy Rule 45 C.F.R. § 164.508

Welfare and Institutions Code (W&I Code), Section 5150(g), requires that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.

Advisement Complete **Advisement Incomplete**

Good Cause For Incomplete Advisement

Advisement Completed By/Attempted By

Jessica Silva

Position

Clinical Therapist

Language or Modality Used

English

Date of Advisement

1/4/2026

FACILITY INFORMATION

Do not leave blank or write "Any LPS Designated Facility." You may list through and initial if facility name changes.

To (Name of 5150 Designated Facility)

ETS

The 72-hour period begins at the time when the person is detained.

Detainment Start Date: 1/4/2026

Detainment Start Time: 2:37

Military hours or AM PM

City where this current evaluation for 5150 is taking place: Moreno Valley

If medical clearance is needed, check below and please transport to the nearest Emergency Department near City listed above.

Medical Clearance Necessary – Name of Medical Facility Transferred to: RUHS- Medical Center

Application is hereby made for the assessment and evaluation of (name of person) John Doe

Date of Birth 9/18/75 Residing at 3499 First St, Corona, California, for up to 72-hour assessment, evaluation, and crisis intervention or placement for evaluation and treatment at a designated facility pursuant to Section 5150 et seq. (adult), Section 5585 et seq. (minor), of the Welfare and Institutions Code and Penal Code 4011.6 (person in custody). If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be/is: (Check one, if applicable)

Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601.602; Conservator. If known, provide name(s), address and telephone number. James Doe- Brother, 951-351-8027

The detained person's condition was called to my attention under the following circumstances:

Narrative 1

I have probable cause to believe that the person, as a result of a mental health disorder, is a danger to self, and/or a danger to others, and/or is gravely disabled as a result of a mental health disorder and/or severe substance use disorder. State the specific facts, including any historical course of the person's mental health disorder and/or severe substance use disorder, that has a bearing on this probable cause determination.

Narrative 2

I have considered the historical course of the person's mental disorder. Historical Course has no reasonable bearing on determination.

No Info Available on historical course because:

Voluntary treatment is not available/not a viable option due to: Client refuses voluntary treatment.

APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT

Name of Detained Person: John Doe

Date of Birth: 9/18/75

HOLD CRITERIA

Based upon the specific facts provided in narrative, there is probable cause to believe that detained person is a (check all that apply):

- Danger to Self, as a result of a mental health disorder.**
- Danger to Others, as a result of a mental health disorder.**
- Gravely disabled minor, as a result of a mental health disorder.**
- Gravely disabled adult, as a result of: (check all that apply)** mental health disorder severe substance use disorder.

AUTHORIZED PERSON INFO

Signature, title, and badge number of peace officer, professional person in charge or the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.

Signature: Jessica Silva	Date: 1/4/2026	Phone: 951-358-4544
Print Name: Jessica Silva	Name of Law Enforcement Agency/ Evaluation Facility/Person: RUHS-BH CSSOC	
Position Title: Clinical Therapist	Badge/ Employee #: 123456	Address: 2085 Rustin Ave, Riverside, CA 92501

Procedure: send a copy of this 5150 hold within (3) business days to LPS 5150 Department at 5150@ruhealth.org or fax 951-351-8027.

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify the following peace officer if the detained person will be released.

Officer Name (Print name):	Unit:	Phone:
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NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

- The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.
- Weapon was confiscated pursuant to Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.

Note: The section below is only for documenting the interruption of a 5150 hold, if later applicable.

INTERRUPTION OF 5150 HOLD

Anyone authorized to write a 5150 may end the hold before transfer to a LPS designated facility, with supervisor consultation, if they determine the person no longer meets 5150 criteria or is willing and able to accept voluntary treatment.

If 5150 hold was interrupted prior to transport to a LPS designated facility, check here: 5150 Hold Interrupted

Interrupted by (Print name): Cristina Zamora	Date of Interruption: 1/4/2026
Signature: Cristina Zamora	Time of Interruption: 9:05 Military hours or <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Procedure: complete section above then put a line through both pages of 5150 hold, crossing it out, and send with supporting documentation to LPS 5150 Department at 5150@ruhealth.org or fax 951-351-8027.

REFERENCES

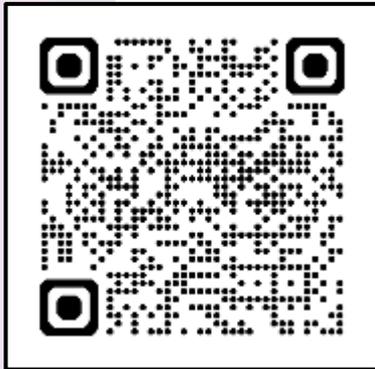
Referenced Form: DHCS 1801 Form (rev 8/2024)

Welfare & Institutions Code Sections: 300, 801, 802, 5008, 5122, 5150, 5150.05, 5152.1, 5328, 5350, 5364, 5685.25, 5685.50, 8102
Senate Bill 43: SB43 expands California's LPS 5150 criteria for involuntary detention for grave disability to a condition in which a person, as result of a mental health disorder, and/or severe substance use disorder, is unable to provide for their basic needs of food, clothing, shelter, personal safety or necessary medical care.

California Penal Code 4011.6: A person in custody at a jail or juvenile detention facility, who has a mental health disorder, may be taken to a facility for 72-hour treatment and evaluation pursuant to Section 5150 of the Welfare and Institutions Code.

LPS Website

[LPS 5150 Certification & Oversight | Riverside University Health System](#)



LPS 5150 Certification & Oversight at RUHS - Behavioral Health

Riverside University Health System- Behavioral Health's **LPS 5150 Certification & Oversight** department provides 5150 training coordination, 5150 authorizations, oversight of involuntary holds written including feedback for quality improvement, as well as guidance and technical assistance relating to 5150 involuntary hospitalizations.

For questions relating to 5150 authorization and involuntary hospitalizations, please contact LPS 5150 Certification & Oversight by phone at (951) 358-4544 or via email at 5150@ruhealth.org. To apply for 5150 authorization, please submit an **Application for 5150 Authorization** to 5150@ruhealth.org.





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Need Immediate Help?

Behavioral health crisis support is available 24/7:
CARES Access & Referral Line: (800-499-3008)
Crisis HELP Line: (951-486-HELP/4327)

General Questions

For general questions concerning psychiatric hospitalizations, contact the Patients Rights department:
 (951) 258-4000

5150 Manual

Application Authorization

Authorization Change

5150 Forms

- Riverside County LPS 5150 Designated Facilities
- RUHS BH 5150 Form (Printable Copy)
- RUHS BH 5150 Form (Blank Fillable)
- 5150 Hold Samples for DTS DTG GD
- 5150 NCR Order Form
- 5150 Form Guide (Instructions on how to complete form)
- Common Disorders and Symptoms for Hold Writing
- AB 1424 Important Information for Family Members (English)
- AB 1424 Information Information for Family Members (Spanish)

WIC Codes / Memos / Policies

- WIC 5150
- WIC 5250
- Memo- 5150 Involuntary Holds Transferred to Medical Floors
- Memo- Authorization to Utilize Telehealth to Assess, Initiate, and Interrupt 5150 Involuntary Holds
- Memo- Civil Commitment Roster/Chart
- Policy 139- 5150 Involuntary Hospitalization Procedures
- Policy 202- Tarasoff- Duty to Protect
- Policy 218 Reporting of Dependent Adult/Elder Abuse
- Policy 219- Reporting of Child Abuse and Neglect
- Policy 221- Interrupting 5150 Applications

Interrupted Holds

- Interrupted Holds Sample
- AB 2275-88
- AB 2276 Certification Hearing Workflow

County Resources/Miscellaneous

- RUHS Crisis Support Services
- SR 43 Website
- Patient's Rights Website

Law Enforcement

- Riverside County LPS 5150 Designated Facilities
- RUHS BH 5150 Form (Printable Copy)
- RUHS BH 5150 Form (Blank Fillable)
- 5150 NCR Order Form
- 5150 Form Guide (Instructions on how to complete form)
- 5150 LE Hold Samples for DTS DTG GD
- Common Disorders and Symptoms for Hold Writing
- AB 1424 Important Information for Family Members (English)
- AB 1424 Information Information for Family Members (Spanish)
- RUHS Crisis Supports & Services
- SR 43 Flyer

LPS 5150 Certification & Oversight at RUHS-Behavioral Health

Phone: 951-358-4544
Fax: 951-351-8027
Email: 5150@ruhealth.org

<p>Services and Locations MyRUHS Health Patient Portal Patient Advocate</p>	<p>RUHS Behavioral Health (800) 499-3008</p> <p>RUHS Community Health Centers (800) 725-5030</p>	<p>RUHS Medical Center (951) 486-4900</p> <p>RUHS Public Health (951) 258-5000</p>
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▲ If you are experiencing a medical emergency, please call 911

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LPS Department Contact Information

Phone: 951-358-4544

Fax: 951-351-8027

Email: 5150@ruhealth.org

All written holds must be sent to LPS within **3 business days**. Interrupted holds must include a progress note.

When emailing holds, ensure confidentiality by including [SECURE] in the subject line or following your agency's confidentiality protocol.

Email Subject Line Examples:

Subject line: [SECURE] 5150 Hold

Subject line: [SECURE] 5150 Interrupted Hold