

**DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH  
SECOND OPINION FOR DECISION TO TREAT  
WITH ELECTROCONVULSIVE THERAPY (ECT)**

To: \_\_\_\_\_

Based on your request for a second opinion regarding a panel decision on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I have reviewed your file and now make the following finding:

\_\_\_\_\_ I agree with the panel's decision that you meet the criteria for treatment with Electroconvulsive Therapy (ECT).

\_\_\_\_\_ I disagree with the panel's decision that you meet the criteria for treatment with Electroconvulsive Therapy (ECT) and order that you not be treated with Electroconvulsive Therapy (ECT).

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
Time

\_\_\_\_\_  
Clinical Director/Designee

Note: The Clinical Director/designee must review the file and render a decision within 48 hours of receipt of the appeal, excluding Saturdays, Sundays, and legal holidays.