



NY SAFE Act

Introduction for Mental Health Providers

March 12, 2013

SAFE Act Summary

- Ban on large-capacity magazines
- Background checks on all ammunition purchases
- Background checks on all private sales (except to immediate family)
- Tougher assault weapons ban and registration of existing assault weapons
- Tougher criminal penalties for illegal gun use, including:
 - Enhanced sentences for murder of a first responder and gang prosecutions and drug/violent felonies that involve a loaded or unloaded gun
 - Enhanced penalties for possession of a weapon on school grounds and purchase of a gun for a disqualified individual
- Five-year recertification for firearms licenses
- Kendra's Law strengthened

New MHL 9.46

- A “mental health professional” must report person who “is likely to engage in conduct that would result in serious harm to self or others” to County Director of Community Services (DCS) or designee as soon as practicable.
- If Director of Community Services or designee agrees that the person is likely to engage in such conduct, he/she fills out and submits secure online form to the NYS Division of Criminal Justice Services (DCJS).
- DCJS determines if subject of report has or has applied for a firearms license or has registered an assault weapon, and works with State Police, which notifies the appropriate county firearms licensing official.
- The county licensing official must suspend or revoke the license as soon as practicable.
- Licensing official notifies local law enforcement to remove gun(s).

MHL 9.46 Reporting Standard

- MHL 9.46 requires “mental health professionals” to report to the county DCS or designee when, in their reasonable professional judgment, one of the persons for whom they are currently providing mental health treatment services is “likely to engage in conduct that would result in serious harm to self or others.”

MHL 9.46 Reporting Standard

- The standard has the same meaning as the term “likelihood to result in serious harm,” which is defined in current law MHL 9.01 to mean threats of, or attempts at, suicide/serious bodily harm to self, or homicidal/violent behavior towards others.
- This standard justifies the need for immediate action, such as an involuntary transport by police or an ambulance service to a psychiatric hospital for an examination.
- Mental health professionals must use reasonable professional judgment when making this determination.

Reporters under MHL 9.46

- The reporting requirement extends to “mental health professionals,” defined in the law as:
 - Physicians,
 - Psychologists,
 - Registered nurses, or
 - Licensed clinical social workers.

MHL 9.46 Effective Date

- The reporting requirement becomes effective on March 16, 2013.

Exceptions to the MHL 9.46 Reporting Requirement

- A report is not required when, in the mental health professional's reasonable professional judgment, a report would endanger him or her or would increase the danger to the potential victim or victims.

Potential Subjects of a MHL 9.46 Report

- The requirement applies to all persons receiving mental health treatment services from any of the four types of mental health professionals identified in the law — physicians, psychologists, registered nurses, or licensed clinical social workers – regardless of the setting in which they work.

Mental Health Professional Reports to DCS

- Once the conditions for making a report are met, the law requires the mental health professional to report to the local DCS or his/her designee. The mental health professional should convey information as necessary to allow the DCS or designee to review the matter to determine if he/she agrees that the person is likely to engage in such conduct and if so, the DCS or designee shall make a report to DCJS.

www.omh.ny.gov

New York  State  State Agencies

Office of Mental Health

Acting Commissioner Kristin M. Woodlock, RN, MPA Governor Andrew M. Cuomo

[Home](#) | [News](#) | [Data & Reports](#) | [Publications](#) | [Resources](#) | [Employment](#) | [A-Z Site Map](#) | [Language](#)

[Message from the Acting Commissioner](#) | [About OMH](#) | [OMH Facilities](#) | [Initiatives](#) | [Contact OMH](#) | [FAQ](#)

[Behavioral Health Organization](#)

[Clinic](#)

[Doing Business With OMH](#)

[Forms](#)

[Guidance Documents](#)

[Medicaid Reimbursement Rates](#)

[NY SAFE ACT](#)

[Office of Consumer Affairs](#)

[Division of Quality Management](#)

HURRICANE SANDY RECOVERY INFORMATION (UPDATED)

[Hurricane Sandy Resources Webpage -](#)

The Office of Mental Health has created this webpage to disseminate information about the services available to help you and your family recover from the impact of Hurricane Sandy. This page will be updated as more information becomes available so you can get the help you need.

The Office of Mental Health is now offering crisis counseling services to help you and your family cope with the adverse repercussions of Hurricane Sandy. Carefully trained and supervised crisis counselors are available 24 hours a day, 7 days a week, to provide support and information to anyone who needs it.

[Project Hope Crisis Counseling Program](#) is a crisis counseling program that provides support and information to help you and your family cope with the adverse repercussions of Hurricane Sandy. Carefully trained and supervised crisis counselors are available 24 hours a day, 7 days a week, to provide support and information to anyone who needs it.



Safe Act Guidance Documents

The screenshot shows a Mozilla Firefox browser window displaying the NY SAFE Act website. The browser's address bar shows the URL: www.omhweb/safe_act/index.html. The website header includes the New York State logo and the Office of Mental Health logo, with the text "Acting Commissioner Kristin M. Woodlock, RN, MPA" and "Governor Andrew M. Cuomo". The navigation menu includes links for Home, News, Data & Reports, Publications, Resources, Employment, A-Z Site Map, Language Access, 中文, Русский, Español, and Kreyòl Aiswen. A search bar is located in the top right corner. The main content area features the NY SAFE Act logo and the title "NY SAFE ACT New York Secure Ammunition and Firearms Enforcement Act of 2013". Below the title, a paragraph states: "A resource for clinicians on the NY SAFE Act and Section 9.46 of the Mental Health Law. This page will be updated continuously to provide answers to commonly asked questions, guidance documents, explanatory videos and an avenue by which to ask questions and receive clarification of the new reporting requirements." A central announcement box contains the text: "Save the Date NY SAFE Act Reporting Requirement Webcast for Providers Tuesday, March 12, 2013 Check Back Soon for Further Details". The footer includes a navigation menu, a privacy policy link, and a security statement.

Safe Act - Mozilla Firefox

ContentCenter Professional

Safe Act

www.omhweb/safe_act/index.html

nys web policy section 508

Disable Cookies CSS Forms Images Information Miscellaneous Outline Resize Tools View Source Options

New York State State Agencies Search all of NY.gov

Office of Mental Health Search OMH Go

Acting Commissioner Kristin M. Woodlock, RN, MPA Governor Andrew M. Cuomo

Home News Data & Reports Publications Resources Employment A-Z Site Map Language Access 中文 Русский Español Kreyòl Aiswen

Message from the Acting Commissioner About OMH OMH Facilities Initiatives Contact OMH FAQ Print

NY SAFE ACT
New York Secure Ammunition and Firearms Enforcement Act of 2013

A resource for clinicians on the NY SAFE Act and Section 9.46 of the Mental Health Law. This page will be updated continuously to provide answers to commonly asked questions, guidance documents, explanatory videos and an avenue by which to ask questions and receive clarification of the new reporting requirements.

Save the Date
NY SAFE Act Reporting Requirement Webcast for Providers
Tuesday, March 12, 2013
Check Back Soon for Further Details

Comments or questions about the information on this page can be directed to the [NY SAFE Act](#).

Home | About OMH | News | Data & Reports | Publications | Resources | Employment | A-Z Site Map

[Privacy Policy](#) | [Accessibility](#) | [Disclaimer](#) | [Contact OMH](#) | [Web Administrator](#)

Last Modified: 3/1/2013

Security statement: Users shall not interrupt or disrupt the operation of this site nor restrict or inhibit any user's ability to access the site. Unauthorized attempts to upload information to the site or change information on the site or to interrupt or disrupt operation of the site are strictly prohibited and may subject the perpetrator to both civil and criminal penalties under Federal and/or State law.





NY SAFE Act Reporting

9.46 NYS Mental Hygiene Law

In the event of imminent risk of harm to self or others, call 911



[Help Contact Us](#)

*fields with asterisk are required

Mar. 06, 2013

Reporting Professional:

Professional's Name *
 First Name * Last Name *

Provider Profession Type *
 Physician Psychologist Psychologist (Unlicensed) Registered Nurse LCSW

Last 4 SSN * Date Of Birth * Phone Number * Phone Ext.

Email Address *

Person Is Currently A Hospitalized Patient
 Hospital Submittal

Professional Relationship To Person:

Last Seen * Treatment Relationship *

Person Being Reported:

Name *
 First * Middle Last *

Other Name / Maiden Name

Address

County of Residence * -- Choose A NY County --

Street

City State ZipCode

Date Of Birth Guess Their Approximate Age *

Social Security Number Gender *
 Female Male Unknown

Race
 White Black American Indian/ Alaskan Asian Pacific Islander Other Unknown

Diagnosis
 Start typing for diagnostic code or text then choose from list

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others (including any specific threats, behaviors or actions):

Enter any specific threats, behaviors or actions here *

Enter Security And Submit:



For security purposes please enter the code shown

(Upper and Lower Case Letters are accepted)





NY SAFE Act Reporting

9.46 NYS Mental Hygiene Law

In the event of imminent risk of harm to self or others, call 911



[Help Contact Us](#)

Mar. 06, 2013

* fields with asterisk are required

Reporting Professional:

Professional's Name *

First Name *

Last Name *

Provider Profession Type *

Physician Psychologist Psychologist (Unlicensed) Registered Nurse LCSW

Last 4 SSN *

Date Of Birth *

MM/DD/YYYY

Phone Number *

Phone Ext.

Email Address *

Person Is Currently A Hospitalized Patient

Hospital Submittal

Professional Relationship To Person:

Last Seen *

MM/DD/YYYY

Treatment Relationship *



Person Being Reported:

Name *

First * Middle Last *

Other Name / Maiden Name

Address

County of Residence * -- Choose A NY County --

Street

City State ZipCode

Date Of Birth

MM/DD/YYYY

Guess Their Approximate Age *

Social Security Number

Gender *

Female Male Unknown

Race

White Black American Indian/ Alaskan Asian Pacific Islander Other Unknown

Diagnosis

Start typing for diagnostic code or text then choose from list

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others (including any specific threats, behaviors or actions):

Enter any specific threats, behaviors or actions here *

Enter Security And Submit:



For security purposes
please enter the code shown

Submit

Clear

(Upper and Lower Case Letters are accepted)

© 2013. New York State Office of Mental Health. All rights reserved.

Completed Sample Report



NY SAFE Act Reporting
9.46 NYS Mental Hygiene Law
In the event of imminent risk of harm to self or others, call 911



Help Contact Us

* fields with asterisk are required Mar. 06, 2013

Reporting Professional:

Professional's Name *
First Name * George Last Name * Veilleux

Provider Profession Type *
 Physician Psychologist Unlicensed Psychology Registered Nurse OLCSW License * 123456

Last 4 SSN * 1234 Date Of Birth * 11/25/1955 Phone Number * 5555551111 Phone Ext. *

Email Address *
george.veilleux@myprovider.nyc.com

Reporting On Behalf Of A Hospital
 Hospital Submittal

Professional Relationship To Person:

Last Seen * 03/06/2013 Treatment Relationship * Patient

Person Being Reported:

Name *
First Name * Sam MI / W Last Name * Ramos

Other Name / Maiden Name

Address

County of Residence * Kings
Street 4031 Biercliff Road
City New York State New York ZipCode 10013

Date Of Birth 02/20/1956 Guess Their Approximate Age * 57

Social Security Number 111223333 Gender * Female Male Unknown

Race White Black American Indian/ Alaskan Asian Pacific Islander Other Unknown

Diagnosis
Start typing for diagnostic code or text then choose from list

Primary Diagnosis Selected
29289 : Substance Intoxication/Induced Anxiety Disorder/Sexual Dysfunction; Hallucinogen Persisting Perception Disorder (Flashbacks) #

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others (including any specific threats, behaviors or actions).
Sam has threatened to kill his wife and children by tomorrow.

Enter Security And Submit:

 For security purposes please enter the code shown XK8ZV

(Upper and Lower Case Letters are accepted)

© 2013. New York State Office of Mental Health. All rights reserved.





NY SAFE Act Reporting

9.46 NYS Mental Hygiene Law

In the event of imminent risk of harm to self or others, call 911



[Help](#) [Contact Us](#)

Mar. 06, 2013

** fields with asterisk are required*

Reporting Professional:

Professional's Name *

First Name *

Last Name *

Provider Profession Type *

Physician Psychologist Unlicensed Psychology Registered Nurse LCSW

License *

Last 4 SSN *

Date Of Birth *

Phone Number *

Phone Ext.

Email Address *

Reporting On Behalf Of A Hospital

Hospital Submittal

Professional Relationship To Person:

Last Seen *

Treatment Relationship *





NY SAFE Act Reporting

9.46 NYS Mental Hygiene Law

In the event of imminent risk of harm to self or others, call 911



[Help Contact Us](#)

Mar. 06, 2013

If Psychologist does not have a license
License field is automatically removed

* fields with asterisk are required

Reporting Professional:

Professional's Name *

First Name * Last Name *

Provider Profession Type *

Physician Psychologist Psychologist (Unlicensed) Registered Nurse LCSW

Last 4 SSN *

Date Of Birth *

Phone Number *

Phone Ext.

Email Address *



Person Being Reported:

Name *

First Name * MI Last Name *

Other Name / Maiden Name

Address

County of Residence *
Street
City State ZipCode

Date Of Birth

Guess Their Approximate Age *

Social Security Number

Gender *

Female Male Unknown

Race

White Black American Indian/ Alaskan Asian Pacific Islander Other Unknown

Diagnosis

Start typing for diagnostic code or text then choose from list

Primary Diagnosis Selected

29289 : Substance Intoxication/-Induced Anxiety Disorder/Sexual Dysfunction; Hallucinogen Persisting Perception Disorder (Flashbacks) ✕

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others (including any specific threats, behaviors or actions):

Sam has threatened to kill his wife and children by tomorrow.

Enter Security And Submit:



For security purposes
please enter the code shown

(Upper and Lower Case Letters are accepted)

© 2013. New York State Office of Mental Health. All rights reserved.

Submitting When Individual is Hospitalized



NY SAFE Act Reporting
9.46 NYS Mental Hygiene Law
In the event of imminent risk of harm to self or others, call 911



[Help Contact Us](#)

*fields with asterisk are required

Reporting Professional: Mar. 06, 2013

Professional's Name *
First Name * Daniel Last Name * Brogan

Provider Profession Type *
 Physician Psychologist Psychologist (Unlicensed) Registered Nurse CLCSW License * 123456

Last 4 SSN * 1234 Date Of Birth * 11/25/1955 Phone Number * 5185551212 Phone Ext. *

Email Address *
daniel.brogan@nyprovider.ny.com

Person Is Currently A Hospitalized Patient * Hospital Submittal * Hospital Name * BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER INC

Professional Relationship To Person:

Last Seen * 03/06/2013 Treatment Relationship * Patient

Person Being Reported:

Name *
First * Sam Middle * Last * Ramos

Other Name / Maiden Name *

Address

County of Residence * Kings
Street 4031 Bnercliff Road
City New York State New York ZipCode 10013

Date Of Birth 02/20/1956 Guess Their Approximate Age * 57

Social Security Number 111223333 Gender *
 Female Male Unknown

Race
 White Black American Indian/ Alaskan Asian Pacific Islander Other Unknown

Diagnosis
Start typing for diagnostic code or text then choose from list

Primary Diagnosis Selected
29211 : Substance-Induced Psychotic Disorder, With Delusions

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others (including any specific threats, behaviors or actions).
Sam has threatened to kill his wife and children by tomorrow

Enter Security And Submit:

 For security purposes please enter the code shown
06183

(Upper and Lower Case Letters are accepted)

© 2013 New York State Office of Mental Health. All rights reserved.

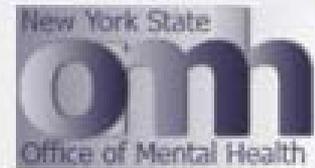




NY SAFE Act Reporting

9.46 NYS Mental Hygiene Law

In the event of imminent risk of harm to self or others, call 911



[Help Contact Us](#)

* fields with asterisk are required

Mar. 06, 2013

Reporting Professional:

Professional's Name *

First Name * Daniel

Last Name * Brogan

Provider Profession Type *

Physician Psychologist Psychologist (Unlicensed) Registered Nurse LCSW

License *

123456

Last 4 SSN *

1234

Date Of Birth *

11/25/1955

Phone Number *

5185551212

Phone Ext.

Email Address *

daniel.brogan@nyprovider.ny.com

Person Is Currently A Hospitalized Patient

Hospital Submittal

Hospital Name *

BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER INC

Professional Relationship To Person:

Last Seen *

03/06/2013

Treatment Relationship *

Patient



Person Being Reported:

Name *

First * Middle Last *

Other Name / Maiden Name

Address

County of Residence * 
Street
City State ZipCode

Date Of Birth

Guess Their Approximate Age *

Social Security Number

Gender *

Female Male Unknown

Race

White Black American Indian/ Alaskan Asian Pacific Islander Other Unknown

Diagnosis

Start typing for diagnostic code or text then choose from list

Primary Diagnosis Selected

29211 : Substance-Induced Psychotic Disorder, With Delusions 

Reason you believe the person is likely to engage in conduct that would result in serious harm to self or others (including any specific threats, behaviors or actions):

Sam has threatened to kill his wife and children by tomorrow

Enter Security And Submit:



For security purposes
please enter the code shown

Submit

Clear

(Upper and Lower Case Letters are accepted)

© 2013. New York State Office of Mental Health. All rights reserved.

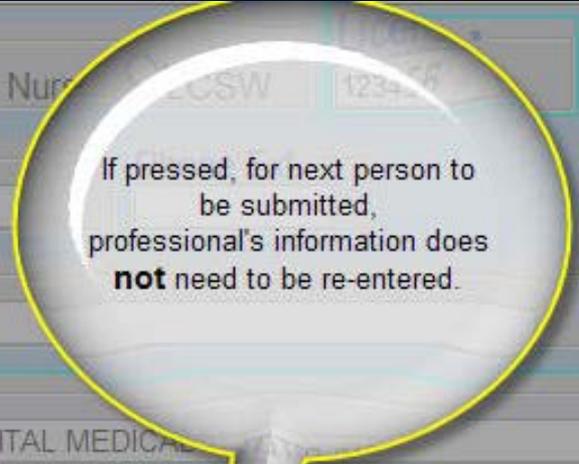


Provider Profession Type *
 Physician Psychologist Psychologist (Unlicensed) Registered Nurse

Last 4 SSN * 1234 Date Of Birth * 11/25/1955 Phone Number * 5185551212

Email Address *
daniel.brogan@nyprovider.ny.com

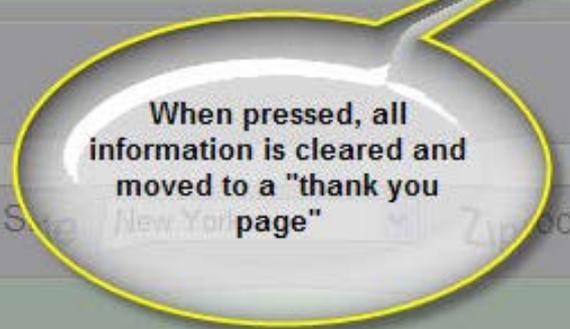
Person Is Currently A Hospitalized Patient *
 Hospital Submittal Hospital Name *
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL



Submittal Successful - 3/6/2013 4:49:20 PM

Reference Number: XJ2TWX8A42
By: Daniel Brogan
For: Sam Ramos

Submit Another Person Finished



Address
County of Residence * -- Choose A NY County --
Street
City
State New York Zip Code

Date Of Birth Guess Their Approximate Age *



Last 4 SSN *

1234

Date Of Birth *

11/25/1955

Phone Number *

5185551212

Phone Ext.

Email Address *

daniel.brogan@nyprovider.ny.com

Person Is Currently A Ho

Hospital Submittal

 **Required Relationship Data**
Enter in your relationship to the person.

Name *

VEN MEMORIAL HOSPITAL MEDICAL CENTER INC

Professional Relations

Last Seen *

03/06/2013

Treatment Relationship *

March, 2013

Su	Mo	Tu	We	Th	Fr	Sa
24	25	26	27	28	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Middle

Last *



DCS Reports to DCJS

- DCS reports will be made through a secure online portal.
- A DCS or designee may only disclose a patient's name and other non-clinical identifying information (e.g., name, date of birth, race, sex, SS#, address) to DCJS.
- DCJS, working with State Police, will use that information to determine if the patient has or has applied for a firearms license or has registered an assault weapon. If the patient has such a license/registration, State Police will report that information to the local firearms licensing official, who must either suspend or revoke the license.

Immunity Standard under MHL 9.46

- The new law specifically provides that if a mental health professional uses “reasonable professional judgment” and acts in “good faith” when making a determination, this decision cannot be the basis for any civil or criminal liability on the part of that professional.

Mechanics of 9.46 Form Submission

- Directors/designees will be able to access IJ Portal screens relating to the 9.46 form.
- The 9.46 form captures a patient's demographic information. No diagnosis/medical information is provided.
- Information captured on the form will only be visible to a limited number of DCJS and State Police staff who will be responsible for matching the individuals identified on the form with pending and active firearms licenses and assault weapons registrations.

Confidentiality

- DCJS must destroy a report five years after receipt.
- DCJS currently receives, processes and stores confidential criminal justice data. The agency has established detailed protocols and systems to maintain the confidentiality of the information and ensure that it is only accessed by appropriate individuals for legitimate business purposes.
- FOIL requires that the state keep confidential information that would result in an unwarranted invasion of personal privacy.

Questions?

Does the reporting requirement apply to “mental health professionals” providing services outside of a psychiatric ward — such as in private practice or on general hospital wards?

- Yes, the requirement to report is not dependent upon the location of the treating professional or the patient.

Does MHL 9.46 prevent mental health professionals from reporting directly to law enforcement?

- MHL 9.46 does not affect or limit other reporting authority under the law. For example, mental health professionals are currently authorized to report to law enforcement, without violating patient confidentiality, when the patient poses an imminent threat to self or others.
- In addition, under MHL 9.45, certain mental health professionals may report to the DCS or designee when a person has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to self or others. Under such circumstances, the DCS or designee may direct the removal of the person to a psychiatric hospital for an examination.

Does the SAFE Act require an assessment for an emergency removal order under 9.45 of the Mental Hygiene Law each time a MHL 9.46 report is made?

- Though not explicitly required under the SAFE Act, it is likely that when reviewing each 9.46 report for persons who are not already hospitalized, the DCS (or designee) will also review each 9.46 report to determine whether to direct an emergency “removal” and transport to a hospital for a psychiatric examination and possible admission, since the standard by which 9.46 reports are to be made is consistent with the standard for an emergency assessment under Mental Hygiene Law Section 9.45.

Does the reporting requirement pertain to children?

- There is no age restriction or limitation in the SAFE Act, however an individual mental health professional should use their reasonable professional judgment while understanding that the notification is for the purpose of limiting access to firearms and that the duration of any individual report will last for 5 years.

www.omh.ny.gov/omhweb/safe_act/

Safe Act - Mozilla Firefox

ContentCenter Professional x Safe Act x

iwts/iw/cc/meta/no-injection/iw-mount/default/main/WWW-Workflow/WORKAREA/wwwsite/omhweb/safe_act/index.html

nys web policy section 508

New York State | State Agencies | Search all of NY.gov

Office of Mental Health
Acting Commissioner Kristin M. Woodlock, RN, MPA | Governor Andrew M. Cuomo

Home | News | Data & Reports | Publications | Resources | Employment | A-Z Site Map | Language Access | 中文 | Русский | Español | Kreyòl Ayisyen

Message from the Acting Commissioner | About OMH | OMH Facilities | Initiatives | Contact OMH | FAQ | Print

NY SAFE ACT
New York Secure Ammunition and Firearms Enforcement Act of 2013

A resource for clinicians on the NY SAFE Act and Section 9.46 of the Mental Health Law. This page will be updated continuously to provide answers to commonly asked questions, guidance documents, explanatory videos and an avenue by which to ask questions and receive clarification of the new reporting requirements.

Save the Date
NY SAFE Act Reporting Requirement Webcast for Providers
Tuesday, March 12, 2013
Check Back Soon for Further Details

Comments or questions about the information on this page can be directed to the [NY SAFE Act](#).

Home | About OMH | News | Data & Reports | Publications | Resources | Employment | A-Z Site Map

[Privacy Policy](#) | [Accessibility](#) | [Disclaimer](#) | [Contact OMH](#) | [Web Administrator](#)

Last Modified: 3/1/2013

Security statement: Users shall not interrupt or disrupt the operation of this site nor restrict or inhibit any users ability to access the site. Unauthorized attempts to upload information to the site or change information on the site or to interrupt or disrupt operation of the site are strictly prohibited and may subject the perpetrator to both civil and criminal penalties under Federal and/or State law.

