

June 1976 Spec. Sess.
Assembly Bill 6

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CHAPTER 428, Laws of 1975

AN ACT to repeal 46.10 (15) and 51.45 (2) (g); to renumber and amend 51.45 (2) (h); to amend 51.45 (2) (d), (4) (f), (j), (k) and (p), (6) (a) and (8) (a) and (c) and 60.29 (9); to repeal and recreate 51.45 (2) (a), (4) (c) and (L), (7) (b) and (10) to (16); and to create 51.45 (2) (cm) and (cr) of the statutes, relating to a revision of the alcoholism and intoxication treatment act and providing a penalty.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 46.10 (15) of the statutes is repealed.

SECTION 2. 51.45 (2) (a) of the statutes is repealed and recreated to read:

51.45 (2) (a) "Alcoholic" means a person who habitually lacks self-control as to the use of alcoholic beverages, or uses such beverages to the extent that health is substantially impaired or endangered or social or economic functioning is substantially disrupted.

SECTION 3. 51.45 (2) (cm) and (cr) of the statutes are created to read:

51.45 (2) (cm) "Community board" means any community mental health, alcoholism and drug abuse policy-making board under s. 51.42.

(cr) "Designated person" means a person who performs, in part, the protective custody functions of a law enforcement officer under sub. (11), operates under an agreement between a community board and an appropriate law enforcement agency under sub. (11), and whose qualifications are established by such board.

SECTION 4. 51.45 (2) (d) of the statutes is amended to read:

51.45 (2) (d) "Incapacitated by alcohol" means that a person, as a result of the use of or withdrawal from alcohol, is unconscious or has his or her judgment otherwise so impaired that he or she is incapable of ~~realizing and~~ making a rational decision ~~with respect to his need for treatment~~, as evidenced objectively by such indicators as extreme physical debilitation, physical harm or threats of harm to himself or herself or to any other person, or to property.

SECTION 5. 51.45 (2) (g) of the statutes is repealed.

SECTION 6. 51.45 (2) (h) of the statutes is renumbered 51.45 (2) (g) and amended to read:

51.45 (2) (g) "Treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care, including diagnostic evaluation, medical, surgical, psychiatric, psychological, and social service care, vocational rehabilitation and career counseling, which may be extended to alcoholics and intoxicated persons, and psychiatric, psychological and social service care which may be extended to their families. Treatment may also include, but shall not be replaced by, physical detention of persons who have threatened, attempted or inflicted physical harm on themselves or another while in protective custody or undergoing involuntary treatment under this section, or who have attempted or committed an escape while in protective custody or undergoing involuntary treatment under this section.

SECTION 7. 51.45 (4) (c) of the statutes is repealed and recreated to read:

51.45 (4) (c) Provide treatment for alcoholics and intoxicated persons in or on parole from state correctional institutions and assure that the community board provides treatment for such persons in county, town and municipal institutions for the detention and incarceration of persons charged with or convicted of a violation of a state law or a county, town or municipal ordinance.

SECTION 8. 51.45 (4) (f), (j) and (k) of the statutes are amended to read:

51.45 (4) (f) Develop and implement and assure that community boards develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics and intoxicated persons, which program shall include the dissemination of information concerning the nature and effects of alcohol.

(j) Advise the governor or the state health planning agency under P.L. ~~89-749 93-641~~, as amended, in the preparation of a comprehensive plan for treatment of alcoholics and intoxicated persons for inclusion in the state's comprehensive health plan.

(k) Review all state health, welfare and treatment plans to be submitted for federal funding under federal legislation, and advise the governor or the state health planning agency under P.L. ~~89-749 93-641~~, as amended, on provisions to be included relating to ~~alcoholism~~ alcoholics and intoxicated persons.

SECTION 9. 51.45 (4) (L) of the statutes is repealed and recreated to read:

51.45 (4) (L) Develop and maintain, in cooperation with other state agencies, local governments and businesses and industries in the state, appropriate prevention, treatment and rehabilitation programs and services for alcohol abuse and alcoholism among employees thereof.

SECTION 11. 51.45 (4) (p) and (6) (a) of the statutes are amended to read:

51.45 (4) (p) Submit to the governor or the state health planning agency under P.L. ~~89-749 93-641~~, as amended, an annual report covering the activities of the department relating to treatment of alcoholism.

(6) (a) The citizens advisory council on alcoholism shall meet at least once every 3 months and report on its activities, advise and make recommendations under par. (b) to the secretary and the state health planning agency under P.L. ~~89-749 93-641~~, as amended, at least once a year.

SECTION 12. 51.45 (7) (b) of the statutes is repealed and recreated to read:

51.45 (7) (b) The program of the department shall include:

1. Emergency medical treatment provided by a facility affiliated with or part of the medical service of a general hospital.

2. Nonmedical emergency treatment provided by a facility having a written agreement with a general hospital for the provision of emergency medical treatment to patients as may be necessary.

3. Inpatient treatment.
4. Intermediate treatment as a part-time resident of a treatment facility.
5. Outpatient and follow-up treatment.
6. Extended care in a sheltered living environment with minimal staffing providing a program emphasizing at least one of the following elements: the development of self-care, social and recreational skills or prevocational or vocational training.
7. Prevention, intervention, information and referral services.

SECTION 13. 51.45 (8) (a) and (c) of the statutes are amended to read:

51.45 (8) (a) The department shall establish minimum standards for approved treatment facilities that must be met for a treatment facility to be approved as a public or private treatment facility, and fix the fees to be charged by the department for the required inspections. The standards may concern only the health standards to be met and standards of treatment to be afforded patients and shall distinguish between facilities rendering different modes of treatment. In setting standards, the department shall consider the residents' needs and abilities, the services to be provided by the facility, and the relationship between the physical structure and the objectives of the program. Nothing in this subsection shall prevent local community boards organized under s. 51.42 from establishing reasonable higher standards.

(c) Approval of a facility must be secured under this section before application for a grant-in-aid for such facility under s. 51.42 or before treatment in any facility is rendered to patients.

SECTION 14. 51.45 (10) to (16) of the statutes, as affected by chapter 200, laws of 1975, are repealed and recreated to read:

51.45 (10) VOLUNTARY TREATMENT OF ALCOHOLICS. (a) An alcoholic may apply for voluntary treatment directly to an approved public treatment facility. If the proposed patient is an incompetent person who has not been deprived of the right to contract under subch. I of ch. 880, the person or a legal guardian or other legal representative may make the application. If the proposed patient is an incompetent person who has been deprived of the right to contract under subch. I of ch. 880, a legal guardian or other legal representative may make the application.

(b) Subject to rules adopted by the department, the superintendent in charge of an approved public treatment facility may determine who shall be admitted for treatment. If a person is refused admission to an approved public treatment facility, the superintendent, subject to rules adopted by the department, shall refer the person to another approved public treatment facility for treatment if possible and appropriate.

(c) If a patient receiving inpatient care leaves an approved public treatment facility, the patient shall be encouraged to consent to appropriate outpatient or intermediate treatment. If it appears to the superintendent in charge of the treatment facility that the patient is an alcoholic or intoxicated person who requires help, the community board shall arrange for assistance in obtaining supportive services and residential facilities. If the patient is an incompetent person the request for discharge from an inpatient facility shall be made by a legal guardian or other legal representative or by the incompetent if he or she was the original applicant.

(d) If a patient leaves an approved public treatment facility, with or against the advice of the superintendent in charge of the facility, the community board may make reasonable provisions for the patient's transportation to another facility or to his or her home or may assist the patient in obtaining temporary shelter.

(11) TREATMENT AND SERVICES FOR INTOXICATED PERSONS AND OTHERS INCAPACITATED BY ALCOHOL. (a) An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. Any law enforcement

officer, or designated person upon the request of a law enforcement officer, may assist a person who appears to be intoxicated in a public place and to be in need of help to his or her home, an approved treatment facility or other health facility, if such person consents to the proffered help.

(b) A person who appears to be incapacitated by alcohol shall be placed under protective custody by a law enforcement officer. The law enforcement officer shall either bring such person to an approved public treatment facility for emergency treatment or request a designated person to bring such person to the facility for emergency treatment. If no approved public treatment facility is readily available or if, in the judgment of the law enforcement officer or designated person, the person is in need of emergency medical treatment, the law enforcement officer or designated person upon the request of the law enforcement officer shall take such person to an emergency medical facility. The law enforcement officer or designated person, in detaining such person or in taking him or her to an approved public treatment facility or emergency medical facility, is holding such person under protective custody and shall make every reasonable effort to protect the person's health and safety. In placing the person under protective custody the law enforcement officer may search such person for and seize any weapons. Placement under protective custody under this subsection is not an arrest. No entry or other record shall be made to indicate that such person has been arrested or charged with a crime. A person brought to an approved public treatment facility under this paragraph shall be deemed to be under the protective custody of the facility upon arrival.

(c) A person who comes voluntarily or is brought to an approved treatment facility shall be examined by trained staff as soon as practicable in accordance with a procedure developed by the facility in consultation with a licensed physician. The person may then be admitted as a patient or referred to another treatment facility or to an emergency medical facility, in which case the community board shall make provision for transportation. Upon arrival, the person shall be deemed to be under the protective custody of the facility to which he or she has been referred.

(d) A person who by examination pursuant to par. (c) is found to be incapacitated by alcohol at the time of admission, or to have become incapacitated at any time after admission, shall be detained at the appropriate facility for the duration of the incapacity but may not be detained when no longer incapacitated by alcohol, or if the person remains incapacitated by alcohol for more than 72 hours after admission as a patient, exclusive of Saturdays, Sundays and legal holidays, unless he or she is committed under sub. (12). A person may consent to remain in the facility as long as the physician or official in charge believes appropriate.

(e) The community board shall arrange transportation home for a person who was brought under protective custody to an approved public treatment facility or emergency medical facility and who is not admitted, if the home is within 50 miles of the facility. If the person has no home within 50 miles of the facility, the community board shall assist him or her in obtaining shelter.

(f) If a patient is admitted to an approved public treatment facility, the family or next of kin shall be notified as promptly as possible unless an adult patient who is not incapacitated requests that no notification be made.

(g) Any law enforcement officer, designated person or officer or employe of an approved treatment facility who acts in compliance with this section is acting in the course of official duty and is not criminally or civilly liable for false imprisonment.

(h) Prior to discharge, the patient shall be informed of the benefits of further diagnosis and appropriate voluntary treatment.

(i) No provision of this section may be deemed to require any emergency medical facility which is not an approved private or public treatment facility to provide to incapacitated persons nonmedical services including, but not limited to, shelter, transportation or protective custody.

(12) EMERGENCY COMMITMENT. (a) An intoxicated person who has threatened, attempted or inflicted physical harm on himself or herself or on another and is likely to inflict such physical harm unless committed, or a person who is incapacitated by alcohol, may be committed to the community board and brought to an approved public treatment facility for emergency treatment. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment.

(b) The physician, spouse, guardian or a relative of the person sought to be committed, or any other responsible person, may petition a court commissioner or the county court of the county in which the person sought to be committed resides or is present for commitment under this subsection. The petition shall:

1. State facts to support the need for emergency treatment;
2. State facts sufficient for a determination of indigency of the person; and
3. Be supported by one or more affidavits which aver with particularity the factual basis for the allegations contained in the petition.

(c) Upon receipt of a petition under par. (b), the court commissioner or court shall:

1. Determine whether the petition and supporting affidavits sustain the grounds for commitment and dismiss the petition if the grounds for commitment are not sustained thereby. If the grounds for commitment are sustained by the petition and supporting affidavits, the court or court commissioner shall issue an order temporarily committing the person to the custody of the community board pending the outcome of the preliminary hearing under sub. (13) (d).
2. Assure that the person sought to be committed is represented by counsel and, if the person is indigent, appoint counsel.
3. Issue an order directing the sheriff or other law enforcement agency to take the person into protective custody and bring him or her to an approved public treatment facility designated by the community board, if the person is not detained under sub. (11).
4. Set a time for a preliminary hearing under sub. (13) (d), such hearing to be held not later than 48 hours after receipt of a petition under par. (b), exclusive of Saturdays, Sundays and legal holidays. If at such time the person is unable to assist in the defense because he or she is incapacitated by alcohol, an extension of not more than 48 hours, exclusive of Saturdays, Sundays and legal holidays, may be had upon motion of the person or the person's attorney.

(d) Upon arrival at the approved public treatment facility, the person shall be advised both orally and in writing of the right to counsel, the right to consult with counsel before a request is made to undergo voluntary treatment under sub. (10), the right not to converse with examining physicians, psychologists or other personnel, the fact that anything said to examining physicians, psychologists or other personnel may be used as evidence against him or her at subsequent hearings under this section, the right to refuse medication which would render him or her unable adequately to prepare a defense, the exact time and place of the preliminary hearing under sub. (13) (d), and of the reasons for detention and the standards under which he or she may be committed prior to all interviews with physicians, psychologists or other personnel. Such notice of rights shall be provided to the patient's immediate family if they can be located and may be deferred until the patient's incapacitated condition, if any, has

subsidized to the point where the patient is capable of understanding the notice. Under no circumstances may interviews with physicians, psychologists or other personnel be conducted until such notice is given, except that the patient may be questioned to determine immediate medical needs. The patient may be detained at the facility to which he or she was admitted or, upon notice to the attorney and the court, transferred by the community board to another appropriate public or private treatment facility, until discharged under par. (e).

(e) When on the advice of the treatment staff the superintendent of the facility having custody of the patient determines that the grounds for commitment no longer exist, he or she shall discharge a person committed under this subsection. No person committed under this subsection shall be detained in any treatment facility beyond the time set for a preliminary hearing under par. (c) 4. If a petition for involuntary commitment under sub. (13) has been filed and a finding of probable cause for believing the patient is in need of commitment has been made under sub. (13) (d), the person may be detained until the petition has been heard and determined.

(f) A copy of the written application for commitment and all supporting affidavits shall be given to the patient at the time notice of rights is given under par. (d) by the superintendent, who shall provide a reasonable opportunity for the patient to consult counsel.

(13) INVOLUNTARY COMMITMENT. (a) A person may be committed to the custody of the community board by the county court upon the petition of 3 adults, each of whom has personal knowledge of the conduct and condition of the person sought to be committed. A refusal to undergo treatment shall not constitute evidence of lack of judgment as to the need for treatment. The petition for commitment shall:

1. Allege that the condition of the person is such that he or she habitually lacks self-control as to the use of alcoholic beverages, and uses such beverages to the extent that health is substantially impaired or endangered and social or economic functioning is substantially disrupted;

2. Allege that such condition of the person is evidenced by a pattern of conduct which is dangerous to the person or to others;

3. State facts sufficient for a determination of indigency of the person; and

4. Be supported by the affidavit of each petitioner which avers with particularity the factual basis for the allegations contained in the petition.

(b) Upon receipt of a petition under par. (a), the court shall:

1. Determine whether the petition and supporting affidavits meet the requirements of par. (a) and dismiss the petition if the requirements of par. (a) are not met thereby. If the person has not been temporarily committed under sub. (12) (c) and the petition and supporting affidavits meet the requirements of par. (a), the court may issue an order temporarily committing the person to the custody of the community board pending the outcome of the preliminary hearing under par. (d).

2. Assure that the person is represented by counsel and, if the person is indigent, appoint counsel. The person shall be represented by counsel at the preliminary hearing under par. (d). The person may, with the approval of the court, waive his or her right to representation by counsel at the full hearing under par. (f).

3. If the court orders temporary commitment, issue an order directing the sheriff or other law enforcement agency to take the person into protective custody and to bring the person to an approved public treatment facility designated by the community board, if the person is not detained under sub. (11) or (12).

4. Set a time for a preliminary hearing under par. (d). If the person is taken into protective custody, such hearing shall be held not later than 48 hours after receipt of a

petition under par. (a), exclusive of Saturdays, Sundays and legal holidays. If at such time the person is unable to assist in the defense because he or she is incapacitated by alcohol, an extension of not more than 48 hours, exclusive of Saturdays, Sundays and legal holidays, may be had upon motion of the person or the person's attorney.

(c) Effective and timely notice of the preliminary hearing, together with a copy of the petition and supporting affidavits under par. (a), shall be given to the person unless he or she has been taken into custody under par. (b), the spouse or legal guardian if the person is incompetent, the person's counsel and the petitioner. The notice shall include a written statement of the person's right to an attorney, the right to trial by jury, the right to be examined by a physician, and the standard under which he or she may be committed under this section. If the person is taken into custody under par. (b), upon arrival at the approved public treatment facility, the person shall be advised both orally and in writing of the right to counsel, the right to consult with counsel before a request is made to undergo voluntary treatment under sub. (10), the right not to converse with examining physicians, psychologists or other personnel, the fact that anything said to examining physicians, psychologists or other personnel may be used as evidence against him or her at subsequent hearings under this section, the right to refuse medication which would render him or her unable adequately to prepare a defense, the exact time and place of the preliminary hearing under par. (d), the right to trial by jury, the right to be examined by a physician and of the reasons for detention and the standards under which he or she may be committed prior to all interviews with physicians, psychologists or other personnel. Such notice of rights shall be provided to the person's immediate family if they can be located and may be deferred until the person's incapacitated condition, if any, has subsided to the point where the person is capable of understanding the notice. Under no circumstances may interviews with physicians, psychologists or other personnel be conducted until such notice is given, except that the person may be questioned to determine immediate medical needs. The person may be detained at the facility to which he or she was admitted or, upon notice to the attorney and the court, transferred by the community board to another appropriate public or private treatment facility, until discharged under this subsection. A copy of the petition and all supporting affidavits shall be given to the person at the time notice of rights is given under this paragraph by the superintendent, who shall provide a reasonable opportunity for the patient to consult counsel.

(d) Whenever it is desired to involuntarily commit a person, a preliminary hearing shall be held under this paragraph. The purpose of the preliminary hearing shall be to determine if there is probable cause for believing that the allegations of the petition under par. (a) are true. The person shall be represented by counsel at the preliminary hearing and, if the person is indigent, counsel shall timely be appointed at county expense. Counsel shall have access to all reports and records, psychiatric and otherwise, which have been made prior to the preliminary hearing. The person shall be present at the preliminary hearing and shall be afforded a meaningful opportunity to be heard. Upon failure to make a finding of probable cause under this paragraph, the court shall dismiss the petition and discharge the person from the custody of the community board.

(e) Upon a finding of probable cause under par. (d), the court shall fix a date for a full hearing to be held within 14 days. An extension of not more than 14 days may be granted upon motion of the person sought to be committed upon a showing of cause. Effective and timely notice of the full hearing, the right to counsel, the right to jury trial and the standards under which the person may be committed shall be given to the person, the immediate family other than a petitioner under par. (a) or sub. (12) (b) if they can be located, the spouse or legal guardian if the person is incompetent, the superintendent in charge of the appropriate approved public treatment facility if the

person has been temporarily committed under par. (b) or sub. (12), the person's counsel, unless waived, and to the petitioner under par. (a). Counsel, or the person if counsel is waived, shall have access to all reports and records, psychiatric and otherwise, which have been made prior to the full hearing on commitment, and shall be given the names of all persons who may testify in favor of commitment and a summary of their proposed testimony at least 96 hours before the full hearing, exclusive of Saturdays, Sundays and legal holidays.

(f) The hearing shall be open, unless the person sought to be committed or the person's attorney moves that it be closed, in which case only persons in interest (including representatives of the community board in all cases) and their attorneys and witnesses may be present. At the hearing the jury, or, if trial by jury is waived, the court, shall consider all relevant evidence, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. Ordinary rules of evidence shall apply to any such proceeding. The person whose commitment is sought shall be present and shall be given an opportunity to be examined by a court-appointed licensed physician. If the person refuses and there is sufficient evidence to believe that the allegations of the petition are true, or if the court believes that more medical evidence is necessary, the court may make a temporary order committing the person to the community board for a period of not more than 5 days for purposes of diagnostic examination.

(g) The court shall make an order of commitment to the community board if, after hearing all relevant evidence, including the results of any diagnostic examination, the trier of fact finds: 1) that the allegations of the petition under par. (a) have been established beyond a reasonable doubt; and 2) that there is a relationship between the alcoholic condition and the pattern of conduct during the 12-month period immediately preceding the time of petition which is dangerous to the person or others and that such relationship has been established to a reasonable medical certainty; and 3) that there is an extreme likelihood that the pattern of conduct will continue or repeat itself without the intervention of involuntary treatment or institutionalization. The court may not order commitment of a person unless it is shown beyond a reasonable doubt that there is no suitable alternative available in which the person will voluntarily participate and that the community board is able to provide the most appropriate treatment and that the treatment is likely to be beneficial.

(h) A person committed under this subsection shall remain in the custody of the community board for treatment for a period of 30 days. During this period of commitment the community board may transfer the person from one approved public treatment facility or program to another as provided in par. (k). At the end of the 30-day period, the person shall be discharged automatically unless the community board before expiration of the period obtains a court order for recommitment upon the grounds set forth in par. (a) for a further period of 90 days. If after examination it is determined that the person is likely to inflict physical harm on himself or herself or on another, the community board shall apply for recommitment.

(i) A person recommitted under par. (h) shall be discharged at the expiration of the 90-day period unless the community board, before expiration of the period, obtains a court order on the grounds set forth in par. (a) for recommitment for a further period not to exceed 90 days. If after examination it is determined that the person is likely to inflict physical harm on himself or herself or on another, the community board shall apply for recommitment. Only 2 recommitment orders under this paragraph and par. (h) are permitted.

(j) Upon the filing of a petition for recommitment under par. (h) or (i), the court shall fix a date for a recommitment hearing within 10 days, assure that the person sought to be recommitted is represented by counsel and, if the person is

indigent, appoint counsel for him or her, unless waived. The provisions of par. (e) relating to notice and to access to records, names of witnesses and summaries of their testimony shall apply to recommitment hearings under this paragraph. At the recommitment hearing, the court shall proceed as provided under pars. (f) and (g).

(k) The community board shall provide for adequate and appropriate treatment of a person committed to its custody. Any person committed or recommitted to custody may be transferred by the community board from one approved public treatment facility or program to another upon the written application to the community board from the facility or program treating the person. Such application shall state the reasons why transfer to another facility or program is necessary to meet the treatment needs of the person. Notice of such transfer and the reasons therefor shall be given to the court, the person's attorney and the person's immediate family, if they can be located.

(L) If an approved private treatment facility agrees with the request of a competent patient or a parent, sibling, adult child, or guardian to accept the patient for treatment, the community board may transfer the person to the private treatment facility.

(m) A person committed under this section may at any time seek to be discharged from commitment by writ of habeas corpus under s. 292.01 (2).

(n) The venue for proceedings under this subsection is the place in which the person to be committed resides or is present.

(o) All fees and expenses incurred under this section which are required to be assumed by the county shall be governed by s. 51.07.

(p) A record shall be made of all proceedings held under this subsection. Transcripts shall be made available under s. 256.57. The community board may in any case request a transcript.

(q) 1. Within 5 days after the date of mailing of notice of entry of judgment, as indicated in the case docket, an appeal from any final judgment under this section may be taken to the circuit court by any party to the action or proceedings, upon filing with the clerk of court which tried the case a notice of appeal signed by the appellant or his or her attorney, and serving a copy of such notice on all parties bound by the judgment who appeared in the action or their attorneys. Execution may be stayed under ch. 817. Within 40 days after notice of appeal is filed the appellant shall file with the clerk of court a transcript of the reporter's notes of the hearing. The appellant shall pay the costs of preparing the transcript unless the appellant is indigent, in which case the community board shall pay such costs.

2. Within 10 days after the transcript is filed with the clerk, the clerk shall return the case file and transcript to the circuit court and shall notify the parties of such filing.

3. On appeal, the circuit court has power similar to that of the supreme court to review and to affirm, reverse or modify the judgment appealed from. In addition, the circuit court may order a new hearing in whole or in part, which shall be in the county court.

4. At any time after the filing in the circuit court of the return on an appeal, any party to the action or proceeding, upon notice, may move that the judgment appealed from be affirmed, or modified and affirmed as modified, or that the appeal be dismissed, or may move for a new hearing or a reversal. This motion shall state concisely the grounds upon which it is made and shall be heard on the record.

(14) CONFIDENTIALITY OF RECORDS OF PATIENTS. (a) Except as otherwise provided in this subsection, the registration and other records of treatment facilities shall remain confidential and are privileged to the person.

(b) Notwithstanding par. (a), the department may make available information from patients' records for purposes of research into the causes and treatment of alcoholism. Information obtained under this paragraph shall not be used in a way that discloses patients' names or other identifying information. In making such information available, the department shall impose appropriate safeguards against identification and disclosure.

(c) Notwithstanding par. (a), the registration and other records of treatment facilities may be used for purposes of management audits, financial audits or program evaluation. Information obtained under this paragraph shall not be used in a way that discloses patients' names or other identifying information. The department shall promulgate rules to assure the confidentiality of such information.

(d) Notwithstanding par. (a), the registration and other records of treatment facilities may be disclosed to a licensed physician who has determined that the life or health of the patient is in danger and that treatment without the information contained therein could be injurious to the patient's health. The disclosure shall be limited to that part of the records necessary to meet the medical emergency.

(e) Any person who violates this subsection shall forfeit not more than \$5,000.

(15) CIVIL RIGHTS AND LIBERTIES. (a) A person being treated under this section does not thereby lose any legal rights.

(b) The department shall establish reasonable hours of visitation for treatment facilities providing inpatient or intermediate treatment under this section. Patients residing in such facilities may not be denied the opportunity for adequate consultation with counsel or for continuing contact with family and friends consistent with effective treatment.

(c) Neither mail nor other communication to or from a patient in any approved treatment facility may be intercepted, read or censored. The department may adopt reasonable security rules regarding the receipt of packages and use of a telephone by patients in approved treatment facilities.

(d) No provisions of this section may be deemed to contradict any rules or regulations governing the conduct of any inmate of a state or county correctional institution who is being treated in an alcoholic treatment program within the institution.

(e) A private or public general hospital may not refuse admission or treatment to a person in need of medical services solely because that person is an "alcoholic", "incapacitated by alcohol" or is an "intoxicated person" as defined in sub. (2). This paragraph does not require a hospital to admit or treat the person if the hospital does not ordinarily provide the services required by the person. A private or public general hospital which violates this paragraph shall forfeit not more than \$500.

(16) PAYMENT FOR TREATMENT. (a) Liability for payment for care, services and supplies provided under this section, the collection and enforcement of such payments, and the adjustment and settlement with the several counties for their proper share of all moneys collected under s. 46.10, shall be governed exclusively by s. 46.10.

(b) Payment for treatment of persons treated under s. 53.38 shall be made under that section.

SECTION 15. 60.29 (9) of the statutes is amended to read:

60.29 (9) BYLAWS, PUBLICATIONS. To adopt bylaws, when needed, to regulate the conduct of ~~police~~ police personnel, superintendents of police and night ~~watchmen~~

watchers and to restrain ~~drunkenness~~, disorderly conduct and the careless use of firearms; and fix a ~~penalty~~ forfeiture not exceeding \$10 for each violation thereof; but such bylaws shall be published in the manner prescribed for the publication of bylaws adopted by town meetings and shall have the same effect as such bylaws.

SECTION 16. **Cross reference change.** In the statute section listed in column A, the reference listed in column B is changed to the reference shown in column C:

A	B	C
Statute Section	Old Cross Reference	New Cross Reference
51.42 (8) (h)	51.45 (2) (h)	51.45 (2) (g)
