

**PROVIDER NOTICE:**  
**Provider Manual Revision**

*Maricopa County Regional Behavioral Health Authority  
Magellan Health Services of Arizona, Inc.*

## **Provider Notice**

### **Forms for Requesting and Consenting to Electroconvulsive Therapy (ECT)**

**Date: October 13, 2009**

**Notice number: 93**

In accordance with ADHS/DBHS guidelines, providers are required to comply with the updated policies and procedures presented in provider notices. Where applicable, this information is incorporated into the ADHS/DBHS Provider Manual, Magellan Health Services of Arizona Edition. The full provider manual and provider notices are available at the [For Providers](#) area of Magellan's Web site, [www.MagellanofAZ.com](http://www.MagellanofAZ.com).

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ADHS/DBHS has recently approved the use of two forms: the revised Request for Electroconvulsive Therapy (ECT) Form, and a new form titled Consent for Electroconvulsive Therapy (ECT). The two forms linked below are effective for use on October 15, 2009, and also will be posted to the Forms and Attachments section of the Magellan Provider Manual shortly.

[Request for Electroconvulsive Therapy \(ECT\) Form](#)

[Consent for Electroconvulsive Therapy \(ECT\) Form](#)

*If you have questions about the information in this provider notice, please contact your provider relations liaison.*

