

COUNCIL OF THE DISTRICT OF COLUMBIA

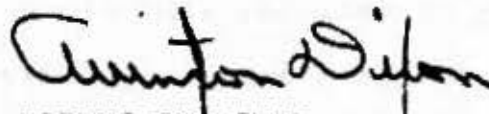
NOTICE

D. C. LAW 2-136

"District of Columbia Mental Health Information Act of 1978"

Pursuant to Section 412 of the District of Columbia Self-Government and Governmental Reorganization Act, P. L. 93-198, "the Act", the Council of the District of Columbia adopted Bill No. 2-144, on first, amended first, second amended first reading, and second, readings July 11, 1978, July 25, 1978, September 19, 1978 and October 3, 1978 respectively. Following the signature of the Mayor on November 1, 1978, this legislation was assigned Act 2-292, published in the December 1, 1978, edition of the D.C. Register, (Vol. 25, page 5055) and transmitted to Congress on January 18, 1979 for a 30-day review, in accordance with Section 602 (c)(1) of the Act.

The Council of the District of Columbia hereby gives notice that the 30-day Congressional Review Period has expired, and, therefore, cites the following legislation as D.C. Law 2-136, effective March 3, 1979.


ARRINGTON DIXON
Chairman of the Council

Dates Counted During the 30-day Congressional Review Period:

January	18, 19, 22, 23, 24, 25, 26, 29, 30, 31
February	1, 2, 5, 6, 7, 8, 9, 13, 14, 15, 16, 20, 21, 22, 23, 26, 27, 28
March	1, 2,

D.C. LAW 2-136

AN ACT

EFFECTIVE DATE MAR 03 1979

2-292

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

NOVEMBER 1, 1978

To establish safeguards to maintain the confidentiality of mental health information, and for other purposes.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA,

That this act may be cited as the "District of Columbia Mental Health Information Act of 1978".

TITLE I

DEFINITIONS AND GENERAL PROVISIONS

Sec. 101. Definitions.

For purposes of this act:

(a) "administrative information" means a client's name, age, sex, address, identifying number or numbers, dates and character of sessions (individual or group), and fees;

(b) "client" means any individual who receives or has received professional services from a mental health professional in a professional capacity;

(c) "client representative" means an individual specifically authorized by the client in writing or by the court as the legal representative of that client;

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(d) "data collector" means a person other than the client, mental health professional and mental health facility who regularly engages, in whole or in part, in the practice of assembling or evaluating client mental health information;

(e) "diagnostic information" means a therapeutic characterization which is of the type that is found in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association or any comparable professionally recognized diagnostic manual;

(f) "disclose" means to communicate any information in any form (written, oral or recorded);

(g) "group session" means the provision of professional services jointly to more than one (1) client in a mental health facility;

(h) "insurance transaction" means whenever a decision (be it adverse or otherwise) is rendered regarding an individual's eligibility for an insurance benefit or service;

(i) "mental health information" means any written, recorded or oral information acquired by a mental health professional in attending a client in a professional capacity which (1) indicates the identity of a client and

(2) relates to the diagnosis or treatment of a client's mental or emotional condition;

(j) "mental health facility" means any hospital, clinic, office, nursing home, infirmary or similar entity where professional services are provided;

(k) "mental health professional" means any of the following persons engaged in the provision of professional services:

(1) a person licensed to practice medicine;

(2) a person licensed to practice psychology;

(3) a professional clinical or psychiatric social worker;

(4) a professional marriage, family or child counselor;

(5) a licensed nurse who is a professional psychiatric nurse; and

(6) any person reasonably believed by the client to be a mental health professional within the meaning of paragraphs (1) through (5) of this subsection;

(l) "person" means any governmental organization or agency or part thereof, individual, firm, partnership, copartnership, association or corporation;

(m) "personal notes" means mental health information regarding a client which is limited to:

(1) mental health information disclosed to the mental health professional in confidence by other persons on condition that such information not be disclosed to the client or other persons; and

(2) the mental health professional's speculations.

(n) "professional services" means any form of diagnosis or treatment relating to a mental or emotional condition that is provided by a mental health professional;

(o) "third party payor" means any person who provides accident and sickness benefits or medical, surgical or hospital benefits whether on an indemnity, reimbursement, service or prepaid basis, including, but not limited to, insurance carriers, governmental agencies and employers.

Sec. 102. Scope.

(a) Except as specifically authorized by titles II, III or IV of this act, no mental health professional, mental health facility, data collector or employee or agent of a mental health professional, mental health facility or data collector shall disclose or permit the disclosure of mental health information to any person, including an employer.

(b) Except as specifically authorized by title II or IV of this act, no client in a group session shall disclose or permit the disclosure of mental health information relating to another client in the group session to any person.

(c) No violation of subsection (a) or (b) of this section occurs until a single act or series of acts taken together amount to a disclosure of mental health information.

Sec. 103. Personal Notes.

If a mental health professional makes personal notes regarding a client, such personal notes shall not be maintained as a part of the client's record of mental health information. Notwithstanding any other provision of this act, access to such personal notes shall be strictly and absolutely limited to the mental health professional and shall not be disclosed except to the degree that the personal notes or the information contained therein are needed in litigation brought by the client against the mental health professional on the grounds of professional malpractice or disclosure in violation of this subsection.

Sec. 104. General Rules Governing Disclosures.

(a) Upon disclosure of any of the client's mental health information pursuant to titles II, III or IV of this act, a notation shall be entered and maintained with the client's record of mental health information which includes:

- (1) the date of the disclosure;
- (2) the name of the recipient of the mental health information; and

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(3) a description of the contents of the disclosure.

(b) All disclosures of mental health information, except on an emergency basis as provided in section 303 of this act, shall be accompanied by a statement to the effect that:

The unauthorized disclosure of mental health information violates the provisions of the District of Columbia Mental Health Information Act of 1978. Disclosures may only be made pursuant to a valid authorization by the client or as provided in titles III or IV of that act. The act provides for civil damages and criminal penalties for violations.

TITLE II

DISCLOSURES WITH THE CLIENT'S CONSENT

Sec. 201. Disclosures by Client Authorization.

Except as provided in section 205 of this act, a mental health professional, mental health facility, data collector or employee or agent of a mental health professional, mental health facility or data collector shall disclose mental health information and a client in a group session may disclose mental health information upon the voluntary written authorization of the person or persons who have the power to authorize disclosure under section 205 of this act.

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Sec. 202. Form of Authorization.

(a) Any written authorization which authorizes disclosure pursuant to section 201 of this act shall:

(1) specify the nature of the information to be disclosed, the type of persons authorized to disclose such information, to whom the information may be disclosed and the specific purposes for which the information may be used both at the time of the disclosure and at any time in the future;

(2) advise the client of his right to inspect his record of mental health information;

(3) state that the consent is subject to revocation, except where an authorization is executed in connection with a client's obtaining a life or noncancellable or guaranteed renewable health insurance policy, in which case the authorization shall be specific as to its expiration date which shall not exceed two (2) years from the date of the policy; or where an authorization is executed in connection with the client's obtaining any other form of health insurance in which case the authorization shall be specific as to its expiration date which shall not exceed one (1) year from the date of the policy;

(4) be signed by the person or persons authorizing the disclosure; and

(5) contain the date upon which the authorization was signed.

(b) Any authorization executed pursuant to subsection (a) shall apply only to the disclosure of mental health information which exists as of the date of the authorization.

(c) A copy of such authorization shall:

(1) be provided to the client and the person authorizing the disclosure;

(2) accompany all such disclosures; and

(3) be included in the client's record of mental health information.

Sec. 203. Prohibition Against Redisclosure.

Mental health information disclosed pursuant to this title cannot be further disclosed by the recipient without authorization as provided in section 201 of this act.

Sec. 204. Revocation of Authorization.

Except as provided in section 202(a)(3) of this act, the person or persons who authorizes a disclosure may revoke an authorization by providing a written revocation to the recipient named in the authorization and to the mental health professional, mental health facility or data collector authorized to disclose mental health information. The revocation of authorization shall be effective upon

receipt. After the effective revocation date, no mental health information may be disclosed pursuant to the authorization. However, mental health information previously disclosed may be used for the purposes stated in the written authorization.

Sec. 205. Power to Grant Authorization.

(a) When a client is eighteen (18) years of age or over, the client or client representative shall have the power to authorize disclosures.

(b) When a client is under the age of eighteen (18), but beyond the age of fourteen (14), disclosures which require authorization may only be authorized by the joint written authorization of the client and a parent of the client or legal guardian. When a client is less than fourteen (14) years of age, disclosures which require authorization may only be authorized by the client's parent or legal guardian. However, if the client's parent or legal guardian has not expressed consent to the mental health professional regarding the client's receipt of professional services, the client may, by written authorization, consent without any authorization from his parent or legal guardian.

Sec. 206. Authority of Mental Health Professional to Limit Authorized Disclosures.

(a) The mental health professional primarily responsible for the diagnosis or treatment of a client may refuse to disclose or limit disclosure of the client's mental health information even though such mental health information is disclosable by virtue of a valid authorization: PROVIDED, That:

(1) such mental health professional reasonably believes that such refusal or limitation on disclosure is necessary to protect the client from a substantial risk of imminent psychological impairment or to protect the client or another individual from a substantial risk of imminent and serious physical injury; and

(2) the mental health professional notifies the person or persons who authorized the disclosure, in writing, of: (A) the refusal or limitation on disclosure; (B) the reasons for such refusal or limitation; and (C) the remedies under this act: PROVIDED, FURTHER, That, in an insurance transaction, the mental health professional shall inform the insurer that the authorized disclosure was refused or limited.

(b) In the event the disclosure is limited by the mental health professional pursuant to subsection (a) of this section, the person or persons who authorized the disclosure may designate an independent mental health

professional who shall be in substantially the same or greater professional class as the mental health professional who initially limited disclosure and who shall be permitted to review the client's record of mental health information. The independent mental health professional may authorize disclosure in whole or in part if, after a complete review of the client's record of mental health information, the independent mental health professional determines that the disclosure does not pose to the client a substantial risk of imminent psychological impairment or pose a substantial risk of imminent and serious physical injury to the client or another individual.

(c) A person who has taken action to achieve disclosure in accordance with subsection (b) of this section may institute an action in the Superior Court of the District of Columbia to compel the disclosure of all or any part of the record of the client's mental health information which was not disclosed by the mental health professionals. An action instituted under this subsection shall be brought within six (6) months of the denial, in whole or in part, of the disclosure by the independent mental health professional or the denial, in whole or in part, of disclosure to the independent mental health professional by the mental health professional. In the event that a person is indigent and is

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unable to obtain the services of an independent mental health professional, he may institute an action in the Superior Court of the District of Columbia, without regard to the provisions of subsection (b) of this section: PROVIDED, That the action is brought within six (6) months of the denial, in whole or in part, of the disclosure by the mental health professional. If the person who instituted the action establishes that he executed a valid authorization which was transmitted to the mental health professional prior to the denial of disclosure by such mental health professional, the burden of proof shall then be placed upon the mental health professional to establish, by a preponderance of the evidence, that the denial of disclosure was in conformity with paragraphs (1) and (2) of subsection (a) of this section.

(d) Any refusal or limitation on disclosure shall be noted in the client's record of mental health information including, but not limited to, the names of the mental health professionals involved, the date of the refusal or limitation, the requested disclosure and the actual disclosure, if any.

(e) This section shall not apply to disclosures under section 21-562 of the D.C. Code (concerning the disclosure of records of a client hospitalized in a public hospital for

a mental illness) or court related disclosures under title IV of this act.

Sec. 207. Limited Disclosure to Third Party Payors.

(a) A mental health professional or mental health facility may disclose to a third party payor mental health information necessary to determine the client's entitlement to, or the amount of, payment benefits for professional services rendered: PROVIDED, That the disclosure is pursuant to a valid authorization and that the information to be disclosed is limited to:

- (1) administrative information;
- (2) diagnostic information;
- (3) the status of the client (voluntary or involuntary);
- (4) the reason for admission or continuing treatment; and
- (5) a prognosis limited to the estimated time during which treatment might continue.

(b) In the event the third party payor questions the client's entitlement to or the amount of payment benefits following disclosure under subsection (a) of this section, the third party payor may, pursuant to a valid authorization, request an independent review of the client's record of mental health information by a mental health

professional or professionals. Mental health information disclosed for the purpose of review shall not be disclosed to the third party payor.

TITLE III

EXCEPTIONS

Sec. 301. Disclosures Within a Mental Health Facility.

Mental health information may be disclosed to other individuals employed at the individual mental health facility when and to the extent necessary to facilitate the delivery of professional services to the client.

Sec. 302. Disclosures Required by Law.

Mental health information may be disclosed by a mental health professional or mental health facility where necessary and, to the extent necessary, to meet the requirements of D.C. Code, sec. 21-586 (concerning financial responsibility for the care of hospitalized persons) or to meet the compulsory reporting provisions of District or federal law which attempt to promote human health and safety.

Sec. 303. Disclosures on an Emergency basis.

(a) Mental health information may be disclosed, on an emergency basis, to one or more of the following: the client's spouse, parent, legal guardian, a duly accredited

officer or agent of the District of Columbia in charge of public health, an officer authorized to make arrests in the District of Columbia or an intended victim if the mental health professional reasonably believes that such disclosure is necessary to initiate or seek emergency hospitalization of the client under section 21-521 of the D.C. Code or to otherwise protect the client or another individual from a substantial risk of imminent and serious physical injury.

(b) Mental health information disclosed to the Metropolitan Police Department pursuant to this section shall be maintained separately and shall not be made a part of any permanent police record. Such mental health information shall not be further disclosed except as a court related disclosure pursuant to title IV of this act. If no judicial action relating to the disclosure under this section is pending at the expiration of the statute of limitations governing the nature of the judicial action, the mental health information shall be destroyed. If a judicial action relating to the disclosure under this section is pending at the expiration of the statute of limitations, the mental health information shall be destroyed at the termination of the judicial action.

Sec. 304. Disclosures for Collection of Fees.

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(a) A mental health professional or mental health facility may disclose the administrative information necessary for the collection of his or its fee from the client to a person authorized by the mental health professional or mental health facility for the collection of a fee from such client if the client or client representative has received a written notification that the fee is due and has failed to arrange for payment with the mental health professional or mental health facility within a reasonable time after such notification.

(b) In the event of a claim in any civil action for the collection of such a fee, no additional mental health information shall be disclosed in litigation, except to the extent necessary:

(1) to respond to a motion of the client or client representative for greater specificity; or

(2) to dispute a defense or counterclaim.

Sec. 305. Disclosures for Research, Auditing and Program Evaluation.

A mental health professional or mental health facility may disclose mental health information to qualified personnel, if necessary, for the purpose of conducting scientific research or management audits, financial audits or program evaluation of the mental health professional or

mental health facility: PROVIDED, That such personnel have demonstrated and provided assurances, in writing, of their ability to insure compliance with the requirements of this act. Such personnel shall not identify, directly or indirectly, an individual client in any reports of such research, audit or evaluation, or otherwise disclose client identities in any manner.

Sec. 306. Redis closure.

Mental health information disclosed pursuant to this title shall not be redisclosed except as specifically authorized by titles II, III or IV of this act.

TITLE IV

COURT RELATED DISCLOSURES

Sec. 401. Court Ordered Examinations.

Except provided elsewhere, by law, mental health information acquired by a mental health professional pursuant to a court ordered examination may be disclosed in a manner provided by rules of court.

Sec. 402. Civil Commitment Proceedings.

Mental health information may be disclosed by a mental health professional when and to the extent necessary to initiate or seek civil commitment proceedings under section 21-541 of the D.C. Code.

Sec. 403. Court Actions.

Mental health information may be disclosed in a civil or administrative proceeding in which the client or the client representative or, in the case of a deceased client, any party claiming or defending through or a beneficiary of the client, initiates his mental or emotional condition or any aspect thereof as an element of the claim or defense.

Sec. 404. Redisclosure.

Redisclosure of any mental health information disclosed pursuant to this title shall be governed by order of the court or, if no order is issued, by the rules of the Superior Court of the District of Columbia.

Sec. 405. Court Records.

A client, client representative or any other party in a civil, criminal or administrative action, in which mental health information has been or will be disclosed, shall have the right to move the court to denominate, style or caption the names of all parties as "John Doe" or otherwise protect the anonymity of all of the parties.

TITLE V

THE CLIENT'S RIGHT TO ACCESS AND RIGHT TO CORRECT INFORMATION

Sec. 501. Right to Access.

Except as provided in this title and in section 103 of this act, a mental health professional, mental health facility or data collector shall permit any client or client representative, upon written request, to inspect and duplicate the client's record of mental health information maintained by the mental health professional, mental health facility or data collector within thirty (30) days from the date of receipt of the request. A mental health professional, responsible for the diagnosis or treatment of the client, shall have the opportunity to discuss the mental health information with the client or client representative at the time of such inspection. In the case of a request to a data collector for disclosure of mental health information pursuant to this section, the data collector shall grant access either: (a) directly to the requestor; or (b) indirectly by providing the mental health information to a mental health professional designated by the requestor. If the mental health professional designated by the requestor is not the person who disclosed the mental health information to the data collector, he shall be in substantially the same or greater professional class as the mental health professional who disclosed the mental health information to the data collector.

Sec. 502. Authority to Limit Access.

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A mental health professional or mental health facility may limit the disclosure of portions of a client's record of mental health information to the client or client representative only if the mental health professional primarily responsible for the diagnosis or treatment of such client reasonably believes that such limitation is necessary to protect the client from a substantial risk of imminent psychological impairment or to protect the client or another individual from a substantial risk of imminent and serious physical injury. The mental health professional shall notify the client or client representative if the mental health professional does not grant complete access.

Sec. 503. Review by an Independent Mental Health Professional.

In the event that disclosure of the client's information is limited, the client or client representative may designate an independent mental health professional who shall be in substantially the same or greater professional class as the mental health professional who initially limited disclosure and who shall be permitted to review the client's record of mental health information. The independent mental health professional shall permit the client or client representative to inspect and duplicate those portions of the client's record of mental health

information which, in his judgment, do not pose a substantial risk of imminent psychological impairment to the client or pose a substantial risk of imminent and serious physical injury to the client or another individual. In the event that the independent mental health professional allows the client to inspect and duplicate additional portions of the client's record of mental health information, the mental health professional primarily responsible for the diagnosis or treatment of the client shall have the opportunity to discuss the information with the client at the time of transmittal, examination and duplication of information.

Sec. 504. Judicial Action.

A client or client representative who has taken action in accordance with title V of this act may institute an action in the Superior Court of the District of Columbia to compel access to all or any part of the client's record of mental health information which was denied by the mental health professional. An action initiated under this section shall be brought within six (6) months of the denial of access, in whole or in part, by the independent mental health professional. In the event that a person is indigent and is unable to obtain the services of an independent mental health professional, he may institute an action in the Superior Court of the District of Columbia, without

regard to the provisions of section 503 of this act:

PROVIDED, That the action is brought within six (6) months of the denial of access, in whole or in part, by the mental health professional. If the person who instituted the action establishes that he made a request for access in compliance with section 501 of this act, the burden of proof shall be placed upon the mental health professional to establish by a preponderance of the evidence that the denial of access was in conformity with Title V of this act.

Sec. 505. Right to Correct Information.

(a) The mental health professional, mental health facility and data collector shall maintain the client's mental health information in an accurate and complete manner.

(b) In the event that the client or client representative questions the accuracy or completeness of the client's record of mental health information, he may, within fifteen (15) days of the date of access, submit a written amendment of reasonable length to the mental health professional, mental health facility or data collector, as the case may be. The mental health professional, mental health facility or data collector shall either:

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(1) amend the client's mental health information record in accordance with the proposed amendment; or

(2) include the proposed amendment as part of the client's mental health information record: PROVIDED, That the client may, at his option, withdraw the proposed amendment or file a more concise statement of disagreement as a substitute for the proposed amendment.

(c) If the requested amendment was adopted, the mental health professional, mental health facility or data collector shall either promptly transmit the client's amended record or the requested amendment to all persons to whom the client's unamended mental health information had been disclosed or promptly inform the client of the names and addresses of such persons not receiving the amended record or the requested amendment. In any such disclosure made pursuant to this subsection, the mental health professional, mental health facility or data collector, as the case may be, may also include a statement of reasons for not adopting the requested amendment.

TITLE VI

SECURITY

Sec. 601. Requirement of Security.

Mental health professionals, mental health facilities and data collectors shall maintain records of mental health information in a secure manner as to effectuate the purposes of this act.

Sec. 602. Limited Access and Notice Requirement.

Mental health professionals, mental health facilities and data collectors shall provide employees and agents who have lawful access to mental health information in the course of their employment with a written statement of the requirement of maintaining the security of records of mental health information and of the penalties provided in this act for unauthorized disclosure.

Sec. 603. Notice Requirement - Group Sessions.

Mental health professionals shall provide clients in a group session with a written statement of the prohibition against the unauthorized disclosure of mental health information and the penalties provided in this act for unauthorized disclosure.

TITLE VII

PENALTIES

Sec. 701. Civil Liability.

(a) Except for violations of section 505(a) of this act, any person who negligently violates the provisions of

this act shall be liable in an amount equal to the damages sustained by the client plus the costs of the action and reasonable attorney's fees.

(b) Except for violations of section 505(a) of this act, any person who willfully or intentionally violates the provisions of this act shall be liable in damages sustained by the client in an amount not less than one thousand dollars (\$1,000) plus the costs of the action and reasonable attorney's fees.

(c) Either party is entitled to trial by jury, upon request.

Sec. 702. Criminal Penalties.

(a) Except for violations of title V of this act, any person who willfully violates the provisions of this act shall be guilty of a misdemeanor and such violator shall be fined not more than one thousand dollars (\$1,000) or imprisoned for not more than sixty (60) days, or both.

(b) Any person who knowingly obtains mental health information from a mental health professional, mental health facility or data collector, under false pretenses or through deception, shall be guilty of a misdemeanor and shall be fined not more than five thousand dollars (\$5,000) or imprisoned not more than ninety (90) days, or both.

TITLE VIII

MISCELLANEOUS PROVISIONS

Sec. 801. Penalties Under Other Laws.

Any civil liability or criminal penalty imposed for violation of this act is, in addition to and not in lieu of, any civil or administrative remedy, penalty or sanction otherwise authorized by law. This act and the penalties prescribed for violations of this act shall not supersede but shall supplement all statutes of the District government and the United States government in which similar conduct is prohibited or regulated.

Sec. 802. Prescriptions.

Nothing in this act shall be construed as limiting or interfering with District of Columbia, state or federal regulation and monitoring of the handling and dispensing of prescription drugs.

Sec. 803. Authority of the Commission on Mental Health.

Nothing in this act shall be construed to apply to the operations of the Commission on Mental Health.

Sec. 804. Prohibition Against Waiver.

Any consent or agreement purporting to waive the provisions of this act is hereby declared to be against public policy and void.

Sec. 805. Amendments.

(a) The Minors Health Consent Regulation, enacted August 30, 1974 (Regulation 74-22), is amended as follows:

(1) Subsection (F) of section 2 of such regulation is amended by striking the phrase "psychological disturbance" and inserting in lieu thereof the phrase "mental or emotional condition";

(2) Subsection (C) of section 4 of such regulation is amended by striking the phrase "rendered such minor." and inserting in lieu thereof the phrase "rendered such minor and for violations of the District of Columbia Mental Health Information Act of 1978.".

(3) Subsection (D) of section 4 of such regulation is amended by striking the phrase "The health professional may," and inserting in lieu thereof the phrase "Except as provided in the District of Columbia Mental Health Information Act of 1978, the health professional may.".

(b) Section 14-307(a) of the D.C. Code is amended as follows:

(1) by striking the words "physician or surgeon" and inserting in lieu thereof the phrase "physician or surgeon or mental health professional as defined by the District of Columbia Mental Health Information Act of 1978"; and

(2) by striking the word "patient" and inserting in lieu thereof the word "client".

(c) Section 12-301 of the D.C. Code is amended by adding a new paragraph (9) at the end thereof to read as follows:

"(9) for a violation of the District of Columbia Mental Health Information Act of 1978 - 1 year."

(d) Section 16-2359 of the D.C. Code is amended by striking the phrase "the physician/patient privilege" and inserting in lieu thereof the phrase "the physician/client or mental health professional/client privilege."

Sec. 806. Conflict with Federal Law.

Nothing in this act shall be construed or applied to necessarily require or excuse noncompliance with any provision of any federal law.

Sec. 807. Effective Date.

(a) The provisions of this act shall take effect pursuant to section 602(c)(1) of the District of Columbia Self-Government and Governmental Reorganization Act and shall govern all mental health information regardless of when such information came into existence. However, the provisions of this act which create liabilities shall only apply to acts or failures to act which occur on or after the effective date.

RECORD OF OFFICIAL COUNCIL ACTION (Page 2)

Docket No: Bill 2-144

Second

Amended First Reading Action: September 19, 1978

VOICE VOTE: Adopted Unanimously (2abs) JMoore, Dixon

Ant. Patricia E. Moore
Secretary to the Council

ROLL CALL VOTE:

COUNCIL MEMBER	AYE	NAY	N.V.	A.B.	COUNCIL MEMBER	AYE	NAY	N.V.	A.B.	COUNCIL MEMBER	AYE	NAY	N.V.	A.B.
TUCKER					MASON					SPaulding				
HARDY					MOORE, D.					WILSON				
BARRY					MOORE, J.					WINTER				
CLARKE					ROLARK									
DIXON					SHACKLETON									

I—Indicative Vote A. B.—Absent N. V.—Not Voting

Ant. Patricia E. Moore
Secretary to the Council

Final Reading or Emergency Action: October 3, 1978

VOICE VOTE: Adopted Unanimously (5abs) JMoore, DMoore, Wilson, Barry Hardy

Ant. Patricia E. Moore
Secretary to the Council

ROLL CALL VOTE:

COUNCIL MEMBER	AYE	NAY	N.V.	A.B.	COUNCIL MEMBER	AYE	NAY	N.V.	A.B.	COUNCIL MEMBER	AYE	NAY	N.V.	A.B.
TUCKER					MASON					SPaulding				
HARDY					MOORE, D.					WILSON				
BARRY					MOORE, J.					WINTER				
CLARKE					ROLARK									
DIXON					SHACKLETON									

I—Indicative Vote A. B.—Absent N. V.—Not Voting

Docket No: Bill 2-144

Presented to the Mayor: OCT 18 1978

1 NOV 1978

Patricia S. Murray
 Secretary to the Council

Action of the Mayor: _____

- Approved: Disapproved;
 Disapproved in part --*Reference Document: _____
 *Budget Actions.

Walter W. Washington 1 NOV 1978
 Mayor of the District of Columbia

Returned Without Action _____
 Executive Secretary, D. C.

Enacted without Mayor's Signature _____
 Secretary to the Council

Council Reenactment: _____

VOICE VOTE: _____

Secretary to the Council

ROLL CALL VOTE:

COUNCIL MEMBER	AYE	NAY	N.Y.	A.B.	COUNCIL MEMBER	AYE	NAY	N.Y.	A.B.	COUNCIL MEMBER	AYE	NAY	N.Y.	A.B.
TUCKER					MASON					SPAULDING				
HARDY					MOORE, D.					WILSON				
BARRY					MOORE, J.					WINTER				
CLARKE					ROLARK									
DIXON					SACKETT									

Indicate Vote A. Present N. Y. Not Voting

Secretary to the Council

Presented to the President: _____

Secretary to the Council

Action of the President: _____

- Reenactment Approved
 Mayor's Veto Sustained

President of the U. S.

Submitted to the Congress: _____

Secretary to the Council

Senate Action: _____
 Resolution Number: _____

House Action: _____
 Resolution Number: _____

Secretary of the Senate

Clerk of the House

Enacted Without Congressional Action: _____

D. C. Law No. Effective Date

Secretary to the Council