



Government of Romania  
Ministry of Health

# LAW ON MENTAL HEALTH AND PROTECTION OF PEOPLE WITH MENTAL DISORDERS

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## LAW ON MENTAL HEALTH AND PROTECTION OF PEOPLE WITH MENTAL DISORDERS

### The Romanian Parliament adopts the present law

#### Chapter I

#### General provisions

##### Article 1.

Mental health represents a basic component of individual health and constitutes a major objective of public health policy.

##### Article 2.

The Romanian Government, through its competent organs, undertakes measures for promoting and protecting mental health, and for preventing and treating mental disorders.

##### Article 3.

The Ministry of Health and Family is the competent authority for organizing and controlling activities for protecting mental health of the population.

##### Article 4

The Ministry of Health and Family sets out the National Program for mental health care and prevention in psychiatric and psychosocial pathology, in accordance with the health needs of the population.

##### Article 5. - As used in the present law:

- a. **Person with mental disorder** means a person suffering from a mental disease, a person with a lack of mental balance or with incomplete mental development or alcohol or drug addiction, as well as a person who manifests other disorders that can be classified, according to the diagnostic norms presently used in medical practice, as mental disabilities;
- b. **Person with severe mental disorder** means a person with mental disorder who is not capable of understanding the significance and consequences of his or her behavior, so that he/she needs immediate psychiatric help;
- c. **Patient** means a person with mental disorder receiving care in a medical facility;

- d. **Therapeutic team** is formed by all professionals working in the field of mental health, involved in providing: mental health protection, medical assistance and health care to persons with mental disorder, such as: a doctor, a psychiatrist, a psychologist, a professional (specialized) medical nurse, a social worker, a work therapist, as well as paramedical personnel.
- e. **Paramedical personnel** means a member of the therapeutic team, other than a doctor or a professional (specialized) medical nurse;
- f. **Complementary services** mean services that provide mental health and psychiatric care, such as: psychological counseling, professional orientation, psychotherapy and other medical and psychosocial procedures;
- g. **Community services** mean services that make it possible for the patient to receive health care in his or her normal living environment;
- h. **Mental capacity**, as a characteristic of the mental condition of a person, means that this condition is compatible, at a certain moment, with the exercise of civil rights or the carrying out of other specific activities;
- i. **Mental handicap** means the inability of a person with mental disorder to meet the requirements of life within society, this situation being a direct consequence of the presence of the mental disability;
- j. **Consent** means the agreement of a person with mental disorder regarding admission, diagnostic and treatment procedures, which has to be obtained without any kind of constraint, and preceded by providing complete information, in an accessible language presenting the advantages, disadvantages, and alternatives of the particular procedures. The agreement has to be further confirmed at any time needed or requested by the person concerned;
- k. **Discernment** means a component of mental capacity, referring to a particular act and from which results the person's capability of assessing the content and the consequences of this act;
- l. **Social dangerousness** means a characteristic of a mental condition or behavior which results in the risk of physical injury (harm) to the person concerned or to others, or leads to the risk of destruction of important material goods;
- m. **Legal representative** means a person empowered in accordance with the law in force to represent the interests of a person with mental disorder;
- n. **Personal representative** means a person, other than the legal representative, nominated by a person with mental disorder, who agrees to represent the interests of the person concerned;
- o. **Voluntary admission** means admission carried out upon the request or with the consent of the patient;
- p. **Involuntary admission** means admission carried out against the will or without the consent of the patient.

**CHAPTER 2****Mental health promotion and protection and prevention of mental illness****Article 6**

1. Mental health promotion aims at healthy behavior and a way of life which increases resistance against disturbing factors and reduces the risk of occurrence of mental illness.
2. Mental health promotion is carried out by educational and informational means, specific also to the promotion of physical well-being.

**Article 7**

1. Mental health protection consists of the adoption of measures by institutions empowered by law, in order to limit the spreading of concepts, attitudes and behavior harmful for mental health, especially drug abuses, violence, and pornography.
2. In order to implement these measures the Ministry of Health and Family will co-operate with the Ministry of Education and Research, Ministry of Interior, Ministry of Youth and Sports, Ministry of Labour and Social Solidarity, National Council of Audiovisuals and with NGO-s, professional associations and other interested bodies.

**Article 8**

1. Prevention of mental illnesses is achieved through scientific, medical, educational and social programs, directed towards:
  - a. The whole population – general prevention;
  - b. Groups of the population presenting significantly higher risks of developing mental disorder than the rest of the population – selective prevention;
  - c. Groups of the population with high risk of development of mental illnesses – focused prevention.
2. The Ministry of Health and Family Protection, The Academy of Medical Sciences and public health institutions establish specific norms regulating the determination of biological, psychological and social risk factors at the level of the population as a whole, as well as in case of different groups of the population.
3. The Ministry of Health and Family establishes norms for early recognition of mental disorders and for the early re-establishment of mental health, monitoring at the same time compliance with these norms.

**Article 9**

Measures related to mental health promotion and protection, as well as those aimed at the prevention of

mental illnesses are active, adequate and multidisciplinary, and also involve the active participation of the individual, the family, and the community.

**CHAPTER III****Assessment of mental health and diagnostic procedures for determination of mental disorder****Article 10**

1. Assessment of mental health can be carried out only through direct examination of the person concerned by a psychiatrist doctor.
2. Assessment will be carried out in mental health institutions accredited in accordance with the law.

**Article 11**

Assessment of mental health will be carried out with the freely obtained, informed and documented consent of the person concerned, except in specific situations described in the law. In cases where the person assessed encounters difficulties in evaluating the consequences of a decision concerning himself or herself, that person can be assisted by his or her personal or legal representative.

**Article 12**

Assessment of a person's mental health condition will be carried out upon the request of the person concerned, on his or her voluntary admission to a psychiatric unit or, in the case of involuntary admission, at the purposeful request of certain authorized institutions.

**Article 13**

1. The purpose of assessment is the determination of the diagnosis.
2. In certain cases specified by law the assessment has the purpose of determining the mental capacity and discernment of a person, establishing the existence of social dangerousness for the person himself/herself or for others, determining the degree of incapacity, disability or mental handicap. Evaluation of mental capacity shall be carried out for the sake of certain professions that require such an assessment, these categories being further specified by legal norms.

**Article 14**

1. In determining the existence of a mental disorder the psychiatrist doctor can not consider non-clinical criteria, such as: political, economical, social, racial or religious criteria, family or professional conflicts, or non-conformity with moral, social, cultural, political, or religious values prevailing in society.

2. A background of past treatment or hospitalization of a person shall not of itself justify any present or future diagnosis of mental disorder.

#### Article 15

1. If as a consequence of evaluation of a person's health conditions the psychiatrist doctor determines the existence of a mental disorder, the diagnosis is formulated according to the classification of the World Health Organization currently in force.
2. The result of the evaluation shall be formulated in accordance with existing medical principles and procedures. It shall be recorded in medical file systems and shall be communicated to the person concerned, to his or her personal or legal representative or to judicial authorities at their request.
3. If as a consequence of evaluation of a person's health conditions the psychiatrist doctor determines the existence of a mental disorder, he or she is obliged to put together a therapeutic program and communicate it to the patient or to his or her personal or legal representative.

#### Article 16

1. The person whose mental health is evaluated has the right to confidentiality of information, except in cases specified by law.
2. The person concerned or his or her legal representative has the right to contest the result of the evaluation, and to request and to obtain its repetition.

#### Article 17

Evaluation of mental health within the procedure of psychiatric medical-judicial examination shall be done as established by the law in force.

## CHAPTER IV

### Medical and mental health care services

#### SECTION 1

#### Medical mental health care units

#### Article 18

1. Medical and psychiatric care services are provided within the social health insurance system, through:
  - a. The network of health care services, mainly by family physicians;
  - b. Specialized mental health care structures
2. Medical and psychiatric care services can be provided also within the private health care network.

#### Article 19

Primary mental health care and medical assistance are components of health care, being provided both within the ambulance psychiatric network and by family physicians.

#### Article 20

Mentally ill persons monitored by the ambulance assistance network, regardless of their social status, shall benefit from medical assistance free of charge.

#### Article 21

1. In the field of mental health protection the family physician has the following responsibilities:
  - a. Mental health promotion and protection and prevention of mental disabilities;
  - b. Participation in the ambulance care of persons with mental disorders; therapeutic intervention within the limits of his or her competence, according to the methodology developed by the Ministry of Health and Family; sending persons with mental disorders to the medical assistance and mental health care network.
2. In order to achieve the aims mentioned above the competence of specialists working in primary care network shall be ensured by continuous professional training.
3. Medical and mental health care services, provided within the primary health care network shall be in accordance with the law in force, both qualitatively and quantitatively.

#### Article 22

Specialized mental health services shall be provided through the following structures:

- a. Mental health center;
- b. Psychiatric consulting room, center for psychological, psychotherapeutic evaluation, assessment of speech disorders, therapy and counseling;
- c. Center for crisis intervention;
- d. Health care services provided at the place of residence of the person concerned;
- e. Psychiatric hospital;
- f. Center for daytime care;
- g. Psychiatric unit of the general hospital;
- h. Psychiatric center connected to a general hospital;
- i. Center for rehabilitation and social re-integration;
- j. Protected workplaces and homes;
- k. Center for consulting in matters of family violence

#### Article 23

The medical and mental health care services and facilities involve providers of complementary psychiatric care services, such as: consulting, information and public education of persons with mental disabilities.

## Section 2

### Rules of care

#### Article 24

Persons with mental disorder have the right to medical assistance, social care and protection of the same quality as those provided for persons suffering from other diseases, and adapted to their specific health needs.

#### Article 25

In order to ensure the quality of care, mental health services shall meet the following conditions:

- a. Be accessible geographically, the public sector units being reasonably distributed geographically;
- b. Ensure continuity of care and meet the special needs of persons with mental disabilities, regarding determination of illness, treatment, rehabilitation and re-integration;
- c. Ensure and develop models of community care;
- d. Ensure, according to the circumstances of the particular case, the availability of qualified medical, paramedical and auxiliary staff, in sufficient numbers and undergoing a continuous process of professional development;
- e. Ensure the availability of facilities, space and equipment permitting adequate and active evaluation and therapeutic procedures in order to ensure complete care, in accordance with international standards;
- f. Ensure the use of therapeutic methods and means that can reestablish, maintain and develop the capacity of persons with mental disorder to cope by themselves with their own disability and handicap and to be capable of self-determination;
- g. Allow the exercising of civil rights and rights deriving from patient status, except for certain situations established by the law in force;
- h. Respect and ensure the conditions necessary for the private life of persons with mental disorder;
- i. Respect and be adapted to the religious beliefs and cultural characteristics of persons with mental disorder;
- j. Ensure the access of patients to care reviewing procedures.

#### Article 26

1. Any person suffering from mental disorder has to be protected against the harm that can be caused by unjustified administration of medicines or certain diagnostic or treatment procedures, against ill-treatment caused by other patients, by personnel or other persons or any other actions causing physical or mental suffering.
2. The care and treatment of a person with mental disorder should be provided in the least restrictive

environment, with the least restrictive procedures that respect, to the extent possible, the person's physical and psychological integrity and meet, at the same time, his or her health needs, as well as the necessity of ensuring the physical safety of others.

#### Article 27

The aim of the treatment administered to a person with mental disorder is the protection and enhancing of personal autonomy.

#### Article 28

The treatment and care provided to a person with mental disorder should be based on an individualized therapeutic program, discussed with the patient, reviewed regularly, revised as necessary and provided by qualified professional staff.

#### Article 29

1. In formulating and applying the therapeutic program the psychiatrist has the obligation to obtain the consent of the patient and to respect his or her right to be assisted in giving the consent.
2. The psychiatrist can set up the treatment without the consent of the patient in the following situations;
  - a. the behavior of the patient constitutes an imminent danger of causing harm for that person or for others;
  - b. the patient does not have the psychological capacity to understand his or her health condition and the necessity to set up the medical treatment;
  - c. the patient has been put under interdiction as a consequence of a previous judicial proceeding, and guardianship has been imposed;
  - d. the patient is a minor, and the psychiatrist is obliged to request and to obtain the consent of the patient's personal or legal representative.
3. In the situations mentioned in paragraph 2 a) and b), in which the consent of the patient's personal or legal representative is not or cannot be obtained, the psychiatrist acts on his or her own responsibility, setting up diagnostic and treatment procedures that he or she considers necessary for the period absolutely necessary for achieving the aim pursued. These cases will be noted and analyzed by the committee reviewing the procedure, according to the dispositions of Article 52.

#### Article 30

Consent can be withdrawn at any time by the patient or by his or her personal or legal representative, the psychiatrist having an obligation to inform the patient or his or her personal or legal representative of the consequences of the interruption of the treatment. The psychiatrist has the right to continue to apply the therapeutic measures within the period absolutely necessary in cases where he or she considers that the direct consequence of the interruption of the treatment will be dangerous to the patient or to other persons, due

to the illness. These cases will be communicated to and analyzed by the committee reviewing the procedure, according to the dispositions of Article 52.

#### Article 31

In case the psychiatrist suspects the existence of conflict of interests between the patient and his or her personal or legal representative, he or she should inform the authority appointing legal representatives.

#### Article 32

All therapeutic decisions have to be communicated immediately to the patient and have to be registered in his or her medical file, within the shortest time possible.

#### Article 33

1. The whole therapeutic team is obliged to maintain confidentiality of information, except in the situations described in the present law.
2. The followings constitute situations in which information related to a person with mental disorder can be disclosed:
  - a. There is a legal provision in this sense;
  - b. Determination of responsibility in case of a crime established by law;
  - c. The consent of the person concerned has been obtained;
  - d. Disclosure is necessary for exercising a certain profession, with the condition that the anonymity of the person concerned is respected.
3. Medical files and information can be transmitted between different health care units, upon request, or when the transfer of the patient is carried out, if the patient agrees to be transferred.
4. If certain information related to a treatment currently administered or administered in the past to a patient is needed by a tribunal adjudicating a certain case or by the Romanian Medical College, the doctor responsible for the patient's treatment is authorized to present any kind of evidence concerning the patient, and to communicate confidential information.
5. Any patient or former patient has access to the whole medical documentation in institutions where he or she has been treated, except in cases when:
  - a. Disclosure of such medical documents could cause the deterioration of the patient's physical or mental health, this fact being established by the chief doctor or by the doctor carrying out the treatment;
  - b. A written opinion on the risk of such effects has been included in the patient's file. This applies only to the persons who are patients in present, and not to former patients.

#### Article 34

1. Any patient or former patient has the right to submit complaints according to the law in force.
2. The complaints of patients related to infringements of the rights set forth by the present law can be formulated also by their personal or legal representatives.

### SECTION 3

#### The rights of persons with mental disorder

#### Article 35

1. Any person with mental disorder has the right to the best available medical and health care services.
2. Any person suffering from mental disorder or being treated as such has to be treated with humanity and with respect for human dignity, and to be protected from any form of economic, sexual or other kind of exploitation, from harmful and degrading treatment.
3. There shall be no discrimination on the grounds of mental disorder.
4. Any person suffering from mental disorder has the right to exercise all civil, political, economic, social and cultural rights as recognized in the Universal Declaration of Human Rights, as well as in other international conventions and treaties in this field, to which Romania has adhered or is a party, except in cases specified by law.
5. Any person suffering from mental disorder has the right to live and work, to the extent possible, in the community. Local public administration, through its competent organs, ensures the patient's integration or reintegration in occupational activities adequate to his or her health condition and capacity of social and professional reintegration.
6. Any person with mental disorder has the right to receive community care, as defined in the present law.

#### Article 36

1. Any patient with mental disorder has the right to:
  - a. His or her recognition as a person before the law;
  - b. Privacy;
  - c. Freedom of communication, especially with other persons in the health care facility; freedom to send and receive private communication without any kind of censorship; freedom to receive, in private, visits from a counsel or personal or legal representative and, at all possible times, from other visitors; and freedom of access to postal and telephone services, as well as to newspapers, radio and television;
  - d. Freedom of religion or belief
2. The environment and living conditions in mental health facilities shall be as close as possible to those of the normal life of persons of similar age

3. For spending their free time all patients have the right to:
  - a. Facilities for education
  - b. Possibilities to purchase or receive items necessary for daily living, recreation and communication
  - c. Facilities allowing the patient's engagement in active occupation adapted to his or her social and cultural background, encouragement for using these facilities and vocational rehabilitation measures suitable for promoting reintegration in the community.
4. No patient can be compelled to forced labour.
5. The activity carried out by a patient in a mental health facility cannot allow for his or her physical or psychological exploitation.

#### **Article 37**

Clinical studies and experimental treatments, psychosurgery or other treatments capable of provoking harm to the patient's integrity, with irreversible consequences, can only be applied to a person with mental disorder with his or her informed consent, and only if the committee of ethics of the psychiatric unit has given its consent, declaring itself convinced that the patient has indeed given his or her genuine informed consent, and that the treatment serves the interest of the patient.

#### **Article 38**

1. From the very moment of admission in a health care facility every patient has to be informed, as soon as possible, in a form and language that he or she can understand, of his or her rights, according to the law, and this information will be accompanied by explanation of these rights and means of their exercising.
2. In case the patient is not able to understand this information and as long as this incapacity lasts, his or her rights will be communicated to the personal or legal representative.
3. A patient who retains his or her psychological capacity has the right to nominate a person who has to be informed on his or her behalf, as well as a person empowered to represent his or her interests besides the authorities of the facility.

#### **Article 39**

Persons serving sentences of imprisonment for criminal offences, or those who are otherwise detained in the course of criminal proceedings or investigations, and who are determined to have a mental disorder, as well as persons admitted in psychiatric hospitals as a consequence of application of high security medical measures prescribed by the Code of Criminal Procedure shall receive available medical and mental health care, according to the law.

## **CHAPTER V**

### **Admission to a psychiatric unit**

#### **Article 40**

Admission to a psychiatric unit should be based solely on medical considerations, that is, for diagnostic and treatment procedures.

### **SECTION 1**

#### **Voluntary admission**

#### **Article 41**

Voluntary admission has to be carried out in the same way as admission to any other medical facility and for any other illness.

#### **Article 42**

Voluntary admission to a psychiatric facility has to be carried out respecting the norms of care and the rights of the patient, as set forth in articles 25-28, article 29 paragraph (1), and articles 32-38.

#### **Article 43**

Any patient admitted voluntarily to a mental health facility has the right to be released upon request, at any time, except in cases when the conditions for retention of the patient against his or her will are met.

### **SECTION 2**

#### **Involuntary admission**

#### **Article 44**

The procedure of involuntary admission shall be applied only when all attempts for voluntary admission have failed.

#### **Article 45**

A person can be admitted involuntarily only if a competent psychiatrist decides that the person concerned suffers from a mental disorder and considers that:

- a. because of that mental disorder, there is imminent danger of harm to that person or to other persons;
- b. in cases where a person suffers from severe mental disorder and his or her judgement is impaired, failure to admit or retain that person is likely to lead to serious deterioration of his or her condition or would hinder the administration of appropriate treatment.

**Article 46**

Patients can be admitted involuntarily only to psychiatric hospitals that have adequate conditions for professional/specialist care in specific conditions.

**Article 47**

1. Involuntary admission of a person can be requested by:
  - a. The family physician or the psychiatric specialist providing health care for the person concerned;
  - b. The family of that person;
  - c. The representatives of the competent local public administration services;
  - d. The representatives of the police, the gendarmerie, the prosecutor's office or the fire brigade.
2. The reasons for requesting involuntary admission shall be certified by the signature of a person as mentioned in paragraph 1, who should also specify his or her identity details, describe the circumstances leading to the request of involuntary admission and specify identity details of the person concerned and his or her known medical history.

**Article 48**

Transportation of the person concerned to the psychiatric hospital is carried out, in general, by the ambulance services. In cases where the behavior of the person concerned is obviously dangerous for that person or for others, his or her transportation to the psychiatric hospital shall be carried out with the help of the police, the gendarmerie, or firemen, on condition that all possible safety measures and the physical integrity and dignity of that person are respected.

**Article 49**

The psychiatrist, after evaluating the mental health condition of the person and after assessing the possibility of involuntary admission, has the obligation to inform immediately the person concerned about any decision to submit him or her to psychiatric treatment, and inform his or her personal or legal representative of this decision within a maximum of 72 hours.

**Article 50**

If the doctor does not have any information related to the existence or address of a personal or legal representative of a patient, he or she has the obligation to inform the guardianship authority.

**Article 51**

In cases where the doctor considers that there are no medical reasons for involuntary admission, he or she will not detain the person brought to the institution, and will register this decision, together with its reasons, in the medical records.

**Article 52**

1. The decision to admit involuntarily based on the notification made by the doctor who admitted the patient has to be confirmed within a maximum of 72 hours, by a commission reviewing the procedure, made up of 3 members appointed by the director of the hospital: 2 psychiatrists, (if possible others than the one who admitted the person), and a doctor of another specialty or a representative of the civil society.
2. This commission initiates the further regular (medical) examination of the patient admitted involuntarily, within a maximum of 15 days from admission, or upon the request of the doctor taking care of the patient.
3. The commission has an obligation to record its decision in the medical file of the patient and to inform the patient and his or her personal or legal representative about its decision.

**Article 53**

1. The decision to admit a person involuntarily shall be notified within maximum 24 hours to and subjected to review by the prosecutor's office. For this purpose the unit of the hospital to which the patient is admitted is obliged to make available to the prosecutor's office the medical documents related to the patient concerned.
2. In cases where the prosecutor's office considers that involuntary admission is not justified, it will impose a new psychiatric examination carried out by another medical-judicial commission, according to the law in force.

**Article 54**

1. The patient or his or her personal or legal representative can apply to a competent judicial body, challenging the decision of involuntary admission, in accordance with the law. During the process, in cases where the condition of the patient allows, a judge will hear him or her; if this is not possible, the judge will visit the unit in which the patient is detained, to conduct the hearing. The case will be decided as a matter of urgency.
2. The patient, his or her family or legal or personal representative has the right to request that a new medical-judicial examination be conducted, according to the law in force.

**Article 55**

In cases where a patient admitted involuntarily withdraws his or her consent and the conditions described in article 45 are met, then the psychiatrist carrying out the treatment of the patient will begin the procedure for continuing involuntary admission.

**Article 56**

In situations when the conditions leading to the decision to admit a person involuntarily are no longer met, and this is also confirmed by the psychiatrist taking care of the patient, the commission reviewing the procedure will

decide to release the patient concerned, after he or she is directly examined. In this case the patient has the right to leave the institution immediately or can request the continuation of the treatment upon his or her written consent.

#### Article 57

1. In cases where the competent judicial body does not authorize involuntary admission or withdraws such an authorization, the person concerned has the right to leave the institution immediately or can request, with written consent, the continuation of the treatment.
2. In cases where a person being admitted involuntarily leaves the hospital without a decision issued by the commission reviewing the procedure or the competent judicial body, the hospital has an obligation to inform immediately the police and the prosecutor's office, as well as the family, and the personal or legal representative of the patient.

#### Article 58

A patient admitted involuntarily is treated under **similar (this is the wording of this act)** conditions under which other patients from the same psychiatric unit are treated, and is subject to the provisions of Article 37.

#### Article 59

1. The restrictions of the individual freedoms of a patient admitted involuntarily are limited by his or her health condition and by the efficiency of the treatment. The following rights and freedoms cannot be limited:
  - a. Communication, according to the patient's own wishes, with any authority with a field of competence related to the patient's condition, with his or her family members or with a lawyer;
  - b. Access to private correspondence and use of the telephone in private matters;
  - c. The right to vote, unless the patient is in a situation when his or her civil rights are restricted;
  - d. Free exercise of religious beliefs.
2. A patient admitted involuntarily has the right to be informed of the norms regulating the functioning of the hospital unit.
3. Involuntary admission cannot constitute a reason for restricting a patient's judicial capacity.

## CHAPTER VI

### Sanctions

#### Article 60

Non-observance by professionals working in the field of mental health of confidentiality of information related to a person with mental disorder, violation of the principles and procedures related to obtaining a person's consent, to establishing and maintaining the treatment, violation of procedures of involuntary admission of a patient, as well as violations of the rights of patients admitted to an institution result, depending on the circumstances of the case, in disciplinary or criminal liability, according to the law.

## CHAPTER VII

### Financing of mental health services

#### Article 61

Medical and mental health care services provided to insured persons are financed from the social insurance budget.

#### Article 62

Preventive activities belonging to psychiatric and psychosocial pathology, as well as preventive mental health care are financed from the state budget.

## CHAPTER VIII

### Final and transitional provisions

#### Article 63

The Ministry of Health and Family, in co-operation with the Ministry of Justice, the Ministry of Education and Research, the Ministry of Labour and Social Solidarity, the National Health Insurance House, as well as the public administration bodies will adopt measures for implementing the provisions of the present law.

#### Article 64

On the date of entry into force of the present law the Decree No. 313/1980 regarding the assistance of persons with dangerous mental illness, published in Buletinul Oficial, Part I, No. 83, 16 October 1980, will be abolished (repealed).

*The present law was adopted by the Chamber of deputies during its meeting held on 27 June 2002, respecting the provisions set in Art. 74 paragraph (2) of the Romanian Constitution.*

President of the Chamber of Deputies

**Valer Dorneanu**

*The present law was adopted by the Senate during its meeting held on 27 June 2002, respecting the provisions set forth in Art. 74 paragraph (2) of the Romanian Constitution.*

President of the Senate

**Doru Ioan Tărăcilă**

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