Statement of Correction

Chavez JX, Lloyd M: Boundaries of Absolute Immunity for Clinicians *J Am Acad Psychiatry Law* 43(2):237–239, 2015

In the Legal Digest article "Boundaries of Absolute Immunity for Clinicians" in the June 2015 issue of *The Journal*, the authors erroneously interpreted and reported the findings of the Tenth Circuit Court of Appeals in *Thomas v. Kaven, Straits, and Del Fabbro*, 765 F.3d 1183, a case involving the hospitalization of a minor and the rights of the parent plaintiffs. The authors attributed to the circuit court rulings that the defendant clinicians in the case had violated the law when no such rulings had been made by that court. We take this opportunity to correct the erroneous statements.

The authors reported that the circuit court ruled that treating clinicians in the circumstances of the case "should" contact a children's court attorney under New Mexico Children's Code. In fact, the circuit court only noted that, under the relevant statute, clinicians "can request that the children's court attorney initiate involuntary residential treatment proceedings" after which the children's court attorney "may petition the court for such proceedings" (N.M. Stat. § 32A-6A-20(J)).

The circuit court further noted that the clinicians were not required to seek judicial permission to place the patient on a temporary medical hold. The circuit court did not find that the clinicians had failed to follow procedures, as stated in the article. Rather, the circuit court noted that the clinicians were not authorized by statute to petition the state court directly, a fact that was relevant to the discussion of whether the clinicians were entitled to absolute immunity for the decision to place the minor on a medical hold.

The authors also misinterpreted the circuit court's ruling regarding the appropriateness of the medical hold. The circuit court did not attribute to the clinicians any failures in this regard. Instead, it noted that there was insufficient information in the record of discovery to permit a determination as to whether clinicians of reasonable competence could disagree as to the dangers of discharging the minor. Thus, the constitutional question regarding the medical hold could not be resolved on the record before the court.

The circuit court did not determine that "the clinicians had violated clearly established laws" as reported in the article. The Tenth Circuit held that the district court had erred in granting the defendant's motion to dismiss on the right to familial association claim concerning the medical hold, reversed that decision, and remanded that matter for further proceedings to develop the facts. That matter remains open.

The circuit court affirmed the district court's dismissal of the plaintiffs' claim regarding their right to direct their child's medical care, holding that the plaintiffs had not shown a violation of a clearly established right.

The Tenth Circuit Court did not find fault with the clinicians' behaviors and no such attribution should have been made in the report of the case decision.

The Journal deeply regrets the errors reported in the article. We offer to the defendant clinicians our sincere apologies for these inaccuracies and ask our readers to take note of the corrections offered herein.