

Notice of Right of Individual on Voluntary Status To Request Discharge from a Treatment Facility

Part I

A individual on voluntary status or a relative, friend, or attorney of the individual may request discharge either orally or in writing at any time following admission to the facility. If the request for discharge is made by an individual other than the person, the discharge may depend on the express and informed consent of the individual.

If you request discharge, your doctor will be notified and you will be discharged within 3 days, not including weekends and holidays, after your request for discharge unless you withdraw your request or you meet the criteria for involuntary inpatient placement or involuntary outpatient placement. If you meet the criteria for involuntary placement, the facility administrator may file a petition with the Court for your continued detention within two (2) court working days and you will be detained without your consent, pending a court hearing.

If you wish to request discharge at any time during your stay at this facility, complete the Application for Discharge on reverse side of page. No action on your part is required, unless you wish to make arrangements for release.

Printed or Typed Name of Individual Signature of Individual Date _____ am pm

Printed or Typed Name of Witness Signature of Witness Date _____ am pm

cc: Check when applicable and date/time/initial when copy provided:

<input type="checkbox"/> Individual	Date:	Time: _____ am pm	Initials:
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Parts II and III are continued on back

