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

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

Parts II and III are continued on back

			Pag
Part	II Application for	Discharge	
Pursuant to Section 394.4625 (2), Florida S	tatutes, I,		
hereby apply for my release or that of			
who is on voluntary status at (Name of Facilit			
My relationship to the said individual is that	t of (Relationship)		
Signature of Individual or Authorized Individual	 Date	Tim	am_pm e
An oral request for discharge was made by	Name of Requester	on Date	am pr Time
Signature of Staff	Printed Name of Staff	Date	am p Time
If this request was made by someone other completed Part III below. Signature of Individual Signature of Witness	than me, I concur with the a	bove request for my d	ischarge. If not, I have am pm Time am pm Time
cc: Check when applicable and date/time/initia	al when copy provided: Time:	am pm	Initials:
Part III With I, Application for Discharge. No force, fraud withdrawal of my Application for Discharge Signature of Individual	, deceit, duress, or other for	oluntarily rescind my p	revious oral or written
Signature of Witness	Credentials of Wit	tness Date	am pn Time
cc: Check when applicable and date/time/initia	al when copy provided:		

Time:

am pm

Initials:

BAKER ACT

Date:

Individual