

REQUEST FOR RELEASE FROM ADMISSION TO

Local Mental Health Authority

Patient Name: _____

TO THE DIRECTOR:

I, _____, on this _____ day of _____, 20____,
do hereby request the release of _____, a
voluntary patient of the Local Mental Health Authority.

Signature of Patient, Legal Guardian, Parent, Spouse, or
Next of Kin*

Received by _____, this _____ day of _____, 20____,
Local Mental Health Authority Representative

at the hour of _____ a.m./p.m.

Signature of Staff Member

Received by _____, this _____, day of _____, 20____,

at the hour of _____ a.m./p.m.

Signature of Clinical Director of Designee

Instructions: A voluntary patient who requests release, or whose release is requested in writing by the patient's legal guardian, parent, spouse, or adult next of kin, shall be immediately released except that: (1) if the patient was voluntarily admitted on the patient's own application, and the request for release is made by a person other than the patient, release may be conditioned upon agreement of the patient; and (2) if a local mental health authority, or its designee is of the opinion that release of a patient would be unsafe for that patient or others, release of that patient may be postponed for up to 48 hours, excluding weekends and holidays, provided that the local mental health authority, or its designee, shall cause to be instituted involuntary commitment proceedings with the district court within the specified time period, unless cause no longer exists for instituting those proceedings. Written notice of that postponement with the reasons shall be given to the patient without undue delay. No judicial proceedings may be commenced with respect to a voluntary patient unless the patient has requested release. UCA 62A-15-627 (2002)