**REQUEST FOR RELEASE FROM HOSPITAL**

State Form 15882 (R2 / 6-14)

RICHMOND STATE HOSPITAL

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| **PATIENT STATEMENT** |

As a patient under a voluntary admission, I hereby request my release from Richmond State Hospital, at my own insistence and against the advice of the hospital authorities and my attending physician. I have been informed by them of the dangers of my leaving the hospital at this time. I release the hospital, its employees and officers and my attending physician from all liability for any adverse results caused by my leaving the hospital prematurely. My reasons for desiring release from Richmond State Hospital are as follows:

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It is understood that I must be released within twenty-four (24) hours, excluding Saturdays, Sundays and legal holidays, according to the Indiana Statues, IC 12-26-3-4/12-26-1-7, unless the hospital superintendent or attending physician believes me to meet criteria for involuntary commitment.

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| Signature of Patient | Date *(month, day, year)* |
| Signature of Witness | Date *(month, day, year)* |

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| **RELATIVE/GUARDIAN STATEMENT**  ***(in lieu of Patient Statement if patient is a minor)*** |

My reasons for desiring removal of said patient from Richmond State Hospital are as follows:

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I fully understand and agree: 1. That said patient is discharged outright from said hospital.

2. That said hospital is released from any further responsibility for said patient.

3. That I assume full responsibility for the said patient’s comfort, health (including

medications), welfare, safety and the safety of others.

4. That should said patient ever have to be returned to said hospital or a similar

institution, a new voluntary application or involuntary commitment will be necessary.

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| Signature of Relative/Guardian | Relationship | Date *(month, day, year)* |
| Signature of Witness | | Date *(month, day, year)* |

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| **REQUEST FOR DISCHARGE GRANTED** |

This patient’s condition has been explained to him/her, including the need for further care, if indicated.

In my opinion, the patient’s present condition does not necessitate involuntary commitment.

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| Granted with Approval   | Granted Against Medical Advice   | The patient will be discharged on the date specified below *(month, day, year)* | |
| Discharge Planning Completed by: | | | Date *(month, day, year)* |
| Signature of Attending Physician | | | Date *(month, day, year)* |

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| **REQUEST FOR DISCHARGE DENIED** |

I believe this patient is: Dangerous and presents a substantial risk and may harm self or others.

Is gravely disabled and unable to provide food, clothing, shelter or other essential human needs.

The request for release (discharge) is hereby DENIED. Within five (5) days of patient’s requests, excluding Saturdays, Sundays and legal holidays, the court must be petitioned for commitment. The patient has been advised that he must remain in the Hospital until the presiding Judge of the court petitioned has acted upon the commitment request.

The patient was advised of this decision and informed of his/her rights and the legal procedures involved by:

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| Signature of Attending Physician | Date *(month, day, year)* |