

NOTICE OF VOLUNTARY CLIENT'S RIGHT TO REQUEST DISCHARGE

**37-7 37-3
FORM 1011**

CSH-710

At the time of admission and every six (6) months thereafter, each voluntary over 18 client admitted to CSH must be notified in writing of his/her right to discharge.

The original should be signed and dated by the client indicating that he/she understands his/her rights as a voluntary client, witnessed and made part of the client's medical record.

Admission staff will prepare and serve client copy on admission. Legal and Special Services staff will prepare and forward to the ward/unit staff responsible for serving document on client, every six (6) months.

Every six (6) months thereafter, the Legal and Special Services staff will prepare and forward this form to the appropriate ward staff, who must serve the document on the client.

*This document must be completed with an original and two copies.

Distribution: 1 – Original – Medical Record
1 – Client
1 – Court Appointed Guardian

*On court appointed guardian on behalf of client.

