

**NOTICE OF DISCHARGE FROM EMERGENCY FACILITY, EVALUATING
FACILITY OF TREATMENT FACILITY**

**CSH -845
FORM 1019**

37-7-41 - 37-7-42

37-3-41 - 37-3-42

37-3-43 - 37-7-43

37-3-81 - 37-7-81

When a physician determines that a client is not in need of treatment or further evaluation and orders discharge, the form is completed and distributed by the Health Information Management Department staff.

Distribution:

- 1- Client
- 1- 1st Representative
- 1- 2nd Representative
- 1- Physician signing certificate (if applicable)
- 1- Person Filing Petition (if applicable)
- 1- Law Enforcement Agency (if applicable)
- 1- Court Ordering Admission (if applicable)
- 1- Guardian Ad Litem (if applicable)
- 1- Medical Record

_____ Hospital _____ 20 _____

_____ was or will be discharged on _____ 20 _____
under the provisions of the Georgia Health Code.

He/She was or will be discharged from an:

Emergency Receiving Facility

Evaluating Facility

Treatment Facility

Note: This form is also to be completed when a voluntary patient who had been transferred from involuntary status is or will be discharged from a treatment facility because further hospitalization or evaluation is not required.

For more information contact _____ at _____ Telephone _____

	DATE OF MAILING OR NOTICE	SIGNATURE OF STAFF
C: Client	_____	_____
First Representative	_____	_____
Second Representative	_____	_____
Guardian Ad Litem (if applicable)	_____	_____
Court Ordering Admission (if applicable)	_____	_____
Physician Signing Emergency Certificate (if applicable)	_____	_____
Person Filing Petition (if applicable)	_____	_____
Law Enforcement Agency originally having custody when there is written notice of criminal charges (when applicable this notice is sent by certified mail)	_____	_____
Clinical Record	_____	_____

GEORGIA DEPARTMENT OF HUMAN RESOURCES NOTICE OF DISCHARGE FROM EMERGENCY FACILITY, EVALUATION FACILITY OR TREATMENT FACILITY	Stamp Plate
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