

Date: [Date]

Patient Name: [Patient Name]

Patient ID/DOB: [ID Number / Date of Birth]

Admission Date: [Date of Admission]

Discharge Date: [Current Date]

Dear [Patient Name],

This letter serves as official notification that you have chosen to discharge yourself from [Facility Name] today, [Date], Against Medical Advice (AMA).

Your treatment team, including [Doctor Name/Staff Name], has advised against this discharge. We have discussed the potential risks of leaving at this time, which may include:

- Worsening of mental health symptoms.
- Risk of harm to self or others.
- Relapse of substance use (if applicable).
- Potential medical complications related to your diagnosis or medications.
- Inability to complete the established stabilization or treatment plan.

By signing the AMA forms, you have acknowledged that you understand these risks and are assuming full responsibility for your health and safety upon departure.

Follow-Up Instructions:

- **Outpatient Appointment:** [Name of Provider/Clinic] at [Phone Number].
- **Medications:** [Instructions regarding current prescriptions].
- **Community Resources:** [Local Crisis Line or Support Group].

If you experience a mental health crisis or feel you are a danger to yourself or others, please call 911 immediately or go to the nearest emergency room. You may also contact the National Suicide and Crisis Lifeline by dialing 988.

Should you decide to return for treatment in the future, please contact our intake department at [Phone Number].

Sincerely,

[Signature]

[Printed Name and Title]

[Facility Name]