

To: Medical Director / Attending Physician

Facility Name: [Enter Facility Name]

Date: [Enter Date]

RE: Notice of Intent to Terminate Voluntary Treatment

Patient Name: [Enter Full Name]

Date of Birth: [Enter Date of Birth]

Patient ID/Record Number: [Enter ID Number]

Dear Medical Staff,

I am writing this letter to formally request my discharge from [Facility Name]. I was admitted as a voluntary patient on [Admission Date].

In accordance with my rights as a voluntary patient, I am giving notice of my desire to leave the facility and terminate treatment. I understand that I am requesting this discharge against medical advice (AMA) if the attending physician does not currently agree with this decision.

I request that the discharge process begin immediately. Please provide me with the necessary discharge paperwork, a copy of my safety plan, and any prescriptions required for my transition to outpatient care.

Please notify me of the specific time I will be cleared to leave the premises.

Sincerely,

(Signature of Patient/Legal Representative)

Witnessed by:

(Staff Member Name and Title)

Time/Date Request Received: _____