



**Discharge by Responsible Clinician - Section 23**

PLEASE COMPLETE AND SEND TO MHA OFFICE

<b>Forename:</b>		<b>Surname:</b>	
<b>RiO No:</b>		<b>Ward:</b>	
<b>RC</b>		<b>Designation</b>	

I, \_\_\_\_\_ (Block Caps) the undersigned Responsible Clinician, having the authority to discharge the above named patient, hereby direct that s/he\* be discharged from:

**Section:** \_\_\_\_\_ **On Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

The patient will remain as an informal in-patient	<input type="checkbox"/>
The patient will be discharged absolutely from hospital	<input type="checkbox"/>
The patient is discharged from the Community Treatment Order	<input type="checkbox"/>

(Please tick as appropriate)

Does the patient object to this information being disclosed to his/her nearest relative?

Yes  No  (Please Tick)

Does the patient have any objection to the release of this information to victims?

(Please refer to Domestic Violence and Victim Act 2004)

Yes  No  Refused  N/A

The change of legal status has been explained to the patient.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Responsible Clinician ONLY)

ONCE COMPLETE SEND TO MHA ADMIN