

I, _____ the undersigned

(print name of physician)

attending physician, hereby terminate the involuntary status of

(print full name of patient)

(print name of psychiatric facility)

who shall now be continued as an informal or voluntary patient.

I last examined the patient on _____ .

(date)

The most recent Certificate of Involuntary Admission, Certificate of Renewal or Certificate of Continuation with regards to this patient was signed on _____ .

(date)

The decision to terminate the involuntary status of the patient is based on the following factors:

Date

(day / month / year)

(Signature of attending physician)