

Approval for Release of Individual on Involuntary Status from a Receiving Facility

I approve the release of _____, an individual brought to _____ Receiving Facility for involuntary examination pursuant to s. 394.463, F.S.

Check at least one box from each of the two categories below

I have determined that he/she does not meet the criteria for involuntary inpatient placement pursuant to 394.467, F.S. based upon one or more of the following reasons:

- Does not suffer from a mental illness, as defined in s. 394.455, F.S.
- Has not refused placement **OR** is able to determine for himself or herself that placement is necessary
- Is not likely to suffer from neglect posing a real and present threat of substantial harm nor is there substantial likelihood that in the near future he/she will inflict serious bodily harm to self or others as evidenced by recent behavior causing, attempting, or threatening such harm
- There are less restrictive treatment alternatives available offering an opportunity for improvement of his/her condition. Specify:

- Other. Specify

_____.

AND

I have further determined that he/she does **NOT** meet the criteria for involuntary outpatient services pursuant to 394.4655, F.S. based upon one or more of the following reasons:

- Individual is under age 18;
- Does not suffer from a mental illness, as defined in s. 394.455, F.S.
- Individual is likely to survive safely in the community without supervision, based on my clinical determination;
- Individual has no history of lacking compliance with treatment for a mental illness
- Individual has not within the preceding 36 months been involuntarily admitted to a Baker Act receiving or treatment facility, or received mental health services in a forensic correctional facility or engaged in one or more acts of serious violent behavior toward self or others, or attempts at serious bodily harm to self/others;
- Individual has not been found to be unlikely to voluntarily participate in recommended treatment and has not either refused voluntary placement or been found to be unable to determine whether placement is necessary;
- Individual hasn't been found, based on his/her treatment history and current behavior, to need involuntary outpatient services to prevent a relapse or deterioration that would be likely to result in serious bodily harm to self or others, or a substantial harm to his/her well-being;
- There has been no finding that it is likely the individual will benefit from involuntary outpatient services; **or**
- There are available less restrictive treatment alternatives offering an opportunity for improvement of his/her condition.

Observations upon which this determination was made are: _____

An examination was conducted at _____ am pm on _____ Date

by: _____.

Signature of Psychiatrist Clinical Psychologist Emergency Department Physician

License Number _____

Psychiatric Nurse

Typed or Printed Name of Examiner _____

Date _____

_____ am pm
Time