

NOTICE OF DENIAL OF REQUEST FOR RELEASE FROM LOCAL MENTAL HEALTH AUTHORITY

Patient Name: _____

To: _____, a voluntary patient, or parent, legal guardian, spouse, or adult next of kin of the above-named patient (circle one).

You are hereby notified that your Request for Release from the custody of _____, which was received by the director or
Local Mental Health Authority

designee on the _____ day of _____, 20_____, at _____ a.m./p.m., is denied for the reason that in my opinion release at this time would be unsafe for said patient and others.

Release at this time is being postponed for up to 48 hours, (excluding weekends and holidays) during which time proceedings for involuntary commitment will have been initiated with the district court unless cause no longer exists for instituting such proceedings.

Dated this _____ day of _____, 20_____.

Signature of Director of Designee

Instructions: If a local mental health authority, or its designee is of the opinion that release of a (voluntary) patient would be unsafe for that patient or others, release of that patient may be postponed for up to 48 hours, excluding weekends and holidays, provided that the local mental health authority or its designee shall cause to be institutes involuntary commitment proceedings with the district court within the specified time period, unless cause no longer exists for instituting such proceedings. Written notice of that postponement with the reasons, shall be given to the patient without undue delay. UCA 62A-15-627 (2002)