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**LEAVING FACILITY AGAINST MEDICAL ADVICE**

<b>Client Name:</b> John Doe	<b>Client ID:</b>
<b>Date:</b> 05/18/2016	<b>Time:</b> 1:35 pm

This signed document is to certify that, John Doe, a client at Blank CRM is leaving, or has left the facility against the advice of the attending physician, counselor, or facility administration.

I acknowledge that I have been informed of the risk involved and hereby release the attending physician and Blank CRM from all responsibility and any ill effects, which may result from this action.

If Client is Leaving as a Result of Insufficient Funds for Services:

Client has been released to a significant other and reports a commitment to maintain abstinence from alcohol and other drugs. Client has a plan to make contact with professional resources upon his return to his location of residence. These professionals include a medical doctor.

**Client Signature:**

**Responsible Party/Relationship:**

**Staff Signatures:**