

**NOTICE OF INTENT TO TERMINATE HOSPITALIZATION**

I, \_\_\_\_\_, HEREBY GIVE NOTICE THAT I WISH TO TERMINATE TREATMENT ON THE INPATIENT PSYCHIATRIC UNIT AT MCLAREN FLINT. I UNDERSTAND THAT THE HOSPITAL HAS UP TO 72 HOURS FROM THE TIME THIS NOTICE IS FILED (EXCLUDING SUNDAYS AND HOLIDAYS) TO CLINICALLY EVALUATE ME TO DETERMINE IF I MEET THE CRITERIA FOR INVOLUNTARY ADMISSION AND TO FILE AN APPLICATION WITH PROBATE COURT. IF AN APPLICATION AND CLINICAL CERTIFICATE IS FILED, I UNDERSTAND I WILL REMAIN HOSPITALIZED PENDING THE HEARING. IF NOT, I WILL BE DISCHARGED.

SIGNED: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_

THIS FORM WAS FILED WITH THE HOSPITAL ON \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time)

IF AN INVOLUNTARY ADMISSION IS NOT INITIATED. THE PERSON WILL BE DISCHARGED NO LATER THAN

\_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time)

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**CONTINUATION OF HOSPITALIZATION**

**(Revocation of Intent to Terminate Hospitalization)**

I, \_\_\_\_\_, HEREBY RESCIND THE ABOVE NOTICE OF INTENT TO TERMINATE TREATMENT ON THE INPATIENT PSYCHIATRIC UNIT AT MCLAREN FLINT.

SIGNED: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_

THIS REVOCATION WAS SIGNED ON \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time)



PT.

MR.#/RM.

DR.