

State of Louisiana
Louisiana Department of Health
Office of Behavioral Health

Request for Release – Formal Voluntary Admission

Facility

I, _____, _____, was admitted to
(Patient Name) (Hospital/Patient #)

_____ on _____
(Facility) (Date)

as a formal voluntary admission, now request that the Director release me within 72 hours.

Signed:

(Patient Signature)

(Date & Time)

Witnessed by:

(Staff Signature)

(Print Staff Name)