

**NOTICE OF DISCHARGE FROM EMERGENCY FACILITY, EVALUATING  
FACILITY OF TREATMENT FACILITY**

**CSH -845**

**FORM 1019**

**37-7-41 - 37-7-42**

**37-3-41 - 37-3-42**

**37-3-43 - 37-7-43**

**37-3-81 - 37-7-81**

When a physician determines that a client is not in need of treatment or further evaluation and orders discharge, the form is completed and distributed by the Health Information Management Department staff.

Distribution:

- 1- Client
- 1- 1<sup>st</sup> Representative
- 1- 2<sup>nd</sup> Representative
- 1- Physician signing certificate (if applicable)
- 1- Person Filing Petition (if applicable)
- 1- Law Enforcement Agency (if applicable)
- 1- Court Ordering Admission (if applicable)
- 1- Guardian Ad Litem (if applicable)
- 1- Medical Record

\_\_\_\_\_ Hospital \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ was or will be discharged on \_\_\_\_\_ 20 \_\_\_\_\_  
under the provisions of the Georgia Health Code.

He/She was or will be discharged from an:

Emergency Receiving Facility

Evaluating Facility

Treatment Facility

Note: This form is also to be completed when a voluntary patient who had been transferred from involuntary status is or will be discharged from a treatment facility because further hospitalization or evaluation is not required.

For more information contact \_\_\_\_\_ at \_\_\_\_\_ Telephone \_\_\_\_\_

	DATE OF MAILING OR NOTICE	SIGNATURE OF STAFF
C: Client	_____	_____
First Representative	_____	_____
Second Representative	_____	_____
Guardian Ad Litem (if applicable)	_____	_____
Court Ordering Admission (if applicable)	_____	_____
Physician Signing Emergency Certificate (if applicable)	_____	_____
Person Filing Petition (if applicable)	_____	_____
Law Enforcement Agency originally having custody when there is written notice of criminal charges (when applicable this notice is sent by certified mail)	_____	_____
Clinical Record	_____	_____

<p><b>GEORGIA DEPARTMENT OF HUMAN RESOURCES</b></p> <p><b>NOTICE OF DISCHARGE FROM EMERGENCY FACILITY, EVALUATION FACILITY OR TREATMENT FACILITY</b></p>	<p>Stamp Plate</p>
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