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| **Substance Addiction (Compulsory Assessment and Treatment) Act 2017 Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017  **Release from Compulsory Status under S43(1)** (Section 43(1))  (1) The responsible clinician must promptly order, in writing, that the patient be released from compulsory  status if the responsible clinician is satisfied that—  (a) the criteria for compulsory treatment are no longer met; or  (b) no useful purpose would be served by the further compulsory treatment of the patient.  This order takes effect as soon as a copy of the order is given to the patient (s43(2)) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| To: The Director of Area Addiction Services [Area Director's name] at [DHB location]  Copy to: [Patient's name] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name and contact details of person or patient to whom this release relates** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name | | | | | | | | | | | | |  | | First name | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | NHI | | | | | | | | | | | Phone number | | | | | | | | | | | | | |
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| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Postcode | | | |
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[Patient's name] is to be released from compulsory status because:

the criteria for compulsory treatment are no longer met in respect of [patient's name]

**OR**

no useful purpose will be served by the further compulsory treatment of [patient's name].

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| **Brief explanation of reason for release** |
|  |
| [Brief explanation] |

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| **Contact details and signature of the responsible clinician** | | | | | | | | | | | | | | | | | | | |
| Last name |  | First name | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | |  | Postcode | | | | | | |
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|  |  | | | | | | |
| Email address | | |  | Contact phone number | | | | | | | | | | | | | | | |
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| Signature of responsible clinician |  | Date | | | | | | | |