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| **Substance Addiction (Compulsory Assessment and Treatment) Act 2017****Release from Compulsory Status**(Section 43 of the Act) |  |
| To: The Director of Area Addiction Services at [location]Copy to: [Patient's name] |
| **Contact information of the patient** |
| Last name |  | First name |
|       |  |       |
| Date of birth |  |
|   |   |   |   |   |   |   |   |  |
| Address |  | Postcode |
|       |  |   |   |   |   |
|  |  |

[Patient's name] is fit 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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| **Contact details and signature of the responsible clinician** |
| Last name |  | First name |
|       |  |       |
| Address |  | Postcode |
|       |  |   |   |   |   |
|  |  |
| Email address |  | Contact phone number |
|       |  |   |   |   |   |   |   |   |   |   |   |   |   |

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|  |  |   |   |   |   |   |   |   |   |
| Signature of responsible clinician |  | Date |