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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].

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | |