

<p>Harris County Psychiatric Center Houston, TX</p> <p><b>REQUEST FOR RELEASE FROM VOLUNTARY ADMISSION</b></p>	
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After signing myself into Harris County Psychiatric Center as a voluntary patient on the \_\_\_\_\_ unit, I am now requesting to be released from this facility. I understand that I must be released from my voluntary admission within 4 hours from the time this letter is signed and dated unless:

1. The request has been withdrawn by formally submitting a Letter of Retraction, OR
2. Within 24 hours my physician completes an in-person examination, and files for and obtains an Order of Protective Custody, in accordance with the Texas Mental Health Code.

I have been made aware of my rights as granted under the Texas Mental Health Code and am exercising my right at this time by making this request for release.

\_\_\_\_\_  
Signature (Patient/Guardian) Time/Date

Room: \_\_\_\_\_ Physician: \_\_\_\_\_

Witness: \_\_\_\_\_

\_\_\_\_\_  
Signature (Administration) Time/Date

White - Medical Record    Yellow - Patient