

CLINICAL RECORD	<b>RELEASE FROM RESPONSIBILITY FOR DISCHARGE</b>	
U.S. PUBLIC HEALTH SERVICE HOSPITAL,	<i>(LOCATION - City, State, ZIP)</i>	DATE

I hereby request my discharge from this hospital against the advice of its medical staff. It has been explained to me that my present condition is such as to require further hospitalization and that I leave the hospital at my own risk. I hereby release the hospital and its staff from all responsibility for any consequences of this act.

\_\_\_\_\_  
SIGNATURE OF PATIENT

**IF PATIENT IS A MINOR OR INCOMPETENT TO SIGN:**

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE GUARDIAN

\_\_\_\_\_  
RELATIONSHIP TO PATIENT

**WITNESS:**

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
POSITION TITLE

PATIENT'S IDENTIFICATION <i>(Name - Last, First, Middle)</i>	REGISTER NO.	WARD NO.
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IHS-338 (10/88)  
**RELEASE FROM RESPONSIBILITY FOR**