

State of Louisiana
Louisiana Department of Health
Office of Behavioral Health

Notification to Family of Admission on Emergency Certificate

Facility: _____

Patient's Name:	
Name of Relative:	Relationship to Patient:

Patient was admitted to this facility by emergency certificate under LA R.S. 28, Section 53, on _____,
(Date)

_____ is hereby notified that this emergency certificate will expire
(Name of Relative)
on _____.
(Date)

The patient may at that time continue on a voluntary basis, be discharged, or be retained on a Judicial Commitment. Please contact the social worker listed below to discuss future plans for this patient:

Social Worker: _____
Address: _____
Phone: _____

Signature of the Director of the Facility

Date