

**TRANSFER/REVISIONS**

We, \_\_\_\_\_ and  
Name of Community Mental Health Center Psychiatrist/APRN

\_\_\_\_\_, convened a  
Name of Client

client-centered conference on \_\_\_\_\_(date) at:

\_\_\_\_\_  
Name and Address of Community Mental Health Center

We agreed, after engaging in a client-centered conference, as follows:

Authority to monitor and enforce the conditional discharge (CD) for the client named above has been **TRANSFERRED** to:

\_\_\_\_\_  
(Name of Community Mental Health Center and Name of Representative or Case Manager)

The client and receiving MHC shall execute a new CD within 2 weeks of the intake appointment AND the current CD is valid until a new CD is adopted and executed by the receiving MHC.

The CD dated \_\_\_\_\_ is **REVISED** by including the following additional condition(s): \_\_\_\_\_

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\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Guardian over Person (if any) Date

\_\_\_\_\_  
Signature of Sending Mental Health Center Designee Date

\_\_\_\_\_  
Signature of Receiving Mental Health Center Designee Date

**THESE CHANGES ARE INCORPORATED INTO THE CONDITIONAL DISCHARGE (CD) AND SHALL BE INCLUDED IN THE RECORD AT ALL TIMES FOR REFERENCE.**

A COPY OF THIS DOCUMENT WAS SENT TO NHH LEGAL SERVICES ON \_\_\_\_\_ (Initials of person from receiving MHC\_\_\_\_\_)