

## Discharge Plan and Safety Contract

The Discharge Plan and Safety Contract form was developed to be used in Emergency Services and is used in conjunction with other program discharge paperwork.

Data Field	<b>Identifying Information Instructions</b> (*Fields for Person's Name, Record Number, and D.O.B. must be completed on each page)
<b>*Person's Name:</b>	Record first name, middle initial, and last name of the person served. Order of name is at agency discretion.
<b>*Record Number:</b>	Record agency's established identification number for the person.
<b>*D.O.B.:</b>	Document date of birth of the person served.

Data Field	<b>Outpatient and PCP follow-up appointments</b>
<b>Name, Time, Address, Telephone, Date</b>	Record the appointment details for the client upon discharge.

Data Field	<b>Medications Ordered During Current Emergency Evaluation and Crisis Plan</b>
<b>Name of medication, Dosage, Instructions</b>	Record detailed information about the medications ordered during the ESP evaluation. The intent here is for the information to assist the person served and/or his/her significant others understanding the use of the medications and taking the medications as ordered.
<b>Crisis Plan / Behavioral Interventions:</b>	Report in as much detail as possible the crisis plan and behavioral interventions for the person served. Consider the person's living situation and who will be assisting the person in the event of a crisis (e.g. family member, residential staff).
<b>ESP Telephone and follow-up date and time</b>	Report the ESP's emergency contact phone number(s) and the follow-up date and time if applicable.

Data Field	<b>Safety Contract</b>
<b>Safety Contract</b>	Be sure to include the ESP or other contact information on the form.
Treatment objectives discussed with the person served/guardian.	Check the box if the treatment objectives were discussed with the person served/guardian.

Data Field	<b>Staff Signatures</b>
<b>Provider – Print Name/Credential and title</b>	<b>Legibly print</b> name and credential(s) of person completing the Comprehensive Assessment.
<b>Date</b>	Next to each signature record the date of the signature.
<b>Supervisor – Print Name/Credential (if needed)</b>	If the diagnosis is rendered by a clinician other than the clinician printed above, then the clinician rendering the diagnosis must print his/her educational level and highest license level.
<b>Date</b>	Next to each signature record the date of the signature.
<b>Provider Signature</b>	<b>Legible signature</b> of person completing the Comprehensive Assessment.
<b>Date</b>	Next to each signature record the date of the signature.
<b>Supervisor Signature (if needed) see also MDT requirements for day</b>	If the diagnosis is rendered by a clinician other than the clinician signed above, then the clinician rendering the diagnosis must provide his/her signature and record his/her educational level and highest license level.

<b>treatment and signatures.</b>	
<b>Person's Signature</b> (Optional, if appropriate)	Signature of the person to be served by the agency indicating his/her understanding and acceptance of the treatment recommendation/assessed needs.
<b>Date</b>	Next to each signature record the date of the signature.
<b>Next Appointment / Date /</b>	Record the next appointment for the person including date
<b>MD Signature</b>	This is a requirement for Opiate Treatment Programs
<b>Need to add parent/guardian</b>	