

## GA Behavioral Health Program Discharge Notification Form\*

Client Name:		Provider Name:	
Client EMS ID# or Social Security Number:		Provider Service Location:	
Client's Date of Birth:		Admission Date:	
		Discharge Date:	
Level of Care (Service Type) Client is discharging from:			
DIAGNOSIS – AXIS I: (1)		(2)	
<b>DISCHARGE TYPE</b>			
<input type="checkbox"/> Regular (Completed Treatment)	<input type="checkbox"/> Refused Care (Refused Treatment Referrals)	<input type="checkbox"/> Noncompliance (Did not follow treatment recommendations)	
<input type="checkbox"/> AMA (Against Medical or Clinical Advice)	<input type="checkbox"/> No Care (No Discharge Referrals/Plan Made)	<input type="checkbox"/> Administrative (Violation of program rules)	
<input type="checkbox"/> Transfer (transfer to higher level of care, or same level of care at a different location)		<input type="checkbox"/> AWOL (Left inpatient level of care without permission/staff knowledge)	
<input type="checkbox"/> Other (Please describe):		<input type="checkbox"/> No Show (Client has failed to return to outpatient care)	
Did the client complete treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Outpatient/IOP/PHP Sessions Attended (if known) _____	
<b>DISCHARGE PLAN</b>			
Provider Name:	_____		
Service/Level of Care:	_____		
Date of 1 <sup>st</sup> Appointment:	_____		
Discharge Medications:	_____		
	_____		
If there was no Plan, please explain why:	_____		
	_____		

Form Completed By: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

\*Discharge Notifications may be submitted via the internet-based Electronic Registration System (ERS) or by fax to: Advanced Behavioral Health, Inc. at (860) 704-6145. If you are a provider who does not yet have access to ERS, please contact the GA Behavioral Health Program at (800) 606-3677 to request access. Additional information about ERS can be viewed at [www.abhct.com](http://www.abhct.com).

**Discharge Notification is required by the GA Behavioral Health Program for ALL authorized services.**

**Advanced Behavioral Health, Inc.  
Fax Number: (860) 704-6145**