

# Form GU 8

## Regulation 14

### Mental Health Act 1983 section 23 - discharge by the responsible clinician or the responsible local social services authority

I order the discharge of

(full name of patient  
and their address)

(state section)

from guardianship under section  of the Mental Health Act 1983

on

(date  
and time)

at

**Signed:**

the Responsible Clinician

**Name:**

**Date:**

OR

**Signed:**

on behalf of the responsible local social services authority

**Name:**

**Date:**