**Form 6**

**Notice Regarding Restriction on Open Treatment**

 Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (mm/dd/yyyy): / /

1. As of now ( : ☐AM, ☐PM ), your open treatment is restricted as one or more of the following items applies to your condition.

2. Open treatment will be allowed again once none of the items below apply to your condition.

Conditions:

A. Behavior that adversely affects the progress and prognosis of your treatment, including behavior with a significant risk of harming relationships with other patients

B. Risk of attempting suicide or self-injury

C. Difficulty in continuing open treatment in light of your condition for reasons other than A or B

D. Other ( )

Name of Doctor: