Filed in District Court
State of Minnesota
12/9/2024 7:48 AM

640 Jackson Street
St. Paul, Minnesota 55101

Regions Hospital

TO: Ramsey County

In conformance with Minnesota Statutes 253B.012 this report is submitted on the following committed patient:

Patient's Name (last, first, middle): Russell, David	Date of Birth: 3/13/80	Court File Number: 85-PR-24-46
Address on Discharge from Hospital/Facility: 510 23rd Ave NW Austin, MN 55912		
Date Action Taken: 12/6/24	Date of Report: 12/6/24	

- ☐ 1. Admit to: _____ *(Name of Facility)*
- ☒ 2. Provisional Discharge ☐ From EV X Length of PD: w/ of (unknown).
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Voluntary return from Provisional Discharge
- ☐ 5. Extension of Provisional Discharge to _____ (Date)
- ☐ 6. Extended Visit (from 8 - 30 days away from facility)
- ☐ 7. Return from Extended Visit
- ☐ 8. Medical Leave (at least overnight stay in a medical facility)
- ☐ 9. Return from Medical Leave
- ☐ 10. Unauthorized Absence
- ☐ 11. Return from Unauthorized Absence
- ☐ 12. Discharge from: ☐ PD ☐ UA ☐ EV ☐ Med Leave ☐ Court ☐ Direct
- ☐ 13. Death ☐ In Facility ☐ On Leave
- ☐ 14. Change in status from _____ to _____
- ☐ 15. Rule 20 (in addition check 1 - 14 above which applies).
- ☐ 16. Transfer to : _____

COMMENTS: D/c to Austin Manor IRTP

Medical Director's / Designee's Signature	Date
Mallan R	12/6/24

Original: Committing Court
Copies: *Medical Record; County Case Manager; AM RTC, County Attorney, Patient's Attorney*

CHANGE OF STATUS REPORT

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REGIONS HOSPITAL
PROVISIONAL DISCHARGE CONTRACT
Case File #85-PR-24-46

I, David Russell, understand that I am being provisionally discharged on December 6, 2024. I further understand that my legal status is committed and that I am under the jurisdiction of the Probate/Civil Commitment Court of Winona County.

The length of my provisional discharge is from December 6, 2024 to end of commitment.

Based on my progress and level of cooperation, my county case manager and/or community team will recommend to the court whether or not to extend my commitment. My provisional discharge may be extended if clinical symptoms warrant an extension or recommitment.

If I meet the requirements of my treatment plan and am able to get along without serious problems, my provisional discharge will end on date as directed by the court, and my commitment will be terminated unless an extension or recommitment is requested by case management.

If I do not meet the requirements of my treatment plan, my provisional discharge may be revoked by my case manager, and/or I may be brought back to the hospital.

I understand that my county case manager and community team are responsible for monitoring my provisional discharge and providing updates on my mental health to the Commissioner of Human Services. I understand I can change my aftercare plan in the future after speaking with and receiving agreement from my case manager. I understand that my case manager will work with me to use the least restrictive alternative or treatment.

TREATMENT PLAN

1. I will attend scheduled psychiatric appointments and take medications as prescribed by my psychiatrist.

2. I will meet with my case manager, Amy Engel, Ph: 507-457-6208

3. I will cooperate with requests for releases of information.

4. I will maintain my safety and well-being. This includes not doing things to harm or threaten myself or others, including not using alcohol or drugs to the point of dangerousness and/or decompensation.

5. I will not change my address without the knowledge and approval of my case manager.

I understand and agree to follow the conditions of the above stated Provisional Discharge Contract and Treatment Plan.

Patient Name — 2024-12-05 Date

Hospital Social Worker — 12/5/24 Date