

## Restriction of Communication or Visitors

Notice is hereby given to \_\_\_\_\_  
Full Name of Individual

this date, that under the provisions of s.394.459(5)(c), Florida Statutes, a restriction on communications has been placed for a period of \_\_\_\_\_ days, starting at \_\_\_\_\_ am pm on (Date) \_\_\_\_\_ and ending at \_\_\_\_\_ am pm on (Date) \_\_\_\_\_

The nature of the restriction is as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The restriction has been ordered because \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This restriction of communication shall be reviewed at least every three (3) days and discontinued as soon as possible.

\_\_\_\_\_  
Signature of Administrator or Designee                      Date \_\_\_\_\_                      Time \_\_\_\_\_ am pm

**An individual's right to report an alleged abuse or to contact and to receive communication from his/her attorney shall not be limited. This completed form must be placed in the individual's clinical record as individualized justification for restricting the person of his/her right to communicate with others. Any renewal of this restriction shall be justified. A staff person shall provide a copy of this form and any renewal of the restriction to all individuals listed below within three (3) hours. The right to communicate or receive visitors shall not be restricted as a means of punishment.**

A qualified professional shall provide a copy of this form to all individuals listed below within three (3) hours.

Individual	Date Copy Provided	Time Copy Provided	Initial of Who Provided Copy
<input type="checkbox"/> Individual		am pm	
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Guardian Advocate		am pm	
<input type="checkbox"/> Representative		am pm	
<input type="checkbox"/> Attorney		am pm	
<input type="checkbox"/> Health Care Surrogate/Proxy		am pm	

See s. 394.459(5)(c), Florida Statutes  
 CF-MH 3049, (December 2024) [Rule 65E-5.190, F.A.C.]