

# CHIEF FORENSIC PSYCHIATRIST APPROVED FORM I2C



Rights, Respect, Recovery

## CANCELLATION OF FORENSIC PATIENT LEAVE

*Mental Health Act 2013*  
Sections 77 – 79 and 81 – 84

THCI: (Patient Id): \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F  TG/IT

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

**AFFIX STICKER HERE**

### PART A: LEAVE CANCELLED

### NOTICE TO THE PATIENT

**CHIEF FORENSIC PSYCHIATRIST / DELEGATE / CONTROLLING AUTHORITY OF SMHU / TREATING MEDICAL PRACTITIONER / APPROVED MEDICAL PRACTITIONER TO COMPLETE**

**Patient's name:** \_\_\_\_\_

**Patient's status:**  Subject to a restriction order **OR**  Not subject to a restriction order

**Type of leave:**  Clinical **OR**  Personal **Date leave granted:** \_\_\_\_/\_\_\_\_/\_\_\_\_  Leave Pass Attached

*This form is to be used to cancel leave that has been granted to ANY forensic patient, including a forensic patient who is subject to a restriction order.*

*A responsible authority, by notice to the patient, may cancel leave granted at any time if the responsible authority believes that its continuation would, or is likely to, seriously endanger the patient's health or safety; or place the safety of other persons at serious risk.*

*In the case of a forensic patient who is not subject to a restriction order, leave may be cancelled by the Chief Forensic Psychiatrist (CFP) or a delegate, the controlling authority for the secure mental health unit (SMHU) (or a delegate), the patient's treating medical practitioner, or by any approved medical practitioner (AMP).*

*In the case of a forensic patient who IS subject to a restriction order, leave may be cancelled by the Mental Health Tribunal, the Secretary, Department of Health and Human Services (or a delegate), the CFP (or a delegate), the controlling authority for SMHU (or a delegate), the patient's treating medical practitioner, or by any AMP.*

*On cancellation, a Mental Health Officer or police officer may apprehend and return the patient under escort to the SMHU.*

**Responsible authority's name:** \_\_\_\_\_

**Responsible authority's status:**

- Chief Forensic Psychiatrist (or a delegate)
- Controlling authority of the SMHU (or a delegate)
- Patient's treating medical practitioner
- Approved medical practitioner
- Mental Health Tribunal
- Secretary, Department of Health and Human Services (or a delegate)

**I believe that continuing the above named patient's leave would, or is likely to:**

- Seriously endanger the patient's health or safety **OR**  Place the safety of others at serious risk.

**I hereby cancel the patient's leave.**

**Date and time leave cancelled:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

**Is the person cancelling the leave completing this form?**

**Yes – person to sign here:** \_\_\_\_\_

**No – members of nursing/medical staff to complete:**

We confirm that the person named above has cancelled leave of absence for the patient named above for the reasons noted above:

Dr/Nurse Name/Payroll/ID Number I: \_\_\_\_\_ Signature: \_\_\_\_\_

Dr/Nurse Name/Payroll/ID Number I: \_\_\_\_\_ Signature: \_\_\_\_\_

**COPY TO:**  Patient  Controlling authority of the SMHU  The person who applied for the leave, if this is not the patient  The patient's intended escort  Mental Health Tribunal  If the patient is NOT subject to a TO – the Commissioner of Police and the Secretary, Corrections  If patient is a prisoner – the Director, Corrections  If patient is a youth detainee – the Secretary, Youth Justice  If the patient IS subject to a Treatment Order – the CCP  CFP (if the CFP was not the person who cancelled the leave)  LOC  If patient is a child or if there is consent - patient's parent/support person/representative **OTHER:**  Statement of Rights to the patient  Statement of Rights to the applicant, if not the patient  Explanation to patient in language and form that patient can understand

#### CONTACT DETAILS:

**MHT:** Phone: (03) 6165 7491 Email: [mht.applications@justice.tas.gov.au](mailto:mht.applications@justice.tas.gov.au)

**CFP/CCP:** Phone: (03) 6166 0781 Email: [chief.psychiatrist@dhhs.tas.gov.au](mailto:chief.psychiatrist@dhhs.tas.gov.au)

**Secretary, Corrections:** Phone: (03) 6165 7527 Fax: (03) 6233 5031 Email: [victims@justice.tas.gov.au](mailto:victims@justice.tas.gov.au)

**Director of Corrective Services:** Phone: (03) 6216 8183 / 6165 7371 Fax: (03) 6216 8000 Email: [Executive.Support@justice.tas.gov.au](mailto:Executive.Support@justice.tas.gov.au)

**Secretary (Youth Justice):** Phone: (03) 6362 2311 Fax: (03) 6362 2217 Email: [ginna.webster@dhhs.tas.gov.au](mailto:ginna.webster@dhhs.tas.gov.au)

**Commissioner of Police (or delegate):** Phone: (03) 6230 2434 Fax: (03) 6230 2414 Email: [rds@police.tas.gov.au](mailto:rds@police.tas.gov.au)

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## CANCELLATION OF FORENSIC PATIENT LEAVE

*Mental Health Act 2013*  
Sections 81 - 84

THCI: (Patient Id): \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F  TG/IT

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

**AFFIX STICKER HERE**

### PART B: RECORD OF ESCORT

#### ESCORT AND MEMBER OF TREATING TEAM TO COMPLETE

*The custody and escort provisions apply to the patient's escort pursuant to a Form I2C request.*

*In taking a person under escort, a Mental Health Officer (MHO) or Police Officer may take possession of and safeguard any medication, physical aid or other thing that the escort reasonably believes is or may be necessary to the patient's health, safety or welfare, or which may be relevant to the patient's examination, assessment, treatment or care.*

*An escort may, as circumstances require, transfer physical control of a person to another MHO or Police Officer.*

*Custody is not taken to have been interrupted or terminated because physical control of the person has been handed over from one MHO or Police Officer to another such officer.*

**Patient's name:** \_\_\_\_\_

**Date and time of request to take patient under escort:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

#### COMMENCEMENT OF ESCORT

**Status and identity of MHO/Police Officer taking patient under escort (tick the appropriate box):**

MHO. Name/ID Card Number/Payroll Number: \_\_\_\_\_

Police Officer. Name and Badge Number: \_\_\_\_\_

Details of any medication, physical aid, prescription or other things taken possession of and safeguarded:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date and time person taken under escort:** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

**Escort's signature:** \_\_\_\_\_

#### HANDOVER (COMPLETE ONLY IF CUSTODY HAS BEEN HANDED OVER)

**Status and identity of MHO/Police Officer accepting handover (tick the appropriate box):**

MHO. ID Card/Payroll Number: \_\_\_\_\_

Police Officer. Name and Badge Number: \_\_\_\_\_

Details of medication, physical aids, prescriptions or other things handed over OR reasons for such items not being handed over/alternative action taken:

\_\_\_\_\_  
\_\_\_\_\_

**Date and time custody handed over:** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

**Signature of escort accepting custody:** \_\_\_\_\_

#### RETURN TO SECURE MENTAL HEALTH UNIT

**Date and time of patient's return:** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

**COPY TO:**  CFP  LOC

**CONTACT DETAILS: CFP:** Phone: (03) 6166 0781 Fax: (03) 6230 7739 Email: [chief.psychiatrist@dhhs.tas.gov.au](mailto:chief.psychiatrist@dhhs.tas.gov.au)