

CHIEF PSYCHIATRIST APPROVED FORM – F12(B)

CANCELLATION OF FORENSIC PATIENT LEAVE

Mental Health Act 2013

Section 77-79 and 81 - 84

THCI (Patient ID): _____

Family Name: _____

Given Names: _____

Date of Birth: ____ / ____ / ____ Gender: ☐ M ☐ F ☐ TG / IT

Address: _____

Telephone: _____ Mobile: _____

AFFIX STICKER HERE

(Tick ☒ as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

PART A: LEAVE CANCELLED - SECURE MENTAL HEALTH UNIT (SMHU)

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

Patient (full name in BLOCK letters):

Patients Status: ☐ Subject to restriction order ☐ Not subject to a restriction order

Type of leave: ☐ Clinical ☐ Personal

Date leave granted: DD / MM / YYYY ☐ Leave pass attached

Responsible Authority (full name in BLOCK letters):

Status: ☐ Chief Psychiatrist (or Delegate) ☐ Controlling Authority of the SMHU

☐ Treating Medical Practitioner

☐ Approved Medical Practitioner

☐ TASCAT – Protective Division -Mental Health Stream

☐ Secretary – Department of Health (or 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 other persons at serious risk.

I hereby cancel the patients leave

Date and time leave cancelled: DD / MM / YYYY **Time:** 00 : 00

Is the person cancelling the leave completing this form?

☐ **Yes – Responsible Authority to sign here:** _____ (Signature)

☐ **No – two members of nursing/medical staff to complete below**

We confirm that the responsible authority named above has cancelled leave for the patient named above.

1. Dr/Nurse (full name in BLOCK letters):

Signature:

Date: DD / MM / YYYY

2. Dr/Nurse (full name in BLOCK letters):

Signature:

Date: DD / MM / YYYY

- COPY TO:**
- ☐ Patient ☐ Controlling authority of the SMHU ☐ The person who applied for the leave
 - ☐ The patients intended escort ☐ TASCAT
 - ☐ If NOT subject to a Treatment order – the Commissioner of Police and Secretary of Corrections
 - ☐ If patient is a prisoner – the Director of Corrective Services
 - ☐ If the patient is a youth detainee – the Secretary, Youth Justice
 - ☐ If the patient IS subject to a treatment Order – The Chief Psychiatrist
 - ☐ Legal Orders Coordinator
 - ☐ If there is consent – a copy to patients support person/representative
 - ☐ If patient is a child copy to parent/support person/representative
- OTHER:**
- ☐ Statement of Rights provided to patient
 - ☐ Explanation to patient in language and form that patient can understand

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PART B: RECORD OF ESCORT

ESCORT AND MEMBER OF TREATING TEAM TO COMPLETE

Patient (full name in BLOCK letters): _____

Date and time of request to take patient under escort: _____ **Date:** DD / MM / YYYY **Time:** 00 : 00

START OF THE ESCORT

Custodian escorting the patient (full name in BLOCK letters): _____

Status of escort ☐ Mental Health Officer **OR** ☐ Police Officer **ID Card/Payroll/Badge Number:** _____

Details of any medication, physical aid, prescription, or other items taken into possession or/and safeguarded:

Date and time person taken under escort: _____ **Date:** DD / MM / YYYY **Time:** 00 : 00

Signature of escort: _____

HANDOVER (complete only if custody has been handed over)

Custodian ACCEPTING handover (full name in BLOCK letters): _____

Status of escort ☐ Mental Health Officer **OR** ☐ Police Officer **ID Card/Payroll/Badge Number:** _____

Details of any medication, physical aid, prescription or other items handed over OR reasons for such items not being handed over/alternative action taken:

Date and time custody handed over: _____ **Date:** DD / MM / YYYY **Time:** 00 : 00

Signature of escort accepting custody: _____

RETURN TO SECURE MENTAL HEALTH UNIT

Date and time of patient's return: _____ **Date:** DD / MM / YYYY **Time:** 00 : 00

COPY TO: ☐ Chief Psychiatrist ☐ Controlling authority of the SMHU ☐ Legal Orders Coordinator

OTHER: ☐ Statement of Rights provided to patient

☐ Explanation to patient in language and form that patient can understand

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PART A : LEAVE CANCELLATION - INSTRUCTIONAL NOTES

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 and to an involuntary patient who has been admitted to a secure mental health unit under the Act.

A responsible authority, by notice to patient, may cancel leave that has been granted to the patient 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 Psychiatrist 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 Tasmanian Administrative, 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.

PART B: RECORD OF ESCORT

In taking a person into custody, an MHO or Police Officer may take possession of and safeguard any medication, physical aid or other thing that the custodian or 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.

A custodian may, as circumstances require, transfer physical control of a person in custody 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.

CONTACT DETAILS:

Chief Psychiatrist:

Phone: (03) 6166 0778

Email: chief.psychiatrist@health.tas.gov.au