

CHIEF PSYCHIATRIST APPROVED FORM - FORENSIC 12

FORENSIC PATIENT LEAVE APPLICATION

(PATIENT NOT SUBJECT TO A RESTRICTION ORDER)

Mental Health Act 2013

Sections 81 - 84

TCHI (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)

PATIENT LEAVE – LEAVE APPROVAL OR LEAVE REFUSAL OR LEAVE CANCELLATION

COMPLETE THIS FORM when an application for leave is made verbally or in writing separately for:

- Part A – Leave Details – To be completed by medical practitioner/nursing staff.
- Part B – Leave Approval / Refusal – To be completed by Chief Psychiatrist or delegate
- Part C - Leave Extension/Vary - To be completed by Chief Psychiatrist or delegate.

Note: The request for leave must be noted on the patient's clinical file at the time the request is made.

PERSONAL DETAILS

Patient (full name in BLOCK letters):

Person requesting leave: (full name in BLOCK letters)

Relationship to patient:

PART A – LEAVE DETAILS

TREATING MEDICAL PRACTITIONER TO COMPLETE

Type of leave: Clinical (by treating medical practitioner) **OR** Personal
 Single occasion of leave, **OR** Reoccurring leave over specific time
From date: DD / MM / YYYY **Time:** 00 : 00 **To date:** DD / MM / YYYY **Time:** 00 : 00
 A period or periods to be determined by the patient's treating medical practitioner in accordance with the patients leave schedule dated: DD / MM / YYYY Leave schedule attached

Reason(s) for the leave:

Date and Time of application: **Date:** DD / MM / YYYY **Time:** 00 : 00

Is the medical practitioner completing this form?

Yes – medical practitioner to sign here: _____
 (Signature)

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

We, the undersigned, confirm that the applicant named above has applied for leave of absence 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 Chief Psychiatrist Legal Orders Coordinator If the patient is NOT subject to a Treatment Order – the Secretary, Corrections If the patient is a prisoner or detainee under the Corrections Act 1997 – the Director of Corrective Services If the patient is a youth detainee – the Secretary, DECYP Other person(s) who, in the Chief Psychiatrist's opinion, should be notified.

OTHER: Statement of Rights provided to patient
 Explanation to patient in language and form that patient can understand



CHIEF PSYCHIATRIST APPROVED FORM - FORENSIC I2

FORENSIC PATIENT LEAVE APPLICATION

(PATIENT NOT SUBJECT TO A RESTRICTION ORDER)

Mental Health Act 2013

Sections 81 - 84

TCHI (Patient ID): _____
 Family Name: _____
 Given Names: _____
 Date of Birth: ___ / ___ / _____ Gender: M F TG / IT
 Address: _____
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(Tick as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

PART B – LEAVE APPROVAL/REFUSAL LEAVE PASS/NOTICE OF REFUSAL

CHIEF PSYCHIATRIST / DELEGATE TO COMPLETE

Patient (full name in BLOCK letters):

Chief Psychiatrist or Delegate (full name in BLOCK letters):

Having considered submissions received in respect of the application for leave for the patient named above from the secure mental health unit in which he or she is being detained.

I Hereby: **GRANT** the patient leave from the secure mental health unit in which he or she is being detained.

Approved leave - **From date:** DD / MM / YYYY **Time:** 00 : 00 **To date:** DD / MM / YYYY **Time:** 00 : 00

OR: **REFUSE TO GRANT** the patient leave from the secure mental health unit in which he or she is being detained for the following reasons:

Leave granted/refused: **Date:** DD / MM / YYYY **Time:** 00 : 00

If leave is granted, complete the following:

Conditions of the leave including any special considerations of the escort team (for example gender):

Escort by: Clinical staff (No.) Security staff (No.) Other (specify):

Mechanical restraints: None To be carried To be applied prior to, and used during, the escort
 Restraint form attached

Other conditions (specify):

If the leave is personal leave and has been applied for by someone other than the patient - **I am satisfied** that the applicant has a genuine interest in the patient's welfare.

If the patient for whom leave has been sought is a youth detainee – **I confirm** that the Secretary (Youth Justice) has consented to the leave.

Chief Psychiatrist/delegate's signature:

PART C - LEAVE EXTENDED/VARIED

CHIEF PSYCHIATRIST / DELEGATE TO COMPLETE

Chief Psychiatrist or Delegate (full name in BLOCK letters):

Having considered submissions in respect of the extension or variation of the conditions of leave for the patient named above from the secure mental health unit in which they are being detained, I hereby (tick appropriate box).

EXTEND leave granted to the patient named above on the date noted in Part A of this form

The leave will now expire:- **From date:** DD / MM / YYYY **Time:** 00 : 00 **To date:** DD / MM / YYYY **Time:** 00 : 00

OR: **VARY** the conditions of leave granted to the patient named on this form on the date noted above.

The following conditions now apply:

Escort by: Clinical staff (No.) Security staff (No.) Other (specify):

Mechanical restraints: None To be carried To be applied prior to, and used during, the escort
 Restraint form attached

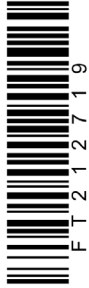
Other conditions (specify):

Immediately **OR** **From date:** DD / MM / YYYY **Time:** 00 : 00

If the patient for whom leave has been sought is a youth detainee – **I confirm** that the Secretary (Youth Justice) has consented to the extension/variation of leave.

Leave extended/varied on: **Date:** DD / MM / YYYY **Time:** 00 : 00

Chief Psychiatrist/delegate's signature:



CHIEF PSYCHIATRIST APPROVED FORM - FORENSIC I2

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Sections 81 - 84

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Family Name: _____

Given Names: _____

Date of Birth: ___ / ___ / _____ Gender: M F TG / IT

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PART A – LEAVE REQUEST / DETAILS

This form is to be used to apply for personal or clinical leave for a forensic patient who is NOT subject to a restriction order.

The Chief Psychiatrist (CP) (or a delegate) may grant a forensic patient who is not subject to a restriction order leave of absence in Tasmania. This includes an involuntary patient who has been admitted to a secure mental health unit under the Act. Leave may be granted for personal or clinical reasons. Clinical reasons, for granting any patient leave of absence, include facilitating the patient's rehabilitation or reintegration into the community, furthering the patient's treatment, and reasons deemed appropriate by the person authorised to grant the leave. Personal reasons, for granting any patient leave of absence, include visiting a sick or dying relative or close friend, attending the funeral of a relative or close friend, attending a wedding or graduation of a relative or close friend, attending a family occasion of special importance, if the patient is an Aborigine - attending an event of cultural or spiritual significance to Aborigines, attending a special religious event or service, and attending a reunion or commemoration.

Leave for clinical reasons may be granted only on the application of the treating medical practitioner.

Leave for personal reasons may be granted only on the application of the patient, or a person who, in the opinion of the CP (or a delegate), has a genuine interest in the patient's welfare.

A forensic patient who applies for leave may ask any secure mental health unit staff member for help in making the request and the staff member is to render that help to the best of his or her ability or arrange for another secure mental health unit staff member to render that help.

PART B – LEAVE APPROVAL/REFUSAL

This part is to be used to grant, or refuse to grant, leave for a forensic patient who is NOT subject to a restriction order. This includes an involuntary patient who has been admitted to a secure mental health unit under the Act.

The Chief Psychiatrist (CP) (or a delegate) may grant a forensic patient who is not subject to a restriction order leave of absence in Tasmania. Before granting or refusing to grant the leave, the CP is to consider any submissions received from:

Any eligible persons, and

If the patient is a prisoner – from the Director, Corrections, and

If the patient is a youth detainee – from the Secretary, Youth Justice, and

Any other persons who have been notified of the application for leave and of the person's right to make written submission in respect of the application.

The requirement to consider submissions does not apply to a forensic patient who is also an involuntary patient.

If the patient is a youth detainee, leave may be granted only with the consent of the Secretary (Youth Justice). The leave may be granted in person, in writing or by other available means of communication and may be granted for a particular purpose or for a particular period, or both. If the leave is granted for a particular purpose, without a particular period being specified, the treating medical practitioner may determine the period of leave. The leave is to be granted on such conditions as the CP considers necessary or desirable for the patient's health or safety or the safety of other persons. This may include that the patient is required to be under escort during the leave or any portion thereof, in which case the custody and escort provisions apply.

PART C – LEAVE EXTENDED / VARIED

This part is to be used to extend or vary leave that has been granted to a forensic patient who is NOT subject to a restriction order.

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

The Chief Psychiatrist (CP) (or a delegate), by notice to the patient, may at any time extend or vary the conditions of leave that has been granted to the patient. In considering whether or not to extend, or vary the conditions of, leave, the following provisions apply:

The CP is to notify the Secretary (Corrections) that an extension or variation of the leave is under consideration, and The Secretary (Corrections) is to check the Eligible Persons Register to determine whether there are any eligible persons in relation to the patient. If there are such eligible persons, the Secretary (Corrections) is to make a reasonable attempt to notify each of them of the consideration and of their right to make written submissions in respect of it within 10 days after the eligible person is notified. The CP is to notify any other person who, in the CP's opinion, should be notified of the consideration and of that person's right to make written submissions in respect of it within 10 days after being notified of the application. In the case of an extension of leave, the CP is to notify the Secretary (Corrections) not less than 20 days before the leave is due to expire.

The CP is to consider any submissions received before extending or varying the conditions of the leave. If the patient is a youth detainee, the extension or variation requires the consent of the Secretary (Youth Justice). A decision to extend or vary leave may be made more than once. A notice that leave has been varied may be expressed to have immediate or deferred effect.

CONTACT DETAILS

Chief Psychiatrist: Phone: (03) 6166 0778

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

TASCAT: Phone: (03) 6165 7491

Email: applications.mentalhealth@tascat.tas.gov.au

Victims Support: Phone: (03) 6165 7527

Email: victims@justice.tas.gov.au

Corrective Services: Phone: (03) 6216 8183

Email: Executive.Support@justice.tas.gov.au

Secretary (DECYP): Phone: 1800 816 057

Email: officeofthesecretary@dceyp.tas.gov.au



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