

# CHIEF FORENSIC PSYCHIATRIST APPROVED FORM I2B



Rights, Respect, Recovery

## FORENSIC PATIENT LEAVE GRANTED/REFUSED

(PATIENT NOT SUBJECT TO A RESTRICTION ORDER)

Mental Health Act 2013  
Sections 81 - 84

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

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

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**AFFIX STICKER HERE**

### PART A: LEAVE GRANTED / REFUSED

### LEAVE PASS/NOTICE OF REFUSAL

#### CHIEF FORENSIC PSYCHIATRIST / DELEGATE TO COMPLETE

*This form 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 Forensic Psychiatrist (CFP) (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 CFP 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 CFP 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.*

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

Type of leave:  Clinical **OR**  Personal **Applicant's name:** \_\_\_\_\_

Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **CFP/delegate's name:** \_\_\_\_\_

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:
- For a period or periods to be determined by the patient's treating medical practitioner in accordance with the patient's leave schedule **OR**
- For a period commencing on Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at Time: \_\_\_\_:\_\_\_\_ (24 hr) and ending on Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at Time: \_\_\_\_:\_\_\_\_ (24hr)

Purpose of the leave: \_\_\_\_\_

Conditions of the leave including any special considerations of the escort team (gender etc.):

Escort by:  Clinical staff (No. \_\_\_\_ )  GS4 staff (No. \_\_\_\_ )  Other: \_\_\_\_\_

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

Restraint form attached

Other conditions: \_\_\_\_\_

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.

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

\_\_\_\_\_

Date and time leave granted/refused: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

CFP/delegate's signature: \_\_\_\_\_

**COPY TO:**  Patient  Controlling authority of the secure mental health unit  Person who applied for the leave, if not the patient  The patient's intended escort  Tribunal  If the patient not subject to a TO - Commissioner of Police and Secretary, Corrections  If the patient is a prisoner – Director of Corrective Services  If the patient is a youth detainee – Secretary (Youth Justice)  If the patient IS subject to a TO - the CCP  LOC  If the patient is a child or if there is consent - patient's parent/support person/representative **OTHER:**  Statement of Rights to patient  Statement of Rights to the person who applied for the leave, if not the patient  Explanation to patient in language and form that the 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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DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F  TG/IT

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Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**AFFIX STICKER HERE**

## PART B: LEAVE EXTENDED / VARIED

### CHIEF FORENSIC PSYCHIATRIST / DELEGATE TO COMPLETE

*This form 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 Forensic Psychiatrist (CFP) (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 CFP 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 CFP is to notify any other person who, in the CFP'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 CFP is to notify the Secretary (Corrections) not less than 20 days before the leave is due to expire.*

*The CFP 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.*

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

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

CFP/delegate's name: \_\_\_\_\_

Having considered submissions received 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 he or she is being detained I **herby** (tick appropriate box and complete the relevant section):

**EXTEND** leave granted to the patient named above on the date noted above.

The leave will now expire on:

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

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 of the leave.

**VARY** the conditions of leave granted to the patient named above on the date noted above. The following conditions now apply:

Escort by:  Clinical staff (No. )  GS4 staff (No. )  Other: \_\_\_\_\_

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

Restraint form attached

Other conditions: \_\_\_\_\_

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

Immediately **OR**  From: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

Date and time leave extended / varied: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

CFP/delegate's signature: \_\_\_\_\_

**COPY TO:**  Patient  Controlling authority of the secure mental health unit  Person who applied for the leave, if not the patient  The patient's intended escort  Tribunal  If patient is not subject to a TO - Commissioner of Police and Secretary, Corrections  If the patient is a prisoner – Director of Corrective Services  If the patient is a youth detainee – Secretary (Youth Justice)  If the patient is subject to a TO - the CCP  LOC  If the 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 person who applied for the leave, if not the patient  Explanation to patient in language and form that the 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)