

CHIEF FORENSIC PSYCHIATRIST APPROVED FORM 17



TRANSFER TO HOSPITAL - FORENSIC PATIENT

Mental Health Act 2013
Section 73

THCI: (Patient Id): _____

Family Name: _____ Given Name: _____

DOB: ____/____/____ Gender: M F TG/IT

Address: _____

Phone: _____ Mob: _____

AFFIX STICKER HERE

PART A: FORENSIC PATIENT TRANSFER DIRECTION

CHIEF FORENSIC PSYCHIATRIST (CFP) OR DELEGATE TO COMPLETE

The Chief Forensic Psychiatrist (CFP) (or delegate) may direct that a forensic patient be removed from a secure mental health unit (SMHU) and transferred to a secure institution, an approved hospital, a health service within the meaning of the Health Complaints Act 1995 or premises where such a health service is provided.

Except in an emergency, the transfer direction is to be in a CFP approved form.

In an emergency, the transfer direction may be given orally or in writing and, in such a case, the CFP may complete the transfer direction after the transfer takes place.

The CFP may request that the patient be taken under escort.

The transfer direction or, if applicable, emergency oral direction is authority for an authorised person or police officer to take the patient under escort, remove the patient from the SMHU and take the patient to the secure institution, approved hospital, health service or premises specified in the direction.

While the patient is being transferred, the escort has, as regards the patient, for all purposes connected with the transfer full authority to act in the name of the controlling authority of the SMHU and to discharge any responsibilities of any authorised person under the Act.

Patient's name: _____

Chief Forensic Psychiatrist or delegate's name: _____

I **direct** that the patient named above be removed from the secure mental health unit in which s/he is being detained and transferred to the following secure institution, approved hospital, health service or premises where a health service is provided:

Details/conditions of escort:

I **hereby request** that the patient be taken under escort, removed from the secure mental health unit and taken to the secure institution, approved hospital, health service or premises where a health service is provided named above.

Date and time of direction: Date: ____/____/____ Time: ____:____ (24 hr)

Is the Chief Forensic Psychiatrist or delegate completing this form?

Yes – CFP/delegate to sign here: _____

No – members of nursing/medical staff to complete:

We confirm that the CFP/delegate named above has directed the above named patient be removed from the secure mental health unit and transferred to the above named secure institution, approved hospital, health service or premises as outlined in this transfer direction/record of oral emergency direction.

Dr/Nurse Name/Payroll/ID Number 1: _____ Signature: _____

Dr/Nurse Name/Payroll/ID Number 2: _____ Signature: _____

Signature: _____

COPY TO: Patient CFP (if the patient's removal is authorised by a delegate) Mental Health Tribunal The patient's treating medical practitioner Controlling authority of the SMHU The person in charge of the secure institution, etc to which the patient is transferred LOC If the patient is a child or if there is consent – the patient's parent/support person/representative **OTHER:** Statement of Rights 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

CFP: Phone: (03) 6166 0781 Email: chief.psychiatrist@dhs.tas.gov.au

Police: Phone: (03) 6230 2434 Fax (03) 6230 2414 Email: rds@police.tas.gov.au

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PART B: RECORD OF ESCORT

ESCORT AND MEMBER OF TREATING TEAM TO COMPLETE

The escort provisions set out in Schedule 2 of the Act apply to the patient's escort pursuant to a Form 17 request.

In taking a person under escort, an authorised person 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 authorised person or Police Officer may, as circumstances require, transfer physical control of a person under escort to another authorised person or Police Officer.

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

Patient's name: _____

DETAILS OF ESCORT

Status and identity of authorised person/Police Officer who is escorting patient:

Authorised person. Name: _____

Police Officer. Name and Badge Number: _____

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

Date and time of patient's exit from the SMHU: Date: ____ / ____ / ____

Time: ____:____ (24 hr)

Date and time of patient's return to the SMHU: Date: ____ / ____ / ____

Time: ____:____ (24 hr)

Authorised person/Police Officer's signature: _____

COPY TO: CFP LOC

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