

CHIEF FORENSIC PSYCHIATRIST APPROVED FORM 18



CANCELLATION/ SUSPENSION OF PRIVILEGED STATUS

Mental Health Act 2013
Section 98

THCI: (Patient Id): _____
 Family Name: _____ Given Name: _____
 DOB: ____/____/____ Gender: M F TG/IT
 Address: _____
 Phone: _____ Mobile: _____

AFFIX STICKER HERE

CANCELLATION/SUSPENSION OF PRIVILEGED VISITOR, CALLER OR CORRESPONDENT STATUS

CHIEF FORENSIC PSYCHIATRIST (CFP) OR DELEGATE TO COMPLETE

The Chief Forensic Psychiatrist (CF) (or a delegate) may, by notice, cancel or suspend for a time any individual's privileged visitor, privileged caller or privileged correspondent status if the CFP (or a delegate) is satisfied on reasonable grounds that the individual has engaged in behaviour that is incompatible with the management, good order or security of a secure mental health unit.

The cancellation or suspension of the individual's privileged visitor, privileged caller or privileged correspondent status takes effect as soon as he or she is given notice of it.

Name of visitor, caller or correspondent whose privileged status is being cancelled or suspended:

Status of visitor, caller or correspondent whose privileged status is being cancelled or suspended:

Chief Forensic Psychiatrist or delegate's name:

I am satisfied that the person whose privileged visitor, privileged caller or privilege correspondent status is being cancelled or suspended named above has engaged in behaviour that is incompatible with the management, good order or security of a secure mental health unit **and hereby:**

- Cancel the person's privileged visitor, caller or correspondent status **OR**
- Suspend the person's privileged visitor, privileged caller or privileged correspondent status for the following period:

From: ____/____/____ To: ____/____/____

Grounds for cancellation/suspension:

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

Signature: _____

Date and time notice of the cancellation/suspension is given to the privileged visitor, caller or correspondent

Date: ____ / ____ / ____ Time: ____:____ (24 hr)

COPY TO: Visitor, caller or correspondent whose status has been cancelled/suspended Tribunal LOC

CONTACT DETAILS: MHT: Phone: (03) 6165 7491 Email: mht.applications@justice.tas.gov.au

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