

CHIEF FORENSIC PSYCHIATRIST APPROVED FORM 20A



**FORENSIC PATIENT
RETURN TO PRISON**

Mental Health Act 2013
Section 70

THCI: (Patient Id): _____

Family Name: _____ Given Name: _____

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

Address: _____

Phone: _____ Mob: _____

AFFIX STICKER HERE



PART A: REQUEST TO RETURN TO PRISON

PATIENT TO COMPLETE

Patient's name: _____

A forensic patient who is a prisoner, who is in a secure mental health unit and whose removal to the secure mental unit was directed at the patient's own request may request to be returned to the custody of the Director, Corrective Services at any time.

The request is to be made to the Chief Forensic Psychiatrist in writing.

The forensic patient may ask any secure mental health unit staff member for help in making the request and the secure mental health unit 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.

I hereby ask to be returned to the custody of the Director, Corrective Services

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

Signature: _____

Other: If the patient has sought help in making the request – the patient has been given the help sought

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PART B: REQUEST AGREED TO / REFUSED

REQUEST TO DIRECTOR, CORRECTIVE SERVICES / NOTICE OF REFUSAL

CHIEF FORENSIC PSYCHIATRIST or DELEGATE / DIRECTOR OF CORRECTIVE SERVICES or DELEGATE TO COMPLETE

Patient's name: _____

The Chief Forensic Psychiatrist (CFP) is to have the patient examined by an approved medical practitioner as soon as practicable after receiving the request.

After the examination, the CFP may agree to the request, or refuse the request.

In considering the request, the CFP is to have regard to the results of the examination, and whether or not the reasons for the patient's admission are still valid, and such other matters as the CFP considers relevant.

If the CFP agrees to the request:

- The CFP, without undue delay, is to request the Director of Corrective Services to remove the patient from the secure mental health unit (SMHU), and
- The patient is to be removed from the SMHU and transferred to the custody of the Director of Corrective Services within 48 hours after the request is agreed to, and
- The patient ceases to be taken to be a forensic patient from the time he or she is so removed from the SMHU.

If the CFP refuses the request, the CFP is to give notice of the refusal, with reasons, to the patient.

CFP/delegate's name: _____

I **confirm** that I am in receipt of a request from the patient named above dated ____ / ____ / ____ to be returned to the custody of the Director of Corrective Services.

I **also confirm** that I have had the patient examined by an Approved Medical Practitioner, as follows:

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

Name of Approved Medical Practitioner: _____

In considering the request I have had regard to the results of the examination, whether or not the reasons for the patient's admission to the secure mental health unit remain valid and the following relevant matters:

I **hereby**: **AGREE** to the request and request the Director of Corrective Services to remove the patient from the secure mental health unit **OR** **REFUSE** the request for the following reasons:

Date and time request agreed to/refused: Date: ____ / ____ / ____ Time: ____:____ (24 hr)

Signature: _____

I, _____ name of the Director of Corrective Services (or delegate) acknowledge the CFP's request to remove the patient named above from the secure mental health unit and return him/her to prison.

Date and time request acknowledged: Date: ____ / ____ / ____ Time: ____:____ (24 hr)

Signature: _____

Date and time patient actually removed from the secure mental health unit:

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

COPY TO: Patient CFP (if request agreed to/refused by a delegate) Tribunal LOC If patient is a child or if there is consent - patient's parent/support person/representative Director of Corrective Services **OTHER:** Explanation to patient in language and form that patient can understand

CONTACT DETAILS:

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

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

Director of Corrective Services: Phone: (03) 6216 8183 / 6165 7371 Fax: (03) 6216 8000 Email: executive.support@justice.tas.gov.au