NSW GOVERNMENT Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

APPEAL BY PATIENT AGAINST REFUSAL TO DISCHARGE

(Mental Health Regulation 2013, Clause 7 (1) (a))
(Mental Health Act 2007, section 44 (2))

Appeal by patient against refusal to discharge

The Registrar
Mental Health Review Tribunal
PO Box 2019
BORONIA PARK NSW 2111

My name is .....
(name of patient)

I am an involuntary patient/a person detained at .....
(name of mental health facility)

I have applied to an authorised medical officer for discharge under section 42 (1) of the *Mental Health Act 2007*.

I want to appeal to the Mental Health Review Tribunal against the authorised medical officer's:

☐ refusal to discharge me

☐ failure to make a determination on my application for discharge within 3 working days after I made the application.

(Tick one box only)

.....
[Signature]

.....
[Date]

SMR025120

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH606708A 181017

APPEAL BY PATIENT AGAINST REFUSAL TO DISCHARGE

SMR025.120