

**FORM 3
APPEAL BY PATIENT
AGAINST
REFUSAL TO
DISCHARGE**

Form 3

(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.....

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 44 (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]