



Health

SURNAME

MRN

OTHER NAMES

MALE  FEMALE

Facility:

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

M.O.

ADDRESS

**NOTICE TO MEDICAL SUPERINTENDENT OF A HEALTH FACILITY OF REQUEST TO SEE AN OFFICIAL VISITOR**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

**MENTAL HEALTH ACT 2007**

SECTION 134A

**NOTIFICATION TO MEDICAL SUPERINTENDENT OF A HEALTH FACILITY OF REQUEST TO SEE AN OFFICIAL VISITOR**

I, the undersigned, \_\_\_\_\_, request the Medical Superintendent of \_\_\_\_\_ to inform the Principal Official Visitor that I desire to speak to an Official Visitor.

(Name in full)

Superintendent of \_\_\_\_\_ to inform the Principal Official Visitor that I desire to speak to an Official Visitor.

(name of mental health facility)

Official Visitor that I desire to speak to an Official Visitor.

My contact details for provision to the Principal Official Visitor are:

Best contact telephone number: \_\_\_\_\_

Secondary contact telephone number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

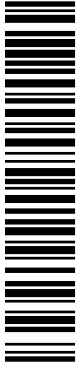
**IMPORTANT INFORMATION**

- A person who is detained in a health facility (other than a mental health facility), or a designated carer, or a principal care provider of this person, may notify the medical superintendent of the health facility that they desire to see an official visitor (section 134A(1)). This form does not apply to persons detained in a mental health facility or their designated carer(s) or principal care provider.
- The medical superintendent must inform the Principal Official Visitor of the person/carer/care provider's desire to see an official visitor not later than 2 days after receiving the application. The medical superintendent should provide this form to the Official Visitor Program (OVP) by email or fax.

OVP Fax Number: 02 9817 3945

OVP Email Address: ovp@doh.health.nsw.gov.au

OVP Phone line (operates Monday to Friday, 9.00am - 4.30pm): 1800 208 218



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Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

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