



Health

SURNAME

MRN

OTHER NAMES

MALE  FEMALE

Facility:

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

M.O.

ADDRESS

### APPLICATION FOR DISCHARGE FROM MENTAL HEALTH FACILITY

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

MENTAL HEALTH ACT 2007

SECTION 42 (1)

### APPLICATION FOR DISCHARGE FROM MENTAL HEALTH FACILITY

To: the Authorised Medical Officer

I, \_\_\_\_\_, am  
(Full name of patient)

an involuntary patient, or

a person detained in a mental health facility

at \_\_\_\_\_,  
(Name of Mental Health Facility)

I wish to be discharged from the mental health facility pursuant to section 42 of the *Mental Health Act 2007*.

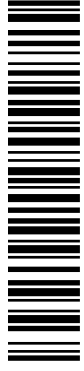
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

#### INFORMATION

This application should be given to the Authorised Medical Officer or to another member of the mental health facility's medical staff.

If your application is refused or a decision is not made within three working days, you, your designated carer, or your principal care provider may appeal to the Mental Health Review Tribunal under section 44 of the *Mental Health Act 2007*.



SMR025108

Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING

APPLICATION FOR DISCHARGE FROM  
MENTAL HEALTH FACILITY

SMR025.108

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