



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
APPEAL BY PERSON OTHER THAN PATIENT AGAINST REFUSAL TO DISCHARGE PATIENT		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

APPEAL BY PERSON OTHER THAN PATIENT AGAINST REFUSAL TO DISCHARGE PATIENT

(Mental Health Regulation 2025, Clause 8(2)(b))
(Mental Health Act 2007, Section 44 (2))

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

Appeal by a person other than the patient against refusal to discharge a patient

This appeal relates to
(full name of patient)

who is an involuntary patient/a person detained at
(name of facility)

An application was made to an authorised medical officer for discharge of the patient under the *Mental Health Act 2007*.

My name is
(full name of person appealing)

- I am:
- the applicant for discharge of the patient
 - a person appointed by the patient.

(Tick one box only)

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

- refusal to discharge the patient
- failure to make a determination within 3 working days after the application for discharge of the patient.

(Tick one box only)

.....
[Signature]

.....
[Date]



SMR025125

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

NH606709A 100326

APPEAL BY PERSON OTHER THAN PATIENT AGAINST REFUSAL TO DISCHARGE PATIENT
SMR025.125