		FAMILY NAME		MRN		
	NSW GVERNMENT Health	GIVEN NAME				
	GOVERNMENT Health	D.O.B//	M.O.		-	
	Tacinty.	ADDRESS	1		-	
	NOTICE TO DESIGNATED CARER				-	
_	AND PRINCIPAL CARE PROVIDER OF MATTER BEFORE THE MENTAL	LOCATION / WARD				
SMR025250	HEALTH REVIEW TRIBUNAL	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE				
	MENTAL HEALTH ACT 2007 Section 78(1)(h)					
02525	<u>Notice to designated carer and</u> <u>the Mental H</u>	l principal care provider (lealth Review Tribunal	of matter	<u>before</u>		
SMR	This form is to provide notice to you as the Designated C heard before the Mental Health Review Tribunal. Details at: Website: www.mhrt.nsw.gov.au Pl Email: MHRT-MHRT@health.nsw.gov.au All efforts will be made to advise you of the hearing in su	s regarding the Tribunal and the r hone: 02 9816 5955 or 1800 815	matters they 511	consider can be found		
	DearFull name of					
\bigcirc	I am contacting you as the designated carer/principal care (strike out text that is not applicable)	provider of				
C U	Contact details (postal address/email/telephone)					
AS2828.1: 2012 - NO WRITING	Notification of matter before the Mental Health Revie					
AS28 - NO	I wish to advise you that	(full name of patient)		who is		
	undergoing treatment at					
ned as per MARGIN						
	will have a matter heard before the Mental Health Review	w Tribunal on /	/			
Holes Punch BINDING 1	at approximately : am/pm,				ROO	
BI Ho	at(description of premises where hearing	is to be held - room, floor, building, street	address and su	ıburb)		
\bigcirc	This hearing will be for the Mental Health Review Tribuna legislation):	al to consider (describe matter being b	prought before t	he Tribunal, referring to relevant	SIGNATI ROF M W TRIB	
					ED CA	
	You are welcome to attend this hearing or to be involved with support. If you would like to discuss this matter furth		ng along a p	person to provide you	ARER AND PRINCIPAL ER BEFORE THE MENTAL	
		(name and designation)				
	ON (telephone number)					
	You should also be aware that you may be excluded fror or in circumstances where you are unable to attend a he submission. If this is applicable, please discuss this optic	aring in person, it may be possib	le for you to		MENTAL	
	Print Name:	Designation				
220	Print Name:(Authorised Medical Officer)				MF	
A 120220					202	
NH700579A	Signature	Date	_/	_ /	SMR025.250	

	FAMILY NAME		MRN		
NSW GOVERNMENT Health	GIVEN NAME				-
Facility:	D.O.B//	M.O.			
	ADDRESS				
NOTICE TO DESIGNATED CARER AND PRINCIPAL CARE PROVIDER					-
OF MATTER BEFORE THE MENTAL	LOCATION / WARD				-
HEALTH REVIEW TRIBUNAL	COMPLETE ALL DETAILS (OR AFFIX P	ATIENT LAE	BEL HERE	
EXTRACTS FROM THE MENTAL HEALTH	I ACT 2007				
Section 71 Designated carer					
(1) The designated carer of a person (the p	patient) for the purposes of this	s Act is:			
(a) the guardian of the patient, or					
(b) the parent of a patient who is a paragraph (c)), or	child (subject to any nominatic	on by a pa	tient referr	ed to in	
(c) if the patient is over the age of nominated by the patient as a d force, or	14 years and is not a person un esignated carer under this Par	nder guar t under a	dianship, a nominatior	a person n that is in	
(d) if the patient is not a patient refe force as referred to in paragrap	erred to in paragraph (a) or (b) h (c):	or there is	s no nomir	nation in	
 (i) the spouse of the patient, if any, if the relationship between the patient and the spouse is close and continuing, or 					BINDING MARGIN
(ii) any individual who is primarily responsible for providing support or care to the patient (other than wholly or substantially on a commercial basis), or					MARG
(iii)a close friend or relative	of the patient.				1
(2) Close friend or relative of a patient mean close personal relationship with the patient in the patient's welfare and who does not commercial basis.	ent through frequent personal	contact ar	nd a persor	nal interest	NO WRITING
Relative of a patient who is an Aborigina part of the extended family or kin of the patient's culture.	•		•		G
					S
					1R0:
					SMR025250
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Holes Punched as per AS2828.1: 2019 BINDING MARGIN - NO WRITING

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			FAMILY NAME		MRN		
	NSW L	ealth	GIVEN NAME				
	Facility:	calth	D.O.B//	M.O.			
			ADDRESS				
	NOTICE TO DESIGNATED CARER						
	AND PRINCIPAL CARE PROVIDER OF MATTER BEFORE THE MENTAL	LOCATION / WARD					
	HEALTH REVIEW TRIBUNAL		COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE				
	Sectio	n 72 Nomination of designated	carers				
02525	(1)	A person may nominate up to 2 per of this Act.	sons to be the person's desig	nated care	ers for the p	ourposes	
SMR	(2)	A person may nominate persons whether the person under this Act and may not the person under this Act and may not the person under this Act and may not the person under the person under the person was not the person was no	no are excluded from being gi revoke or vary any such nomi	ven notice nation.	or informa	tion about	
	(3)	A person who is over the age of 14 person's parent by a nomination un	years and under the age of 1a der subsection (2).	8 years ma	ay not excl	ude the	
	(4)	A nomination, variation or revocatio medical officer at a mental health fa				authorised	
\bigcirc	(5)	A nomination remains in force for th writing.	e period prescribed by the re	gulations c	or until it is	revoked in	
1: 2012 RITING	(6)	An authorised medical officer or a d her functions under this Act or the re revocation of a nomination, if notifie	egulations, to give effect to a	nominatior	n or a varia	iis or ition or	
sr AS2828.1: 2012 1 - NO WRITING	(7)	An authorised medical officer or a director of community treatment is not required to give effect to a nomination, or a variation or revocation of a nomination, if the officer or director reasonably believes:					
hed as per MARGIN		(a) that to do so may put the pa serious harm, or	tient or nominated person or a	any other p	person at r	isk of	
Holes Punch BINDING N		(b) that the person who made the making the nomination, variant	he nomination, variation or rev ation or revocation.	vocation w	as incapat	le of	
ВНО	Sectio	n 72A Principal care providers					
\bigcirc	(1)	The principal care provider of a population of the primarily responsible for providing substantially on a commercial basis	support or care to the person (who is	
	(2)	An authorised medical officer at a n may, for the purposes of complying is the principal care provider of a pe	with a provision of this Act or		•		
	(3)	The authorised medical officer or th person is the principal care provider notice or information about the othe	r of another person if the pers				

- (4) An authorised medical officer or a director of community treatment is not required to give effect to a requirement relating to a principal care provider of a person under this Act or the regulations if the officer or director reasonably believes that to do so may put the person or the principal care provider at risk of serious harm.
- (5) A principal care provider of a person may also be a designated carer of the person.

-1X4/1-	FAMILY NAME		MRN	
NSW Health	GIVEN NAME			
	D.O.B//	M.O.	I	
Facility:	ADDRESS	1		
NOTICE TO DESIGNATED CARER				
AND PRINCIPAL CARE PROVIDER OF MATTER BEFORE THE MENTAL	LOCATION / WARD			
HEALTH REVIEW TRIBUNAL	COMPLETE ALL DETAILS	OR AFFIX F	ATIENT LABEL HERE	-
				Holes Punched as per AS2828.1: 2019 BINDING MARGIN - NO WRITING
				SMR025250
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