



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____/____/____

M.O.

Facility:

ADDRESS

NOTICE TO DESIGNATED CARER OF PROPOSED SURGICAL OPERATION

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

MENTAL HEALTH ACT 2007

Sections 78 and 100

Dear

Address

Notification to designated carer of proposed surgical operation

It is my opinion as an authorised medical officer of
(name of mental health facility)

that it is desirable and in the best interests of
(patient's full name)

who is involuntarily detained in the mental health facility in accordance with the Mental Health Act 2007, to undergo a surgical operation

for
(lay description of condition)

This operation or treatment is called
(medical name)

To perform the surgery, I am required by law to obtain the patient's consent. However, the patient is incapable of giving that consent.

I am required by law to notify you in writing that it is my intention to obtain consent on the patient's behalf either from an appropriately delegated officer of the NSW Ministry of Health or from the Mental Health Review Tribunal.

This application to the Ministry or the Tribunal cannot be made within 14 days of this notification to you unless:

- the authorised medical officer is of the opinion that the urgency of the circumstances requires an earlier determination; or,
- you do not object to the application being considered within this 14 day period.

If you agree to the proposed surgery, the consent will be sought from the Ministry. If you do not agree, in writing, the consent will be sought from the Mental Health Review Tribunal and the Tribunal will hold a hearing into the application. You are able to attend the hearing if you wish. In either case, would you please complete and return the enclosed form.

If you wish to discuss this matter further please contact
(Name)

on
(telephone number)

Yours faithfully

Print name Designation

Signature Date / /



SMR025196

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

NH700102A 241018

NOTICE TO DESIGNATED CARER OF PROPOSED SURGICAL OPERATION

SMR025.196