



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

Facility:

D.O.B. ____/____/____

M.O.

ADDRESS

APPEAL BY PERSON OTHER THAN PATIENT AGAINST REFUSAL TO DISCHARGE PATIENT

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

(Mental Health Regulation 2013, Clause 7 (2) (a))
(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: 2012
BINDING MARGIN - NO WRITING

NH608709A 251017

APPEAL BY PERSON OTHER THAN PATIENT AGAINST REFUSAL TO DISCHARGE PATIENT

SMR025.125