

## CHIEF PSYCHIATRIST APPROVED FORM – CIVIL 13

### INVOLUNTARY PATIENT TRANSFER BETWEEN APPROVED HOSPITALS

*Mental Health Act 2013*

Section 59

THCI (Patient ID): \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Date of Birth: \_\_ / \_\_ / \_\_\_\_\_ Gender:  M  F  TG / IT  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

*(Tick  as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)*

### TRANSFER BETWEEN APPROVED HOSPITALS TRANSFER DIRECTION / RECORD OF EMERGENCY ORAL DIRECTION

#### CHIEF PSYCHIATRIST OR DELEGATE TO COMPLETE

**Patient** (full name in BLOCK letters):

**Name of the approved facility where the patient is located:**     Millbrook Rise (South)     Roy Fagan (South)  
 Royal Hobart Hospital (South)     Launceston General Hospital (North)     North West Regional Hospital (Burnie)

**Chief Psychiatrist/delegate** (full name in BLOCK letters):

**I direct that the patient named above be transferred from the approved hospital named above, to the following approved hospital:**     Millbrook Rise (South)     Roy Fagan (South)  
 Royal Hobart Hospital (South)     Launceston General Hospital (North)     North West Regional Hospital (Burnie)

**I am satisfied** that that the transfer is necessary for the following reasons: *(tick appropriate box below)*

- The patient's health or safety, **OR**
- The safety of others, **OR**
- For another prescribed reason.

**Reasons for the transfer:**

**Date and time of the direction:**                      **Date:** DD / MM / YYYY                      **Time:** 00 : 00

**Signature:**

- COPY TO:**     Patient     TASCAT     The patient's treating medical practitioner     Legal Orders Coordinator
- Controlling authority of the sending approved hospital
  - Controlling authority of the receiving approved hospital
  - If patient has given consent – copy to patient's support person/representative
  - If patient is a child - copy to parent/support person/representative
- OTHER:**     Statement of Rights provided to patient
- Explanation to patient in a language and form that the patient can understand



## CHIEF PSYCHIATRIST APPROVED FORM – CIVIL 13

### INVOLUNTARY PATIENT TRANSFER BETWEEN APPROVED HOSPITALS

*Mental Health Act 2013*

Section 59

THCI (Patient ID): \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_\_ Gender:  M  F  TG / IT

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### TRANSFER BETWEEN APPROVED HOSPITALS - INSTRUCTIONAL INFORMATION

#### TRANSFER DIRECTION / RECORD OF EMERGENCY ORAL DIRECTION

The Chief Psychiatrist (CP) (or delegate) may direct that an involuntary patient be transferred from one approved hospital to another if satisfied that the transfer is necessary for the patient's health or safety, the safety of other persons or for other reasons. In all cases, an explanation must be provided.

Except in an emergency, the direction is to be in a CP approved form.

**In an emergency, the transfer direction may be given orally or in writing. However, if a transfer direction is given orally, it must be confirmed in writing in a CP approved form as soon as practicable after it is given.**

The transfer direction is authority for a Mental Health Officer to take the patient under escort (custody and escort provisions apply), remove the patient from the transferring hospital and take the patient to the other hospital.

Once the patient named in the transfer direction has been transferred, an order for the involuntary admission and, if necessary, detention of the patient in the transferring hospital has effect in the other hospital.

### CONTACT DETAILS:

**Chief Psychiatrist:**

Phone: (03) 6166 0778 Email: [chief.psychiatrist@health.tas.gov.au](mailto:chief.psychiatrist@health.tas.gov.au)

**TASCAT – Protective Stream:**

Phone: (03) 6165 7491 Email: [applications.mentalhealth@tascat.tas.gov.au](mailto:applications.mentalhealth@tascat.tas.gov.au)

