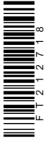
CHIEF PSYCHIATRIST APPROVED FORM – F12(B) CANCELLATION OF FORENSIC PATIENT LEAVE THCI (Patient ID): Family Name: Given Names: Date of Birth: _/ _/ _ Gender: □ M □ F □ TG / IT Address: Telephone: _ ____ Mobile: AFFIX STICKER HERE



	Tick ☑ as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)		
PART A: LEAVE CANCELLED - SECURE MENTAL HEALTH UNIT (SMHU)			
CHIEF PSYCHIATRIST / DELEGATE / CONTROLLING AUTHORITY OF SMHU / TREATING MEDICAL PRACTITIONER / APPROVED MEDICAL PRACTITIONER TO COMPLETE			
Patient (full name in BLOCK letters):			
Patients Status: Subject to restriction order	Not subject to a restriction order		
Type of leave:	Personal		
Date leave granted: DD / MM / YYYYY	Leave pass attached		
Responsible Authority (full name in BLOCK letters):			
Status: Chief Psychiatrist (or Delegate) Controlli	ng Authority of the SMHU		
☐ Treating Medical Practitioner ☐ Approve	d Medical Practitioner		
TASCAT – Protective Division -Mental Health Stream Secretary – Department of Health (or delegate)			
I believe that continuing the above named patient's leave would, or is likely to:			
Seriously endanger the patient's health or safety OR ; Place the safety of other persons at serious risk.			
I hereby cancel the patients leave			
Date and time leave cancelled: DD / MM / YYYY	Time: 00 : 00		
Is the person cancelling the leave completing this form?			
Yes - Responsible Authority to sign here:			
(Signature) No – two members of nursing/medical staff to complete below			
We confirm that the responsible authority named above has cancelled leave for the patient named above.			
I. Dr/Nurse (full name in BLOCK letters):	·		
Signature:	Date: DD / MM / YYYYY		
2. Dr/Nurse (full name in BLOCK letters):			
Signature:	Date: DD / MM / YYYY		
COPY TO: Patient Controlling authority of the The patients intended escort	SMHU ☐ The person who applied for the leave ☐ TASCAT		
☐ If NOT subject to a Treatment order – the Commissioner of Police and Secretary of Corrections			
☐ If patient is a prisoner — the Director of Corrective Services ☐ If the patient is a youth detainee — the Secretary, Youth Justice			
☐ If the patient is a youth detainee – the Secretary, Youth Justice ☐ If the patient IS subject to a treatment Order – The Chief Psychiatrist			
Legal Orders Coordinator			
 If there is consent – a copy to patients 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 language and form	that patient can understand		

CHIEF PSYCHIATRIST APPROVED FORM – F12(B) CANCELLATION OF FORENSIC PATIENT LEAVE THCI (Patient ID): Family Name:

Mental Health Act 2013 Section 77-79 and 81 - 84

THCI (Patient ID):		
Family Name:	·····	
Given Names:		
Date of Birth: / /	Gender: \square M \square F \square TG / IT	
Address:	 	
Telephone:	Mobile:	
AFFIX STICKER HERE		

ART B: RECORD OF ESCORT		
SCORT AND MEMBER OF TREATING TEAM TO COME	LETE	
atient (full name in BLOCK letters):		
Date and time of request to take patient under escort:	Date: DD / MM / YYYY	Time: 00 : 00
START OF THE ESCORT		
Custodian escorting the patient (full name in BLOCK letters):		
Status of escort Mental Health Officer OR Police Officer	ID Card/Payroll/Badge No	umber:
Details of any medication, physical aid, prescription, or other items	aken into possession or/and s	afeguarded:
Date and time person taken under escort:	Date: DD / MM / YYYY	Time: 00 : 00
Signature of escort:		
HANDOVER (complete only if custody has been handed ov	er)	
Custodian ACCEPTING handover (full name in BLOCK letters):	- ,	
Status of escort Mental Health Officer OR Police Officer	ID Card/Payroll/Badge N	umber:
Details of any medication, physical aid, prescription or other items h	anded over OR reasons for su	uch items not bein
handed over/alternative action taken:		
	D. D. D. LWY DOOG	T
Date and time custody handed over:	Date: DD / MM / YYYYY	Time: 00 : 00
Signature of escort accepting custody:		
DETURNITO CECURE MENTAL LICALTILLINIT		
RETURN TO SECURE MENTAL HEALTH UNIT		Time: 00 : 00
RETURN TO SECURE MENTAL HEALTH UNIT Date and time of patient's return:	Date: DD / MM / YYYYY	1 IIIIe. 00 . 00
	Date: DD / MM / YYYYY	Time: 00 . 00
Date and time of patient's return:	Date: D / MM / ne SMHU Legal Orders C	

CHIEF PSYCHIATRIST APPROVED FORM – F12(B)

CANCELLATION OF FORENSIC PATIENT LEAVE

Mental Health Act 2013
Section 77-79 and 81 - 84

THCI (Patient ID):		
Family Name:	· · · · · · · · · · · · · · · · · · ·	
Given Names:	· · · · · · · · · · · · · · · · · · ·	
Date of Birth://	Gender: □ M □ F □ TG / IT	
Address:		
Telephone:		
AFFIX STICKER HERE		



PART A: LEAVE CANCELLATION - INSTRUCTIONAL NOTES

This form is to be used to cancel leave that has been granted to any forensic patient, including a forensic patient who is subject to a restriction order and to an involuntary patient who has been admitted to a secure mental health unit under the Act.

A responsible authority, by notice to patient, may cancel leave that has been granted to the patient at any time if the responsible authority believes that its continuation would, or is likely to, seriously endanger the patient's health or safety; or place the safety of other persons at serious risk.

In the case of a forensic patient who is not subject to a restriction order, leave may be cancelled by the Chief Psychiatrist or a delegate, the controlling authority for the secure mental health unit (SMHU) (or a delegate), the patient's treating medical practitioner, or by any approved medical practitioner (AMP).

In the case of a forensic patient who is subject to a restriction order, leave may be cancelled by the Tasmanian Administrative, the Secretary, Department of Health and Human Services (or a delegate), the CFP (or a delegate), the controlling authority for SMHU (or a delegate), the patient's treating medical practitioner, or by any AMP.

On cancellation, a Mental Health Officer or police officer may apprehend and return the patient under escort to the SMHU.

PART B: RECORD OF ESCORT

In taking a person into custody, an MHO or Police Officer may take possession of and safeguard any medication, physical aid or other thing that the custodian or escort reasonably believes is or may be necessary to the patient's health, safety or welfare, or which may be relevant to the patient's examination, assessment, treatment or care.

A custodian may, as circumstances require, transfer physical control of a person in custody to another MHO or Police Officer.

Custody is not taken to have been interrupted or terminated because physical control of the person has been handed over from one MHO or Police Officer to another such officer.

CONTACT DETAILS: Chief Psychiatrist: Phone: (03) 6166 0778 Email: chief.psychiatrist@health.tas.gov.au