



Health

SURNAME

MRN

OTHER NAMES

MALE FEMALE

Facility:

D.O.B. ____ / ____ / ____

M.O.

ADDRESS

APPLICATION FOR DISCHARGE FROM MENTAL HEALTH FACILITY

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

MENTAL HEALTH ACT 2007

SECTION 42 (1)

APPLICATION FOR DISCHARGE FROM MENTAL HEALTH FACILITY

To: the Authorised Medical Officer

I, _____, am
(Full name of patient)

an involuntary patient, or

a person detained in a mental health facility

at _____,
(Name of Mental Health Facility)

I wish to be discharged from the mental health facility pursuant to section 42 of the *Mental Health Act 2007*.

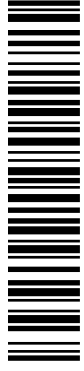
Date of Birth ____ / ____ / ____

Signature _____ Date ____ / ____ / ____

INFORMATION

This application should be given to the Authorised Medical Officer or to another member of the mental health facility's medical staff.

If your application is refused or a decision is not made within three working days, you, your designated carer, or your principal care provider may appeal to the Mental Health Review Tribunal under section 44 of the *Mental Health Act 2007*.



SMR025108

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

APPLICATION FOR DISCHARGE FROM
MENTAL HEALTH FACILITY

NH700098A 130815

SMR025.108