

Protective Division – Mental Health Stream

Mental Health Act 2013

|  |  |
| --- | --- |
| Discharge Paper - Treatment Order | S 49 |

|  |  |
| --- | --- |
| Discharge concerning |  |
|  | (Patient Name) |
| Patient address |  |
|  |  |
|  |  |
|  |  |
| Discharge date and time |  |
|  | (Date) (Time) |
|  |  |
|  |  |
| Name of treating |  |
| medical practitioner |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **1** | **Discharge** |

After assessing the patient while their treatment order is in effect, I am satisfied that they do not meet the treatment criteria in s40 of the *Mental Health Act 2013*.

I have consulted the treating medical practitioner, who agrees that the patient does not meet the treatment criteria.\*

|  |  |  |
| --- | --- | --- |
| Signed by approved medical practitioner |  | Date |
| Please print name |  | |

|  |  |
| --- | --- |
| Expiry date of approved medical practitioner approval |  |

Copies of the discharge paper have been provided to:

the patient;

the treating medical practitioner (if applicable);

the Chief Civil Psychiatrist; and

the Tribunal via email to: [applications.mentalhealth@tascat.tas.gov.au](mailto:applications.mentalhealth@tascat.tas.gov.au)

In addition, a copy has been placed on the patient’s clinical record.

*\* Strike out if the approved medical practitioner is also the treating medical practitioner*