

Protective Division – Mental Health Stream

Mental Health Act 2013

|  |  |
| --- | --- |
| Application for Review Exercise of Visiting Rights | S 192 |

|  |  |  |
| --- | --- | --- |
| **1** | **The patient** | |
| Name | |  |
| Address | |  |
|  | |  |
| Contact phone | |  |
| Email | |  |
| Date of birth | |  |
|  | |  |
| **2** | **The applicant (if not the patient)** | |
| Name | |  |
| Address | |  |
|  | |  |
| Contact phone | |  |
| Email | |  |
| Relationship to patient | |  |
|  | |  |
| **3** | **Representative/support person(s)** | |
| Name | |  |
| Address | |  |
|  | |  |
| Contact phone | |  |
| Email | |  |
| Relationship to patient | |  |

|  |  |  |
| --- | --- | --- |
| **4** | **Grounds for review** | |
| Details of the visit including: | |  |
| * the date and time of the visit | |  |
| * the location of the visit | |  |
| * the name of the visitor | |  |
| * the relationship of the visitor to the patient | |  |
| * the reason(s) provided for the refusal to allow the visit or terminate the visit | |  |

|  |
| --- |
|  |
|  |
|  |
|  |
| Please provide details of the reasons for the review: |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Signed by the patient/applicant |  |
| Print name of patient/applicant |  |
| Dated |  |

All correspondence to the Tribunal should be emailed to: [applications.mentalhealth@tascat.tas.gov.au](mailto:applications.mentalhealth@tascat.tas.gov.au)

Or addressed to:

Deputy Registrar

Protective Division – Mental Health Stream

TASCAT

GPO Box 1311

HOBART TAS 7001

Phone: 1800 657 500