

FORM MHCA 07

DEPARTMENT OF HEALTH

**NOTICE BY HEAD OF HEALTH ESTABLISHMENT ON HIS/HER DECISION
WHETHER TO PROVIDE ASSISTED- OR INVOLUNTARY INPATIENT CARE,
TREATMENT AND REHABILITATION SERVICES
[Sections 27(9), 28(1), 33(7) and 33(8) of the Act]**

Section 1

I(name of head of health establishment)
hereby:

Approve the application

Do not approve the application

to the assisted care, treatment and rehabilitation

to the in-patient involuntary care, treatment and rehabilitation

of(name of User).

Section 2

Whereas the findings of the medical practitioner and another mental health care practitioner concur that the User—

(a) should should not receive assisted care, treatment and rehabilitation services ; or

(b) must must not receive involuntary care, treatment and rehabilitation services

I am satisfied not satisfied that the restrictions and instructions on the mental health care User's right to movement, privacy and dignity are proportionate to the care, treatment and rehabilitative services contemplated.

The reasons for consenting are as follows:

.....
.....
.....

Print initials and surname:

Signature:.....(head of health establishment)

Date:Time.....

Place:

[Copy to Applicant and original to the Review Board]