



DEPARTMENT OF HEALTH  
Republic of South Africa

MHCA 09

DEPARTMENT OF HEALTH

**NOTICE BY HEAD OF HEALTH ESTABLISHMENT AFTER 72-HOUR  
ASSESSMENT PERIOD INFORMING REVIEW BOARD THAT MENTAL HEALTH CARE  
USER WARRANTS FURTHER INVOLUNTARY CARE, TREATMENT AND  
REHABILITATION ON AN OUTPATIENT BASIS**

**[Section 34(3)(b) of the Act]**

I ..... hereby inform

(name of head of health establishment)

the Review Board that .....

(name of user)

requires further involuntary care, treatment and rehabilitation on an outpatient basis.

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

Signature: *[Handwritten Signature]* .....

(head of health establishment)

Date: .....

Place: .....

[Copy to mental health care user and Review Board]