## Mental Health Act (MHA) 2016, Sections 69, 74

- An authorised mental health service (AMHS) Administrator may consent to a person in custody subject to a recommendation for assessment or Transfer Recommendation being transported to an inpatient unit of the AMHS for assessment or treatment and care as a classified patient.
- Also, an AMHS administrator may consent to a person in an AMHS subject to a Transfer Recommendation remaining in the AMHS for treatment and care as a classified patient.
- The Chief Psychiatrist may also consent to a person being transported to an inpatient unit of an AMHS for treatment and care as a classified patient.
- A Custodian Consent is also required for the transfer to take place or for the person to remain in the AMHS.

### 1. Person’s details

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Given name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential address:</td>
<td></td>
</tr>
<tr>
<td>Town / Suburb:</td>
<td>State:</td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:</td>
<td>Male</td>
</tr>
</tbody>
</table>

### 2. Name of AMHS

**TO: Chief Psychiatrist**

- [ ] I consent to the minor being transferred
- [ ] I do NOT consent to the minor being transferred

Name: [ ]

Signature: [ ]

Date: [ ]

**TO: AMHS Administrator**

### 4. Administrator consent to transport or remain in AMHS

- [ ] I consent to the person being transported to, or remaining in, the AMHS for admission as a classified patient
- [ ] I do NOT consent to the person being transported to, or remaining in, the AMHS for admission as a classified patient

#### Reasons for not consenting:

- [ ] If the reason is that a bed is not available, the Administrator must advise on the expected timeframe for a bed to be available.
- [ ] If it is not clinically appropriate for the person to wait for a bed to become available, the Administrator must outline the efforts made to contact other relevant AMHS to find a bed.

Provide reasons that you have not consented by reference to MHA 2016, section 69(3):

Name: [ ]

Signature: [ ]

Date: [ ]
**Mental Health Act 2016**

**Administrator Consent (Classified Patient)**

| URN: | Family name: | Given name(s): | Address: | Date of birth: | Sex: □ M □ F □ I |

TO: Clinician seeking consent for assessment or transfer

Custodian (not required if Administrator does not consent)

5. Chief Psychiatrist consent to transport to AMHS

- Chief Psychiatrist consent is not required if the Administrator has provided consent, unless the patient is a minor and the AMHS is a high security unit.

- □ I consent to the person being transported to, or remaining in, the AMHS for admission as a classified patient

| Name: | Signature: | Date: |

TO: AMHS Administrator

Clinician seeking consent for assessment or transfer

Custodian