



Application for Classified Patient Information

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Contact: MHA2016@health.qld.gov.au

Mental Health Act (MHA) 2016, Section 783

- A victim or person affected by an unlawful act in relation to a classified patient may apply to the Chief Psychiatrist for particular information about the patient as it relates to the *MHA 2016*.
- The applicant may nominate a person to receive classified patient information under *MHA 2016 s783* on their behalf.
- This application must be accompanied by proof of the applicant's identity and a statutory declaration that the applicant and nominee will not publish the information received.
- If you would like assistance in making this application, please contact the Queensland Health Victim Support Service on 1800 208 005 or Victim.Support@health.qld.gov.au

1. Applicant's details

- Please print using **BLOCK LETTERS**.
- Only include email details if you would like to receive communication via email.

Surname:		Given name(s):	
Residential address:			
Town / Suburb:		State:	Postcode:
Contact number:	Email address:		

2. Patient's details

Surname:	Given name(s):
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3. Eligibility of applicant

- Complete one category only.

Category A	<input type="checkbox"/> I am a victim* of an unlawful act or acts committed by the patient. <i>*Victim, of an unlawful act, means a person against whom the unlawful act was committed or allegedly committed.</i> GO TO SECTION 5
Category B	<input type="checkbox"/> I am a close relative* of a victim of the unlawful act or acts. <i>*Close relative of a victim, means:</i> <i>a. the victim's spouse; OR</i> <i>b. a child, grandchild, parent, brother, sister, grandparent, aunt or uncle of the victim or the victim's spouse.</i> Victim's full name: Relationship to victim: GO TO SECTION 5
Category C	<input type="checkbox"/> I am a person who has suffered harm as a result of the unlawful act or acts. GO TO SECTION 4

4. Reasons

- If you ticked Category C in Section 3 you **MUST** complete sections a, b and c below.

a. In what way did the patient cause you harm (harm includes physical, psychological or emotional harm)?



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b. Do you have concerns about your own safety and welfare in relation to the patient? Provide details:

c. Are you likely to come into contact with the patient and if so, how?



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5. Confidentiality

• If an Application for classified patient information is approved, the Chief Psychiatrist or anyone else performing a function under the *MHA 2016*, must NOT tell the relevant patient about the decision to approve the application or any other information that may identify the application for classified patient information.

6. Proof of identity

- This application MUST be accompanied by proof of the applicant's identity.
- Please provide certified copies only (certified by a Justice of the Peace or Commissioner for Declarations). Do not send original documents.
- Only one document is required.

Indicate which document you have attached:

Current Australian driver's licence Current passport Birth certificate Other (specify):

If you do not have any of the listed documents, contact the Queensland Health Victim Support Service on 1800 208 005.

7. Nominee's details (if applicable)

- The applicant may appoint one nominee under the Information Notice.
- Only include email address if the nominee wishes to be contacted by email.

I wish to nominate another person to receive information on my behalf

Surname:	Given name(s):
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Residential address:

Town / Suburb:	State:	Postcode:
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Contact number:	Email address:
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Relationship of applicant to nominee:

8. Document checklist

• Tick applicable box(s) and attach relevant documents.

- Attach a certified copy of proof of identity for yourself
- Attach a completed statutory declaration that you will not publish the classified patient information received under *MHA 2016 s783*
- If you have nominated another person to receive information on your behalf, attach a statutory declaration completed by the nominee that the nominee will not publish the classified patient information received under *MHA 2016 s783*

9. Applicant's signature

Name:	Signature:	Date:
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**TO: Chief Psychiatrist, Department of Health, Mental Health Alcohol and Other Drugs Branch,
PO Box 2368 Fortitude Valley BC QLD 4006, or
Email: MHA2016@health.qld.gov.au**

OFFICE USE ONLY

Verified by the Office of the Chief Psychiatrist

Signature:	Date:
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Statutory Declaration

QUEENSLAND
TO WIT

I,
of in the state of

do solemnly and sincerely declare that

as the applicant requesting classified patient information pursuant to section 783 of the Mental Health Act 2016 (Qld) I will not publish information received in contravention of section 783(5) of the Mental Health Act 2016 (Qld).

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

.....
Signature of the declarant/deponent

Taken and declared before me at

this day of

A Justice of the
Peace/Commissioner for
Declarations.

Statutory Declaration

QUEENSLAND
TO WIT

I,
of in the state of

do solemnly and sincerely declare that

as the nominee for the applicant requesting classified patient information pursuant to section 783 of the Mental Health Act 2016 (Qld) I will not publish information received in contravention of section 783(5) of the Mental Health Act 2016 (Qld).

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

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