



**Queensland
 Government**

Mental Health Act 2016
**Notice to Administrator – Person
 Not Participating in Good Faith**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Mental Health Act (MHA) 2016, Sections 98

- If a psychiatrist report is being prepared on a request, the person and any support person must participate in an examination for the psychiatrist report in good faith.
- An authorised psychiatrist who is satisfied that the person or support person is not participating in good faith must give written notice to the Administrator of the authorised mental health service (AMHS).
- The Administrator may revoke the direction for the psychiatrist report. However, before revoking the direction, the Administrator must give the person a 'show cause notice' that the Administrator intends to revoke the direction, and must consider any response made by the person.

1. Person's details

• Not required if label affixed in top right corner.

Surname:		Given name(s):	
Residential address:			
Town / Suburb:		State:	Postcode:
Date of birth:	Age: or	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex / Indeterminate <input type="checkbox"/> Not stated / unknown	

2. Details of charge(s) to be addressed in the psychiatrist report

See attached schedule of charges

3. Notice by authorised psychiatrist

A direction given by the Chief Psychiatrist on _____ (date) for a psychiatrist report in relation to the above-mentioned matters is required to be prepared by _____ (date)

I am satisfied that _____ (person subject of report / support person) is not participating in the examination in good faith.

Reasons (e.g. not attending appointments, not answering questions during an examination):

Name:	Designation:	Signature:	Date:
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TO: AMHS Administrator

DO NOT WRITE IN THIS BINDING MARGIN

V1.00 - 01/2017



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NOTICE TO ADMINISTRATOR – PERSON NOT PARTICIPATING IN GOOD FAITH

