



Application for Information Notice

Mental Health Act 2016, Sections 318, 320, Schedule 1

- A victim or person affected by an unlawful act in relation to a patient subject to a Forensic Order or Treatment Support Order (including an order revocation subject to appeal) may apply to the Chief Psychiatrist or Director of Forensic Disability for an Information Notice.
- An Information Notice provides an approved applicant with particular information about the relevant patient (of an authorised mental health service) or client (of the Forensic Disability Service) as prescribed under the *Mental Health Act 2016*.
- The applicant may nominate a person to receive information under the Information Notice 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. Visit www.publications.qld.gov.au/dataset/statutory-declaration
- Applications must be submitted via the Queensland Health Victim Support Service at Victim.Support@health.qld.gov.au. For assistance call 1800 208 005.

1. Applicant details

Please print using BLOCK LETTERS

Surname:		Given name(s):	
Residential address:			
Town / Suburb:		State:	Postcode:
Contact number:	Email address: <i>Only include email details if you consent to being contacted by email</i>		

2. Patient / client 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 in relation to the patient / client identified in section 2. <i>*Victim, of an unlawful act, means the person who the unlawful act was committed or allegedly committed against.</i> GO TO SECTION 5
Category B	<input type="checkbox"/> I am a close relative* of a victim of an unlawful act in relation to the patient / client identified in section 2. <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 direct victim: GO TO SECTION 5
Category C	<input type="checkbox"/> I am a person who has suffered harm as a result of an unlawful act in relation to the patient / client identified in section 2 and I have sufficient personal interest in receiving information about the patient / client. GO TO SECTION 4

4. Reasons for sufficient personal interest

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

a. In what way did the patient / client 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 / client? Provide details:

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



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5. Request to notify relevant patient / client about the Information Notice

The Chief Psychiatrist, Director of Forensic Disability or anyone else performing a function under the *Mental Health Act 2016* or *Forensic Disability Act 2011*, must NOT tell the relevant patient / client about the making of an Information Notice or any other information that may identify the applicant.

However, the applicant may request that the relevant patient / client be told that:

- An Information Notice has been made **without** identifying the applicant, or
- An Information Notice has been made **including** the name of the applicant.

If an applicant makes this request, the Chief Psychiatrist, Director of Forensic Disability or other appropriate person may tell the relevant patient / client of the requested information only if they are satisfied it is in the patient's / client's best interests.

- I confirm that the Information Notice is to remain confidential from the relevant patient / client. **GO TO SECTION 6**
- I request that the relevant patient / client be told that an Information Notice has been made, **without identifying me as the applicant for the Information Notice.**
- I request that the relevant patient / client be told that an Information Notice has been made, **and that they be told that I applied for the Information Notice.**

6. Proof of identity

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

Only one document is required. Indicate document provided:

- 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. Appointment of nominee

The applicant may nominate another person to receive information provided under the Information Notice on their behalf.

- I wish to receive the information **GO TO SECTION 8**
- I wish to nominate another person to receive the information on my behalf (**information will only be provided to this person**)

Surname:		Given name(s):	
Residential address:			
Town / Suburb:		State:	Postcode:
Contact number:	Email address: Only include email details if you consent to being contacted by email		
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 information received under an Information Notice
- If you have nominated another person to receive information on your behalf, attach a statutory declaration completed by the nominee that they will not publish the information received under an Information Notice

9. Applicant's signature

Name:	Signature:	Date:
TO: Chief Psychiatrist / Director of Forensic Disability C/O Queensland Health Victim Support Service Victim.Support@health.qld.gov.au PO Box 710, Ashgrove Qld 4060		For more information or assistance: Free call (business hours): 1800 208 005 www.health.qld.gov.au/qhvss

OFFICE USE ONLY

Received by the Office of the Chief Psychiatrist / Director of Forensic Disability.
Proof of identity documents sighted, and application verified as complete.

Name of receiving officer:	Date:
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Information Notice applications

In making a decision about an application for an Information Notice, the Chief Psychiatrist or Director of Forensic Disability recognise the physical, psychological and emotional harm caused to the applicant that has led them to making the application. The benefits to a victim's recovery through provision of support services and timely information about the nature of proceedings under the *Mental Health Act 2016*, are also recognised. The decision maker must also consider and uphold a patient and/or client's right to privacy and requirements to preserve the confidentiality of information about the person.

If you are applying for an Information Notice under the *Mental Health Act 2016*, a valid statutory declaration is required to be attached to your application. The statutory declaration must declare that you will not publish the information received under the Information Notice.

If you nominate another person to receive the information on your behalf, they are also required to provide a statutory declaration stating their commitment to uphold the confidentiality requirements associated with the Information Notice.

The following is suggested wording to be included on the statutory declaration.

Applicants: *"as the applicant for an information notice pursuant to section 318 of the Mental Health Act 2016 (Qld), I will not publish information received under the notice in contravention of section 326 of the Mental Health Act 2016 (Qld)."*

Nominees: *"as the applicant's nominee for an information notice pursuant to section 318 of the Mental Health Act 2016 (Qld) I will not publish information received in contravention of section 326 of the Mental Health Act 2016 (Qld)."*

Your statutory declaration must be declared in the presence of an authorised witness. A template for a statutory declaration along with information about authorised witnesses is available on the Queensland Publications portal at www.publications.qld.gov.au/dataset/statutory-declaration.

Need support?

The Queensland Health Victim Support Service is a statewide service with offices in Brisbane, Townsville and Cairns, with outreach to other areas of Queensland.

Free call (business hours): 1800 208 005
Email: victim.support@health.qld.gov.au
Fax: (07) 3858 4455
Post: PO Box 710, Ashgrove QLD 4060
www.health.qld.gov.au/qhvss

More information

Mental Health Act 2016
www.health.qld.gov.au/mental-health-act

