



Application for Information Notice

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Contact: MH2016@health.qld.gov.au

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.
- Applications must be submitted via the Queensland Health Victim Support Service at Victim.Support@health.qld.gov.au. For assistance call 1800 208 005 or 3858 4411.

1. Applicant details

Please print using BLOCK LETTERS
Only include email details if you consent to being contacted by email

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

2. Patient / client details

| | |
|----------|----------------|
| Surname: | Given name(s): |
|----------|----------------|

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 / client. <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> a. the victim's spouse, or b. a child, grandchild, parent, brother, sister, grandparent, aunt or uncle of the victim or the victim's spouse. 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/s and I have sufficient personal interest in receiving information about the relevant 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.

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

If an Information Notice is approved, 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 of the Information Notice.

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 **and** the name of the applicant for the Information Notice.

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 if it is in the patient's / client's best interests.

If 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.

Please provide certified copies only (certified by a Justice of the Peace or Commissioner for Declarations). Do not send original documents.

Indicate which document you have attached. Only one document is required.

- 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 or 3858 4411.

7. Nominee's details (if applicable)

The applicant may appoint one nominee to receive information under the Information Notice on their behalf.

Only include email details if you consent to being contacted by email

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

Surname:

Given name(s):

Residential address:

Town / Suburb:

State:

Postcode:

Contact number:

Email address:

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 the nominee 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

07 3858 4411 or free call 1800 208 005

www.health.qld.gov.au/qhvss

OFFICE USE ONLY

Received by the office of the Chief Psychiatrist or Director of Forensic Disability

Name of receiving officer:

Date:

Statutory Declaration

QUEENSLAND
TO WIT

I,
of in the state of

do solemnly and sincerely declare that

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).

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 applicant's nominee 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).

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
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