



Queensland  
Government



(Affix patient identification label here)

URN/MRN:

Family Name:

Given Names:

Address:

Date of Birth: / / Sex:  M  F  I

## Civil Interstate Transfer Notice

**Mental Health Act 2016** (Qld) and  
**Mental Health Act 2007** (NSW)

Name of Referring Facility:

Address:

Town/Suburb:

State:

Postcode:

**Patient Status:**

- Patient is on a Queensland Treatment Authority (inpatient category) under the *Mental Health Act 2016* (Qld).
- Patient is an involuntary patient under the *Mental Health Act 2007* (NSW)

**To be transferred to:** (name and address of proposed Receiving Facility)

Name of proposed Receiving Facility (Authorised Mental Health Service (Qld) or Declared Mental Health Facility (NSW)):

Address:

Town/Suburb:

State:

Postcode:

**Reasons for proposed transfer:** (See notes)

Extra details attached  Yes  No

Reasons for the proposed transfer (e.g. enabling the person to be closer to their family, carers or other support persons):

Is the proposed transfer considered to be in the best interests of the person?  Yes  No

**Treatment requirements and Risk Summary:** (See notes)

Extra details attached  Yes  No

Details of psychiatric history, current mental state, Risk Summary (including date of last assessment) and any pending legal matters:

Is the person likely to be made subject to an involuntary order in the other State  Yes  No

**Treatment and care available for person in the proposed Receiving Facility:** (See notes)

Extra details attached  Yes  No

Details of treatment and care available for the person in the proposed Receiving Facility:

Is appropriate treatment and care available for the person in the proposed Receiving Facility?  Yes  No

**Proposed transfer date and transport arrangements:** (see notes)

Extra details attached  Yes  No

Proposed date of transfer: / /

Proposed transfer arrangements:

Receiving Facility contact name:

Designation:

Phone number:

**Referring Facility request:** (To be completed by Administrator, Authorised Mental Health Service (Qld); or Medical Superintendent, NSW Facility)

Name:

Designation:

Phone No:

Fax No:

Email:

Signature:

Print name:

Date of request: / /

**Receiving Facility approval:** (To be completed by Administrator, Authorised Mental Health Service (Qld); or Medical Superintendent, NSW Facility)

Name:

Designation:

Phone No:

Fax No:

Email:

Signature:

Print name:

Date of request: / /

**Transfer:** (Date and any additional details of arrangements)

Date of transfer: / /

Extra details attached  Yes  No

DO NOT WRITE IN THIS BINDING MARGIN

Version1 – NOVEMBER 2018

All clinical form creation and amendments must be conducted through Health Information Services

CIVIL INTERSTATE TRANSFER NOTICE

**Send this form to:**

- Original** to the Administrator (Qld) or Medical Superintendent (NSW) of the relevant Referring Facility
- Copy** with any other information (including medical records) necessary for the continued care and treatment of the Patient to the Administrator (Qld) or Medical Superintendent (NSW) of the relevant Receiving Facility
- Copy** to Queensland Mental Health Review Tribunal for Patient transferring out of Queensland

**NOTES**

The terms used in this form are defined in clause 1.1 of the Agreement

The planned transfer of Involuntary Patients between Queensland and NSW is governed by s354 and s355 of the *Queensland Act* and s176 and s179 of the NSW Act and by Part 7 of the Memorandum of Agreement On Planned Interstate Transfers and the Apprehension and Return of Interstate Persons between the two States. The Ministerial Agreement can be accessed at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/agreements> or <http://www.health.nsw.gov.au/legislation/Pages/agreements.aspx>

The planned interstate transfer of a Patient can only occur with the prior approval of the proposed Receiving Facility. This form notifies the proposed Receiving Facility and seeks the approval of the relevant Interstate Authority to the proposed transfer. The approval must be in writing, endorsed on this request. When signed by both parties, this form authorises the Patient's transfer to the Receiving State.

**TRANSFERS FROM QUEENSLAND TO NSW**

The planned transfer of a Patient from Queensland to NSW under s354 of the Queensland Act and s179 of the NSW Act must be approved by the Administrator of the Queensland Referring Facility and the Medical Superintendent of the NSW Receiving Facility and be in the form of an **Interstate Transfer Notice**.

The Administrator of the Referring Facility may approve the transfer if satisfied that:

- (a) ...the transfer is in the best interests of the person, including, for example, enabling the person to be closer to the person's family, carers or other support persons;
- (b) ...appropriate treatment and care is available for the person at the Receiving Facility.

The Medical Superintendent of the Receiving Facility may not accept the transfer of a person unless the Medical Superintendent considers that it is likely that the person is a mentally ill person or a mentally disordered person

The **Interstate Transfer Notice** must accompany the Patient at the time of the transfer. The Patient will cease to be subject to the Queensland Treatment Authority once they have left Queensland.

From the time of the Patient's arrival at the NSW Facility, the Patient will be dealt with as if they are an Involuntary Patient under the NSW Act.

**TRANSFER FROM NSW TO QUEENSLAND**

The planned transfer of a Patient from NSW to Queensland under s176 of the NSW Act and s355 of the Queensland Act must be approved by the Medical Superintendent of the NSW Referring Facility and the Administrator of the Queensland Receiving Facility and be in the form of an **Interstate Transfer Notice**.

The Administrator of the proposed Receiving Facility may approve the transfer if satisfied that:

- (a) ...the transfer is in the best interests of the person, including, for example, enabling the person to be closer to the person's family, carers or other support persons;
- (b) ...appropriate treatment and care is available for the person at the proposed Receiving Facility; and
- (c) ...an Authorised Doctor is likely to consider, on the person's admission to the Authorised Mental Health Service, that:
  - (i) ..... the Treatment Criteria apply to the person; and
  - (ii) .... there is no Less Restrictive Way for the person to receive treatment and care for the person's mental illness.

The **Interstate Transfer Notice** must accompany the Patient at the time of the transfer. The patient will cease to be a Patient under the NSW Act once they have been admitted as a Patient of the Authorised Mental Health Service.

Under s 355 of the Queensland Act, on arrival at the Queensland Authorised Mental Health Service, the person must be assessed by an Authorised Doctor to decide whether to make a Treatment Authority for the person. The person may be detained for assessment for a period of not more than 6 hours starting when the person arrives at the Authorised Mental Health Service

**PERSONS AUTHORISED TO TAKE A PERSON TO A QUEENSLAND AUTHORISED MENTAL HEALTH SERVICE OR NSW FACILITY**

The persons who may take an Interstate Person to an Authorised Mental Health Service, or NSW Facility are:

- (a) ....a person authorised under section 359 of the Queensland Act being:
  - (i) ..... the Administrator of an Authorised Mental Health Service;
  - (ii) .... a Queensland Ambulance Officer;
  - (iii) ... a Queensland Health Practitioner;
  - (iv) ... a Queensland Police Officer;
  - (v) .... a person appointed by the Administrator of an Authorised Mental Health Service as an Authorised Person.
- (b) ....a person prescribed under the NSW Regulations in accordance with section 179(2) of the NSW Act, being:
  - (i) ..... the Medical superintendent of a NSW Facility or any other person authorised to do so by the Medical Superintendent;
  - (ii) .... a NSW Police Officer.

The authority set out in Chapter 11, Part 6, Division 5 of the Queensland Act and set out in section 81 of the NSW Act in relation to transport powers, including the powers to detain the person, administer medication to the person and to enter premises, apply to the planned transfer of Involuntary Patients between Queensland and NSW.

DO NOT WRITE IN THIS BINDING MARGIN