



Health

SURNAME

MRN

OTHER NAMES

MALE FEMALE

Facility:

D.O.B. ____ / ____ / ____

M.O.

ADDRESS

NOTICE TO DESIGNATED CARER OR PRINCIPAL CARE PROVIDER OF CHANGES TO OR DECISION TO REVOKE COMMUNITY TREATMENT ORDER

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

MENTAL HEALTH ACT 2007

SECTION 66A

Dear ,
(name of designated carer/principal care provider)

Address

Notification of changes to or decision to revoke Community Treatment Order

In accordance with the Mental Health Act,
(name of Director)

Director of Community Treatment of
(name of mental health facility)

am hereby notifying you, as a designated carer or the principal care provider of

..... that the following action has been taken with regard to their
(name of affected person)

Community Treatment Order:

(tick one)

It has been varied by the Tribunal;

It has been revoked;

An application has been made to the Mental Health Review Tribunal for a further order;

No application for a further order will be made to the Mental Health Review Tribunal and the current order will expire on/...../.....
(date)

If you wish to discuss this matter further please contact
(name)

on
(telephone number)

Yours faithfully

Signature Date / /



SMR025116

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

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SMR025.116