

**CHIEF PSYCHIATRIST DETERMINATION**

**Pursuant to subsection 3(3) of the *Mental Health Act 2009***

**LODGEMENT AND FORMAT OF FORMS**

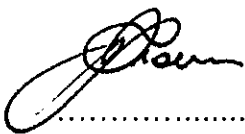
Subsection 3(3) of the *Mental Health Act 2009* (the Act) provides that a form that has been approved by the Chief Psychiatrist of South Australia must be lodged in the manner and form required by the Chief Psychiatrist.

I, Dr Aaron Groves, Chief Psychiatrist, hereby

- A. Determine that where forms are required to be lodged with the Chief Psychiatrist, the following methods for lodgement may be used:
  - 1. Facsimile machine,
  - 2. Email, and
  - 3. Completion and saving of an electronic form within the Enterprise Patient Administration System.
  
- B. Determine that copies of original forms made in the following formats are valid:
  - 1. Digital scan,
  - 2. Facsimile,
  - 3. Photocopy,
  - 4. Photograph, and
  - 5. Printed.
  
- C. Determine that the first page only of certain forms will constitute a valid form, as listed and described in the attached Schedule.

This determination will commence from 5 June 2017.

The Chief Psychiatrist may vary or revoke this determination at any time.



.....  
**DR AARON GROVES**  
Chief Psychiatrist

Dated the 1<sup>st</sup> day of June ..... 2017

**SCHEDULE – PAGES REQUIRED FOR FORM TO BE VALID**

<b>Column 1 FORM NUMBER</b>	<b>Column 2 FORM TITLE</b>	<b>Column 3 PAGES REQUIRED</b>
MRMHA-A	Community Treatment Order Level 1	Page 1 * <sup>1</sup>
MRMHA-B	Inpatient Treatment Order Level 1	Page 1 * <sup>1</sup>
MRMHA-C	Confirmation or Revocation of a Treatment Order	Page 1
MRMHA-D	Inpatient Treatment Order Level 2	Page 1
MRMHA-F	Leave of Absence	Page 1 * <sup>2</sup>
MRMHA-I	Patient Transport Request	Page 1
MRMHA-J	Patient Assistance Request	Page 1
MRMHA-K	Involuntary Inpatient Transfer	Page 1
MRMHA-L	Consent to Electro-Convulsive Therapy	Page 1
MRMHA-M	Emergency ECT without Consent	Page 1
MRMHA-N	Application for Neurosurgery for Mental Illness	Page 1 and 2
MRMHA-S	Treatment in South Australian under an Interstate Order	Page 1
MRMHA-T	Interstate Transfer Request	Page 1 and 2

\*<sup>1</sup> Page 2 is required for interstate matters only.

\*<sup>2</sup> Page 2 is required for cancellation of a Leave of Absence only.