

**CONSENT FOR SOLICITOR  
TO VIEW RECORDS FOR A REVIEW  
OF A TREATMENT ORDER  
  
(MRMHA-P)**

**1a.** Affix patient identification label in this box  
 Hospital: .....  
 UR No: .....  
 Surname: .....  
 Given Name: .....  
 Second Given Name: .....  
 D.O.B: ..... Sex: .....

*Mental Health Act 2009 – Section 90  
 Chief Psychiatrist Standard – Patient and Solicitor Access to Patient Records  
 Government of South Australia – Information Sharing Guidelines (ISG)*

**1b. PERSON ADDRESS DETAILS** (if not on or different from patient label above)

Address: .....  
 Suburb/town: ..... Postcode: \_\_\_\_\_

**2. CONSENT FOR SOLICITOR ACCESS**

I give permission for ..... (solicitor's name) of  
 ..... (solicitor's firm) to view my / the person's records for  
 the purpose of preparing for a proceeding relating to the Treatment Order as is consistent with the Patient and Solicitor  
 Access to Patient Records Standard issued by the Chief Psychiatrist under s90 of the *Mental Health Act 2009*.

Full Name (Please print):	Self <input type="checkbox"/> Substitute Decision Maker (Medical Agent) <input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/>
Signature:	___ / ___ / 20 ___ at ___ : ___ (24-hour clock)

**3. CLINICIAN FACILITATING INFORMATION SHARING**

Full Name (Please print):	Designation: (Please print):
Signature:	___ / ___ / 20 ___ at ___ : ___ (24-hour clock)
Health service/agency (Please print):	

**4. HEALTH SERVICE / AGENCY OBLIGATIONS**

The patient or other person giving consent must be given a copy of this form as soon as practicable.  
 The nominated solicitor must be given a copy of this form as soon as practicable.  
 The reasons for the making of this consent and the provision of copies must be noted in the person's medical records  
 and/or casenotes, whether electronic or paper-based.

CONSENT FOR SOLICITOR TO VIEW

MRMHA-P