

INTERSTATE TRANSFER REQUEST (MRMHA-T)

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 70 and 71

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

Address:

Suburb/town: Postcode: ____ _

2. INTERSTATE TRANSFER REQUEST – FROM SOUTH AUSTRALIA

I hereby request approval for the transfer of the above named person subject to a South Australian inpatient treatment order to an interstate treatment centre:

South Australian health service/agency:

to

Interstate health service/agency:

State or Territory:

Documents required for this request:

- Copy of person and/or family consent to the transfer.
- Copy of approval from the interstate treatment centre for the transfer.

Section 63 – This power may only be used if it's in the best interests of the patient.
 Section 70(1) – This power may be used for a person subject to a South Australian inpatient treatment order who is an involuntary inpatient or who is absent without leave.
 Section 70(6) – A patient cannot be transferred to an interstate treatment centre until the period allowed for an appeal (14 days) has lapsed or, if appeal proceedings have commenced, until the appeal is finalised or lapses.
 Section 70(7) – The appeal period can be waived if the patient consents to the transfer or, if the patient lacks decision making capacity, if the guardian, substitute decision maker, relative, carer or friend consents to the transfer.

OR

3. INTERSTATE TRANSFER REQUEST – TO SOUTH AUSTRALIA

I hereby request approval for the transfer of the above named person subject to an interstate inpatient treatment order to South Australia:

Interstate health service/agency:

State or Territory:

to

South Australian health service/agency:

Documents required for this request:

- Copy of person and/or family consent (if required by interstate law).
- Copy of interstate inpatient treatment order.
- Copy of interstate clinical and/or discharge documents.

Section 63 – This power may only be used if it's in the best interests of the patient.
 Section 71(1) – This power may be used for a person subject to an interstate inpatient treatment order who is an involuntary inpatient or who is absent without leave.
 Section 71(3) – On admission to a South Australian treatment centre under this section a level 1 inpatient treatment order is deemed to be in place from the time of admission. Please complete a MRMHA-B level 1 inpatient treatment order form.

**INTERSTATE TRANSFER REQUEST
MRMHA-T**

Office of the Chief Psychiatrist	Inquiries: (08) 8226 1091	Act Forms Fax: (08) 8115 5551
Internet: www.chiefpsychiatrist.sa.gov.au	Act Forms Email: HealthOCPMHLO@sa.gov.au	

SA Health

Created
May
2017

Sensitive: Medical (*When completed*) - I2 - A2
 Please turn over—continued over the page
 Please use black ballpoint pen when completing this form

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Given Name:

Second Given Name:

D.O.B: Sex:

4. PERSON or SUBSTITUTE DECISION MAKER CONSENT TO TRANSFER

I consent to the transfer as described on the previous page.

Full Name (Please print):

Self Guardian
Parent Substitute Decision Maker (Medical Agent)

Signature:

___/___/20___ at ___:___ (24-hour clock)

5. DIRECTOR OF TREATMENT CENTRE MAKING TRANSFER REQUEST

I hereby request the transfer of the above named person as described on the previous page.

Full Name (Please print):

Director of Treatment Centre

Signature:

___/___/20___ at ___:___ (24-hour clock)

Health service/agency (Please print):

6. CHIEF PSYCHIATRIST APPROVAL

I hereby authorise the transfer of the above named person as described on the previous page.

Full Name (Please print):

Chief Psychiatrist

Signature:

___/___/20___ at ___:___ (24-hour clock)

7. HEALTH SERVICE / AGENCY OBLIGATIONS

The person must be given a copy of this form as soon as practicable.

The guardian, substitute decision maker (medical agent), relative, carer or friend of a patient must be given a copy of this form (if appropriate) as soon as practicable.

The Chief Psychiatrist must be notified when the transfer is carried out.

SACAT must be notified when a patient subject to a South Australian level 3 inpatient treatment order is transferred interstate.

The reasons for the making of this transfer request, the provision of copies and the making of notifications must be noted in the person's medical records and/or casenotes, whether electronic or paper-based.