



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)

**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)

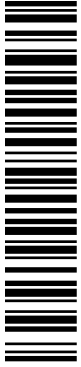
- It has been varied by the Tribunal;
- It has been revoked;
- An application has been made to the Mental Health Review Tribunal for a further order;
- No application for a further order will be made to the Mental Health Review Tribunal and the current order will expire on ...../...../.....  
(date)

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

NH700096A 130815

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

SMR025.116