

NSW DEPARTMENT OF HEALTH

Sections 78 and 103

Dear

Notification to Primary Carer in respect of proposed Special Medical Treatment

It is my opinion as an authorised medical officer of
[name of mental health facility]

that it is necessary to prevent serious damage to the health of
[patient's full name]

who is involuntarily detained in the mental health facility in accordance with the *Mental Health Act 2007*, to undergo special medical treatment for

.....
[lay description of condition]

This treatment or treatment is called
[medical name of treatment, procedure, operation or examination]

In the Mental Health Act 2007, "special medical treatment" means –

- “(a) any treatment, procedure, operation or examination that is intended, or is reasonably likely, to have the effect or rendering permanently infertile the person on whom it is carried out, or
- (b) any other kind of treatment declared by the regulations to be special medical treatment for the purposes of this Part.”

An application will be made to the Mental Health Review Tribunal for consent to the treatment. The Tribunal will hold a hearing to consider the application and you may attend if you wish.

I would be grateful if you would indicate on the enclosed form whether or not you agree to the proposed special medical treatment.

If you wish to discuss this matter further please contact
[name]

on
[telephone]

Yours faithfully

.....
[authorised medical officer]

..... 20 .
(date)

NSW DEPARTMENT OF HEALTH

Sections 78 and 103

Decision of Primary Carer in respect of proposed special medical treatment

I am the primary carer for
(patient's full name)

who is a patient in
(name of mental health facility)

I have been advised that it is the opinion of an authorised medical officer that it is desirable and in the best interests of the patient for him/her to have the special medical treatment called
(medical name of procedure)

The proposed special medical treatment has been explained to me. I have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

- I agree to the proposed special medical treatment
- I do not agree to the proposed special medical treatment

(tick one box only)

Signature

Name

Date 20

Please return as soon as possible to
(name)

.....
(mental health facility)

.....
(address)