

NSW DEPARTMENT OF HEALTH

**MENTAL HEALTH ACT 2007**  
Sections 78 and 100

Dear

**Notification to primary carer of proposed surgical operation**

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

that it is desirable and in the best interests of  
.....

[patient's full name]  
who is involuntarily detained in the mental health facility in accordance with the *Mental Health Act 2007*, to undergo a surgical operation

for .....  
[lay description of condition]

This operation or treatment is called  
.....  
[medical name]

To perform the surgery, I am required by law to obtain the patient's consent. However, the patient is:

incapable of giving that consent

capable of giving that consent but has refused to do so

capable of giving that consent but has neither refused nor consented.

**(Tick one box only)**

In such cases I am required by law to notify you in writing that it is my intention to obtain consent on the patient's behalf either from an appropriately delegated officer of the NSW Department of Health or from the Mental Health Review Tribunal.

If you agree to the proposed surgery, the consent will be sought from the Department. If you do not agree, the consent will be sought from the Mental Health Review Tribunal. In this latter case the Tribunal will hold a hearing into the application and you are able to attend if you wish. In either case, would you please complete and return the enclosed form.

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 100 and 101

**Decision of Primary Carer in respect of proposed Surgical Operation**

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 operation called

.....  
(medical name of procedure)

The procedure 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 operation

I do not agree to the proposed operation

**(tick one box only)**

Signature .....

Name .....

Date ..... 20 ....

Please return as soon as possible to .....  
(name)

.....  
(mental health facility)

.....  
(address)