

**ACT Health**

Mental Health, Justice Health, Alcohol and  
Drug Services (MHJHADS)

**RELEASE FROM INVOLUNTARY  
DETENTION**

Complete details or affix label

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

*Mental Health Act 2015*

When a person is released from detention, this form must be completed by the Chief Psychiatrist or delegate, or the doctor who performed the psychiatric and physical examination upon the person.

Name of person examined: \_\_\_\_\_

Time of detention: \_\_\_\_\_ (24hrs)      Date of detention: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of release: \_\_\_\_\_ (24hrs)      Date of release: \_\_\_\_/\_\_\_\_/\_\_\_\_

Indicate grounds for release, pursuant to section 86:

- The person does not have a mental disorder or mental illness; and / or
- The person does not require immediate treatment, care or support; and / or
- The person has accepted treatment or care; and / or
- Detention is not necessary for the person's own health or safety or for the protection of members of the public; and / or
- Adequate treatment, care or support can be provided in a less restrictive environment

**Signature of Chief Psychiatrist or delegate, or the doctor authorising release:**

\_\_\_\_\_

Print name \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Department / Unit / Ward:** \_\_\_\_\_

**Please give the original of this form to the Tribunal Liaison Officer (TLO) and fax to 6244 4558  
The TLO will notify the ACT Civil and Administrative Tribunal and the Public Advocate of the  
ACT of the release from involuntary detention.**



DO NOT WRITE IN THIS BINDING MARGIN

RELEASE FROM INVOLUNTARY DETENTION

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