MINISTRY OF HEALTH
MANATU HAUORA

Mental Health (Compulsory Assessment and Treatment) Act 1992 ***Section 31***

Leave of absence for inpatient

To:

Name of patient

Patient's date of birth

Date of birth

You are granted leave of absence from hospital at:

Name & address of institution or service or other place where patient being treated

for a period of:

Number of days/weeks/months leave granted

Commencing on:

Date leave to commence

When your leave expires you must return to the hospital shown above on:

Date patient to return to hospital

Your leave is subject to the following terms and conditions:

Any terms and conditions as determined by responsible clinician

Your period of leave can be extended for a further period by the responsible clinician subject to the provisions in section 31(3) of the Act.

The responsible clinician can cancel your leave by writing to the person who has undertaken to care for you during your leave or to you if there is no such person.

This leave was approved by:

Name of responsible clinician

of:

Business address and telephone number of responsible clinician

/ /

Signature of responsible clinician *Date*

- A copy of this notice has been sent to the Director of Area Mental Health Services