**Substance Addiction (Compulsory Assessment and Treatment) Act 2017**

**Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017

**Designation of Approved Providers**(Section 92)

 (1) The Director may designate a person as an approved provider.

 (2) Before the Director designates a person under this section, the Director must be satisfied that the person—

 (a) is certified, under the Health and Disability Services (Safety) Act 2001, to provide residential disability care; and

 (b) has the capacity and resources to detain and treat patients in accordance with this Act in places that are suitable for that detention and

 treatment; and

 (c) has systems in place for ensuring compliance with the requirements of this Act.

 (3) A designation under this section may be subject to any conditions that the Director considers necessary or desirable for the purposes of this

 Act.

 (4) A designation of a person under this section may be suspended or revoked for any of the following grounds proved to the satisfaction of the

 Director:

 (a) 1 or more requirements of this Act have been seriously breached in a treatment centre operated by the person:

 (b) 1 or more conditions of the designation have been seriously breached.

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| To: The Director of Addiction Services, Ministry of Health |
| **Approved Provider details** |
| Provider |  | Treatment Centre/Facility/Ward/Unit (as applicable) |
|       |  |       |
| Address |  | Postcode |
|       |  |   |   |   |   |
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Please provide evidence of

[ ]  certification under the Health and Disability Services (Safety) Act 2001, to provide residential disability care; and

[ ]  the capacity and resources to detain and treat patients in accordance with this Act in places that are suitable for that detention and treatment

[ ]  systems that are in place for ensuring compliance with the requirements of this Act.

The following information (provided as appendices) will assist in evidence of the above:

[ ]  a copy of the Health and Disability Services (Safety) Act 2001 certificate

[ ]  a copy of the model of care within which treatment is provided

[ ]  staffing diagram and information about the experience of staff in providing appropriate care for people with severe substance addiction (as defined in the Act)

[ ]  information about relationships with a range of care providers in the community

[ ]  workforce development plan

Please note below any conditions necessary or desirable that this designation is subject to, as discussed with the Director

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| **Contact details and signature of the Area Director**  |
| Last name |  | First name |
|       |  |       |
| Email address |  | Contact phone number |
|       |  |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |   |   |   |   |   |   |   |   |
| Signature of Area Director |  | Date |