

Implementation of measures to withhold correspondence

Instructions

The following form is to be used:

where the patient's RMO has withheld a patient's correspondence under sections 281-283 of the Act.



Note: this notification does not apply to email correspondence

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in
BLOCK CAPITALS
and in **BLACK** or **BLUE** ink

For example

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Shade circles like this -> 
Not like this ->  

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number

Surname

First Name (s)

Other / Known As

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

DoB / /

Gender

- Male Female Prefers not to say Not listed

If not listed, please specify

I confirm that the patient is detained under the care of:

Hospital

Ward / Clinic

Withheld Correspondence Details

The hospital managers made the decision to withhold correspondence to/from the patient on:

Date / /

The nature of the postal packet or contents withheld is / are:

1



Withheld Correspondence Details (cont)

Shade as appropriate

- The postal packet is addressed to any person, and it was the opinion of the hospital managers that the postal packet would be likely to cause distress, or to cause danger to that person, OR
- The postal packet is addressed to a specified person and it is considered necessary to withhold it in the interests of the health and safety of the specified person, or for the protection of any other person.

The reason(s) for withholding the postal packet, or contents, is / are:

2	
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Notification / Completion

- The patient has been notified that correspondence has been withheld
- (where appropriate) the sender has been notified that correspondence has been withheld

A copy of this form will be sent to the Mental Welfare Commission

Completed by:

Surname	<input style="width: 100%;" type="text"/>
First Name	<input style="width: 100%;" type="text"/>
Job Title	<input style="width: 90%;" type="text"/>
Signed	<input style="width: 90%;" type="text"/>
Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

