



Application for Classified Patient Information

Mental Health Act 2016, Section 783

- A victim or person affected by an unlawful act in relation to a classified patient may apply to the Chief Psychiatrist for particular information about the patient as prescribed under the *Mental Health Act 2016*.
- The applicant may nominate a person to receive the classified patient information on their behalf.
- This application must be accompanied by proof of the applicant's identity and a statutory declaration that the applicant (and nominee if applicable) will not publish the information received. Visit www.publications.qld.gov.au/dataset/statutory-declaration
- Applications must be submitted via the Queensland Health Victim Support Service at Victim.Support@health.qld.gov.au. For assistance call 1800 208 005.

1. Applicant's details

Please print using BLOCK LETTERS.

| | | | |
|----------------------|--|--------|-----------|
| Surname: | Given name(s): | | |
| Residential address: | | | |
| Town / Suburb: | | State: | Postcode: |
| Contact number: | Email address: <i>Only include email details if you consent to being contacted by email</i> | | |

2. Patient's details

| | |
|----------|----------------|
| Surname: | Given name(s): |
|----------|----------------|

3. Eligibility of applicant

Complete one category only.

| | |
|-------------------|--|
| Category A | <input type="checkbox"/> I am a victim* of an unlawful act in relation to the patient identified in section 2. <i>*Victim, of an unlawful act, means the person who the unlawful act was committed or allegedly committed against.</i> GO TO SECTION 5 |
| Category B | <input type="checkbox"/> I am a close relative* of a victim of an unlawful act in relation to the patient identified in section 2. <i>*Close relative of a victim, means:</i> <i>a. the victim's spouse, or</i> <i>b. a child, grandchild, parent, brother, sister, grandparent, aunt or uncle of the victim or the victim's spouse.</i> Victim's full name: _____ Relationship to direct victim: _____ GO TO SECTION 5 |
| Category C | <input type="checkbox"/> I am a person who has suffered harm as a result of an unlawful act in relation to the patient identified in section 2. GO TO SECTION 4 |

4. Reason for application

If you ticked Category C in Section 3 you MUST complete sections a, b and c below.

a. In what way did the patient cause you harm? Harm includes physical, psychological or emotional harm.



Application for Classified Patient Information

b. Do you have concerns about your own safety and welfare in relation to the patient? Provide details:

c. Are you likely to come into contact with the patient and if so, how?



Application for Classified Patient Information

5. Confidentiality

The Chief Psychiatrist or anyone else performing a function under the *Mental Health Act 2016* must NOT tell the relevant patient about the decision to approve the application or any other information that may identify the applicant.

6. Proof of identity

This application MUST be accompanied by proof of the applicant's identity. Do not send original documents. Please provide certified copies only (certified by a Justice of the Peace or Commissioner for Declarations).

Only one document is required. Indicate document provided:

☐ Current Australian driver's licence ☐ Current passport ☐ Birth certificate ☐ Other (specify):

If you do not have any of the listed documents, contact the Queensland Health Victim Support Service on 1800 208 005.

7. Appointment of nominee

The applicant may nominate another person to receive information provided on their behalf.

☐ I wish to receive the information **GO TO SECTION 8**

☐ I wish to nominate another person to receive the information on my behalf (information will only be provided to this person)

Surname:

Given name(s):

Residential address:

Town / Suburb:

State:

Postcode:

Contact number:

Email address:

Only include email details if you consent to being contacted by email

Relationship of applicant to nominee:

8. Document checklist

Tick (✓) applicable box(s) and attach relevant documents.

- ☐ Attach a certified copy of proof of identity for yourself
- ☐ Attach a completed statutory declaration that you will not publish the classified patient information received under *MHA 2016 s783*
- ☐ If you have nominated another person to receive information on your behalf, attach a statutory declaration completed by the nominee that they will not publish the classified patient information received under *MHA 2016 s783*

9. Applicant's signature

Name:

Signature:

Date:

TO: Chief Psychiatrist
C/O Queensland Health Victim Support Service
Victim.Support@health.qld.gov.au
PO Box 710, Ashgrove Qld 4060

For more information or assistance:
Free call (business hours): 1800 208 005
www.health.qld.gov.au/qhvss

OFFICE USE ONLY

Received by the Office of the Chief Psychiatrist.
Proof of identity documents sighted, and application verified as complete.

Name of receiving officer:

Date:

Applications for Classified Patient Information

In making a decision about an application for Classified Patient Information, the Chief Psychiatrist recognises the physical, psychological and emotional harm caused to the applicant that has led them to making the application. The benefits to a victim's recovery through provision of support services and timely information about the patient's treatment as a classified patient under the *Mental Health Act 2016* are also recognised. The Chief Psychiatrist must also consider and uphold a patient's right to privacy and requirements to preserve confidentiality of information about the patient.

If you are making an application for Classified Patient Information under the *Mental Health Act 2016*, a valid statutory declaration is required to be attached to your application. The statutory declaration must declare that you will not publish the information provided.

If you nominate another person to receive the information on your behalf, they are also required to provide a statutory declaration stating their commitment to uphold the confidentiality requirements associated with receiving information about a Classified Patient.

The following is suggested wording to be included on the statutory declaration.

Applicants: *"as the applicant requesting classified patient information pursuant to section 783 of the Mental Health Act 2016 (Qld) I will not publish information received in contravention of section 783(5) of the Mental Health Act 2016 (Qld)."*

Nominees: *"as the applicant's nominee to receive classified patient information pursuant to section 783 of the Mental Health Act 2016 (Qld) I will not publish information received in contravention of section 783(5) of the Mental Health Act 2016 (Qld)."*

Your statutory declaration must be declared in the presence of an authorised witness. A template for a statutory declaration along with information about authorised witnesses is available on the Queensland Publications portal at www.publications.qld.gov.au/dataset/statutory-declaration.

Need support?

The Queensland Health Victim Support Service is a statewide service with offices in Brisbane, Townsville and Cairns, with outreach to other areas of Queensland.

Free call (business hours): 1800 208 005
Email: victim.support@health.qld.gov.au
Fax: (07) 3858 4455
Post: PO Box 710, Ashgrove QLD 4060
www.health.qld.gov.au/qhvss

More information

Mental Health Act 2016
www.health.qld.gov.au/mental-health-act

