

## Notice of Appeal against Chief Psychiatrist's Decision to refuse to amend nominee for Information Notice

Mental Health Act 2016 Queensland Sections 321, 532, 533 Form-13-v1

- A patient who is dissatisfied with the decision of the Chief Psychiatrist to refuse to amend the nominee for an Information Notice may appeal the decision to the Mental Health Review Tribunal (**Tribunal**).
- The notice of appeal must be given to the Tribunal within 28 days after the person making the appeal (Appellant) receives notice of the Chief Psychiatrist's decision.
- The Tribunal may, at any time, extend the time for giving the notice of appeal.

Appenant's details			
Given name/s	Family name		
Address	,		
Town / Suburb	State	Postcode	
Phone No.			
Notice			
I am dissatisfied with the decision of the Chief Psy	chiatrist to refuse to am	end the nominee for an Informati	on Notice.
Name of Authorised Mental Health Service:			
Date of Chief Psychiatrist's decision:			
Date the decision was received:			
I am appealing to the Tribunal against this decision appealing			
additional space provided over page			
Signature	Date /	/	
	<u> </u>		

Thank you for completing this Notice of Appeal. Please return it to the Tribunal by one of the following methods:

Post to: MHRT, PO Box 15818, City East, Brisbane, QLD, 4002

Fax to: (07) 3234 1540

Email to: enquiry@mhrt.qld.gov.au

Additional space Reasons continued	
To be complete	ed if a stay is granted
Stay of decision	
	ated [insert date] to refuse to amend the nominee for an Information
The stay is to be operative until the appeal is decided, withdra	awn or until / / , whichever is sooner.
Conditions for this stay include:	
I may revoke or amend this decision.	
Presiding member's signature	Print Name
	Date / /
To: Appellant Chief Psychiatrist	

Office Level 16, 53 Albert St Brisbane 4000 Postal PO Box 15818 Brisbane City East

**Phone** 07 3235 9059

**Fax** 07 3234 1540

Free Call 1800 00 6478