Implementation of measures to withhold correspondence

RES	6
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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		F	For	exa	mpl	е										Sh	ade	circ	cles	lik	e th	is ->	,			/	
BLOCK CAPITALS and in BLACK or BLUE ink																			Not	t lik	e th	nis ->	•	×	Q	7	
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																						\exists					
First Name (s)																			Ī			Ī					
Other / Known As																				T							
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Title	Gender O Male																										
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I confirm that the patient	is de	etair	ned	unc	der t	:he	care	e of:	:																		
Hospital																		Γ	Τ	Т		П					
Ward / Clinic							$\overline{\Box}$												T	Ť		寸					
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Withheld Corresponded	nce	De	tails	S																							
The hospital managers m withhold correspondence							1:					Dat	е]/	_			/						
The nature of the postal p	ack	cet c	or co	onte	nts	with	hhel	ld is	/ a	re:																	



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Shade as appropriate

- O 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 personand 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:									
Notification / Completion									
O The patient has been notified that correspondence has been withheld O (where appropriate) the sender has been notified that correspondence has been withheld									

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

Completed by:

Surname														
First Name														$\overline{\ \ }$
Job Title			•		•		•	•		•	•	•	•	
Signed														
Date	/ [/ [ı					



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