# *Mental Health and Related Services Act 1998*

# Section 18

# Form 65

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| In the interest of patient, staff and visitor safety there may be times when it is necessary to conduct a personal search of a patient, search a patient's belongings and or a patient’s bedroom. Where items have been seized following a search, they area to be documented in this form. Refer to **Approved Procedure 31 – Personal Search and Seizure** for further information. |

|  | ***Complete person details or affix patient label in box below:*** |
| --- | --- |
| **Full name of person:** |  |       |  |
| **Also known as** |  |       |  |
| **Date of birth:** |  |    / /   |  |
| **HRN:** |  |       |  |
| **Sex:** |  | [ ]  Male [ ]  Female [ ]  Non-binary [ ]  Not specified |  |
| **Approved treatment facility:** |       |
| Details of items seized |
| **Description of the items:**      |
| Return, disposal or destruction of items |
| *Select the most appropriate outcome of the items* | **Date occurred:** | **Time:** |
| [ ]  The items were returned to the person |    / /    |       |
| [ ]  The items were returned to the person’s personal support person |    / /    |       |
| Name of the person (if available) that received the items:       |
| [ ]  The items were destroyed or otherwise disposed of\* |    / /    |       |
| \*NB Must a minimum of 6 months after the release, discharge or departure of the patient from the approved treatment facility |
| **If destroyed or disposed of, please detail the manner of destruction or disposal:**      |
|  |  |  |
| **If the items were not returned to the person, please outline the reasons why. Additionally, if the items were also not returned to a personal support person, please outline the reasons for this:**      |
|  |  |  |
| **Any other relevant information for items dealt with in other ways under other laws** *(e.g. if article was prohibited drug and weapon and was dealt with under relevant laws)***:**       |
|  |  |  |
| **Full name of person completing this form:**      | **Signature:**      | **Date:**   /   /   |
|  |
| When to use this formWhen items have been seized from a person during a search and stored or kept by the approved treatment facility, the person in charge must ensure that a record is kept of the return, destruction or disposal of these items. This form must be completed at the time when the items are:* Returned to the person; or
* Returned to the person’s personal support person; or
* Destroyed or otherwise disposed of (after having been stored for 6 months following the person’s departure from the facility).

How items must be dealt with:1. The seized items must be returned to the person upon their departure from the approved treatment facility.

(Unless the person in charge of the approved treatment facility forms the opinion that the return of the items may pose a serious risk to the health and/or safety of the person or others, in which case point 2 below applies.)1. If the items are not returned to the person, they must be given to their carer, close family member or other support person upon the person’s departure from the approved treatment facility.

(Unless the person in charge of the approved treatment facility considers that it is not appropriate to do so, in which case either point 3 or point 4 below applies.)1. If the items are not returned to the person or their carer, family member or support person upon the person’s departure from the approved treatment facility, the items may be returned to the person, or their carer, close family member or other support person, at any time afterwards.
2. If the items are not returned to the person or their carer, family member or support person upon the person’s departure from the approved treatment facility, they must be stored for a period of 6 months, after which time, they may be destroyed or otherwise disposed of.
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**Form Requirements**

[ ]  Placed on clinical file