



**Public – To be published on the Trust external website**



**For Detained Patients only – use this policy**

For **Informal Patients** please use [“Time Away from the Ward for Informal Patients Policy”](#)

# Section 17 Leave for Detained Patients

## Ref: MHA-0003-001-v3.1

**Status: Ratified**

**Document type: Policy**



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## Overview Guidance for Taking S17 Leave



Urgent medical treatment, (e.g. heart attacks, strokes, serious burns, wounds or fractures) should not be delayed because the patient doesn't have a signed section 17 form. Leave can be authorised retrospectively by the patient's Responsible Clinician (RC) or the duty Approved Clinician (AC) outside regular hours.



The information in this document is for **detained patients** only.

For **informal patients** please see [Time Away from the Ward for Informal Patients Policy](#)

<b>Before Leave</b>	Is it safe for the patient to go on s17 leave?
	Is there a valid and in date s17 leave form?
	Has the patient been offered/given a copy of the s17 form?
	Has the type of leave been identified?
	For accompanied leave, has the accompanied person been updated on: <ul style="list-style-type: none"> <li>• Risks</li> <li>• Conditions of leave</li> <li>• Purpose of leave</li> </ul>
	Is the patient and/or anyone going with them aware of: <ul style="list-style-type: none"> <li>• Risks</li> <li>• Conditions of leave</li> <li>• Purpose of leave</li> </ul>
	Has the patient and/or anyone going with them been given names and contact numbers to maintain contact while on leave?
	Is the Nurse in Charge (NIC) aware of the leave and OK for it to go ahead?
Is a description of the patient needed and the leave monitoring form updated?	
<b>During Leave</b>	Maintain any conditions of the leave
	Maintain contact between the patient/ward as agreed
	If the patient fails to return from leave, follow the missing persons procedure
<b>After Leave</b>	Engage with the patient on how the leave went, any problems encountered, concerns and benefits
	Where applicable get the feedback of families/carers
	Document in the Electronic Patient Record (EPR). Multiple periods of leave can be recorded as a summary
	The information from leave should be used to help inform the review of leave
	Any change to risk will require a review and update of the safety summary and plan.

# 1 Introduction

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This policy outlines guidance on the use of section 17 leave for patients detained under the Mental Health Act (MHA). The Act is compatible with the European Convention on Human Rights.

This document is important in the delivery of [Our Journey to Change](#) and our ambition to co-create safe and personalised care while adhering to the legal requirements for detained patients.

It supports the Trust to co-create a great experience for patients, carers, and families by giving detained patients access to the care that is right for them to support recovery.

## 2 Why we need this policy

### 2.1 Purpose



The information in this document is for detained patients only. For informal patients see [Time Away from the Ward for Informal Patients](#).

Patients detained in hospital under the Mental Health Act (MHA) can only leave hospital if they have been given leave of absence by their Responsible Clinician (RC) under section 17 MHA. The following outlines who can authorise leave, the different types of leave and procedures around section 17 leave.

### 2.2 Objectives

This Policy is published to ensure that all staff are aware of their responsibilities, and compliant with the MHA Code of Practice around planning, facilitating and reviewing leave for detained patients.

## 3 Scope

### 3.1 Who this policy applies to

This policy applies to all staff involved in supporting detained patients with section 17 leave.

### 3.2 Roles and responsibilities

Role	Responsibility
Responsible Clinician (RC)	Only the RC has the permission to <b>authorise</b> , or revoke leave.
Approved Clinician (AC)	Out of hours, the duty AC can <b>authorise</b> leave for a detained patient.

Multi-Disciplinary Team (MDT)	This is the team who oversee the patient's care. Although only the RC has the power to authorise s17 leave, many decisions around the details of leave should be done in collaboration with the MDT.
Nurse in Charge (NIC)	Each shift there is one nurse who oversees the ward. There must be a system in place on each ward to enable the NIC to identify which patients are on leave.
Registered Mental Health nurse (RMN) and Registered nurse learning disability (RNLD)	Any RMN/RNLD on duty on a ward can make the decision to <b>grant</b> leave that has been authorised by the RC. While they can decide to not allow leave to go ahead, they do not have the power to revoke leave.
Escorting staff	This is a member of Trust staff who stays with, and takes responsibility for, a patient during their leave. Staff undertaking escorting leave need to have completed relevant competencies.
Accompanying person(s)	This is not a Trust member of staff. It is usually a family member, carer or friend. It is only appropriate for that person to be legally responsible for the patient if they understand and accept the consequent responsibility.

## 4 Policy



**Full guidance on leave can be found in chapter 27 of the Mental Health Act Code of Practice.**

Where patients are detained to a hospital, they cannot leave without being given leave of absence by their Responsible Clinician (RC).

There are limitations of authorising leave to some patients detained under Part 3 of the MHA. For information, please see [Restricted Patients](#), refer to the CoP, or contact the MHL team.

### 4.1 Leave – General Points

Leave can be an important part of a detained patient's care and recovery but can also be a time of risk. The RC should prescribe any conditions they think are necessary to keep the patient or other people safe. Wherever possible this should be done in collaboration with the patient, family, and carers. RC's cannot delegate the power to authorise leave.

Leave can be temporary or as a longer period to help assess suitability for discharge. Leave of absence can be extended without the patient having to return to hospital.

Section 17 leave is not required for leave within the grounds of the hospital where the patient is detained.



Please read the [Secure Services](#) section of this document for differences within Ridgeway.



There is no power to authorise leave for patients held under section 5(2), 5(4), s135, s136, or who are recalled from a Community Treatment Order (CTO).

## 4.2 Types of Leave



**Urgent medical treatment, (e.g. heart attacks, strokes, serious burns, wounds or fractures) should not be delayed because the patient doesn't have a signed section 17 form. Leave can be authorised retrospectively by the patient's Responsible Clinician (RC) or the duty Approved Clinician (AC) outside regular hours.**

Type of Leave	Description
Escorted	The patient must remain in the custody of a member of Trust approved staff while on leave. Family, carers or friends cannot escort a patient.
Accompanied	A family member, carer or friend agrees to accept responsibility for the patient while on leave. Trust staff can not accompany a patient.
Unescorted/unaccompanied	Leave is facilitated without an escort or an accompanying person.
Short term	A period less than 7 consecutive overnights.
Long term	A period more than 7 consecutive overnights.



Please see the section below for further information on [restricted patients](#).

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## 4.3 Authorising Leave

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Before the RC authorises leave it is important to consider the following:

The views of the MDT involved in the patients care.
The wishes and views of the patients, carer(s) and family involved in leave.
Risks and benefits to the patient and other people.
Conditions attached to the leave to ensure the safety of the patient and others.
Any additional support a patient may need while on leave.
Any issues relating to child protection, safeguarding or victims.

Additionally, an assessment of risks must be undertaken and documented in the electronic patient record (EPR) and a leave plan should be developed. In urgent situations these steps may not be possible.

Where family/carers have not been involved in the decision to prescribe new types of leave, good practice would be to inform them about significant changes in leave if they are involved in the patient's care and the patient consents to this. An example of this would be where the patient goes from having escorted leave to unescorted leave. However, it will not always be practical to share information with carers or family before leave status is changed or the patient uses new leave. In some cases, it will not be appropriate, such as where a patient doesn't consent to share information. It is not an expectation that family/carers are informed each time the patient uses their prescribed leave.

Leave should normally be short term. Where an RC authorises long term leave, they must first consider if a CTO is more appropriate. They should document the reason for their choice in the EPR.

### 4.3.1 Accompanied Leave

If the RC wants to authorise accompanied leave they must first speak to the person(s) who are to accompany the patient. The RC must explain:

- Reasons and purpose of the leave
- Any likely risks during accompanied leave
- The responsibilities of the accompanying person
- Any proposed conditions of the leave

The above conversation must be document in the patient's EPR and the accompanying person offered a copy of the leave form at the earliest opportunity.



## 4.4 Recording of Leave

The Code of Practice states the Trust must have a standard system for recording authorised s17 leave and any attached conditions.

Until the implementation of Cito, this is to be done on a s17 leave form (see [appendix 4](#)). Once completed the patient and any accompanying person should sign the form and be offered a copy. Any reasons for not signing should be documented on the form and in the patient record. The original form should be sent to the MHL office where it will be uploaded to the electronic patient record.

Following the implementation of Cito, section 17 leave will be recorded electronically in the EPR where the following principles apply:

Patients to only have one current s17 form at any time
Only the RC should complete and sign off s17 forms
Conditions and risks must be explained to and any accompanying person before leave is taken and this conversation must be recorded in the EPR
The patient, and any accompanying person, should be offered a copy of the completed s17 leave form and the outcome documented
Patients and accompanying people are not required to sign a s17 form

## 4.5 Patients Going on Leave (Granting Leave)

Nursing staff have a vital role to play in the effective implementation, recording and evaluation of leave. Leave is authorised by the RC, but each individual period of leave will be granted at the discretion of nursing staff.

Before leave can take place, staff must check there is a signed and in date section 17 leave form. An up-to-date description of the patient should be available in case they fail to return from leave.

For most leave, the Nurse in Charge (NIC) / staff member should make sure the patient is aware of any conditions of leave and ask the patient how they feel about the planned leave. This discussion will also provide an opportunity to explore with the patient their views of any identified clinical risk issues, what coping strategies they could use, who they could contact if they need any support /advice, and any plans made in advance for how to return to the ward if a crisis occurs. There should be an agreed method of how the ward will contact the patient if the need arises.

Prior to leaving the ward staff will check that any accompanying person is aware of the conditions of the leave, any risks, and that they are accepting responsibility of the patient while off the ward. They will also be made aware of who to contact should any concerns arise during the leave. This discussion must be documented in the EPR.

If there are risks identified that staff do not feel can be mitigated, then leave should not be facilitated.

The ward leave monitoring form must be completed prior to any period of leave and updated on return (see Appendix 3).

The returning time agreed of any leave is recorded on the reverse side of the CARE rounds form to ensure that should the patient fail to return at this agreed time, this can be noted by the staff member carrying out that particular hour of the CARE round and they can action this as appropriate.

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## 4.6 While on Leave

Any conditions on the s17 leave form should be followed by both staff and patients and any pre-agreed contact should be maintained during the leave. In addition, any contact from the patient, carers or family should be documented to help inform how the leave is progressing.

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## 4.7 Returning From Leave

The outcome of leave should be documented in the EPR to help future decision making. Multiple periods of leave can be recorded as a summary at the end of a day. Patients, and accompanying people where applicable, should be encouraged to give their views on leave. Examples of things to include:

- How the leave went
- Problems encountered
- Concerns raised
- Benefits

Any change to risk will require a review and update of the safety summary and plan.

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## 4.8 Reviewing Leave

The frequency of reviewing leave will be based on individual patient need, their circumstances, and the service they are an inpatient with. Before altering a patients leave the factors for [Authorising Leave](#) should be considered.

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## 4.9 Failure to Return from Leave

If a patient fails to return from leave staff should follow the [Missing Patients Procedure](#).

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## 4.10 Recall from Leave

The patients RC may revoke leave at any time if they consider it necessary in the interests of the patient's health or safety or for the protection of others. RC's must be satisfied that these criteria are met and consider what effect recall may have on the patient.

The RC must arrange for a written notice to be served on the patient, or on the person who has taken responsibility of the patient.

Reasons for recall should be explained to the patient and a record of the explanation included in the patient’s EPR.

Once leave has been revoked the patient becomes AWOL and can be returned to hospital following the [Missing Patients Procedure](#) if necessary.

#### 4.11 Restricted Patients

For guidance on medical appointments for restricted patients please see [MOJ authority to use medical leave letter](#) or contact the MHL department.



**Urgent medical treatment for restricted patients should not be delayed because the patient doesn’t have a signed section 17 form. Leave can be authorised retroactively by the patient’s Responsible Clinician (RC), or the duty Approved Clinician (AC) outside regular hours, and the MOJ informed as soon as possible.**

Apart from medical leave, any leave for a restricted patient must be approved by the Secretary of State for Justice.

Where restricted patients are detained to a particular unit of a hospital, the Secretary of State’s permission is needed for leave to go to any other part of that hospital as well as outside the hospital.

##### 4.11.1 Secure Inpatient Services (SIS)

SIS have identified some differences with leave arrangements for patients detained at Ridgeway as set out below:

Term	Definition
Stage 1	Leave within Ridgeway secure perimeter.
Stage 2	Leave outside the secure perimeter but within the grounds of Roseberry Park.
Stage 3	Leave outside the grounds of Roseberry Park.

Leave outside the secure perimeter is considered by the Ministry of Justice as “community leave” and should be documented on a s17 leave form. This practice will apply to all patients within Ridgeway to ensure appropriate risk management for the safety of patients, staff, and the public.

## 5 Definitions

Term	Definition
Detained patient	A patient detained to a hospital under a section of the MHA.
Responsible Clinician	Each detained patient only ever has one RC at a time. This is the person who is in overall charge of a detained patient.
Approved Clinician	Certain staff are qualified and registered as an AC. Only an AC can become a patients RC or act as the duty consultant.

## 6 Related documents

- Mental Health Act Code of Practice
- [Time Away from the Ward for Informal Patients Policy](#)
- [Missing Persons Procedure](#)
- [2019-04-18 MOJ authority to use medical leave letter](#)
- [Bed Management Operational management policy](#)

## 7 How this policy will be implemented

This policy will be published on the Trust Intranet and be included in the Trust wide policy update briefing. Where applicable, line managers will ensure staff are made aware of this policy and any procedural changes.

### 7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Trust webinars	Inform staff of changes to recording and guidance	Within 1 month after policy implementation	Elsbeth Devaney	Minimum 3 webinars to be held
Policy distribution via weekly bulletin	Staff informed	Once policy approved	Policy Team	Included in bulletin

## 7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Clinical staff	MHA elearning	3 hours	Every 2 years

## 8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Ensure key requirements of the policy are being followed	Audit through Clinical Audit and Effectiveness team every year	Results reviewed in each Care Group governance meeting and reported at Executive Quality Improvement Group
2	Various aspects of s17 leave and associated leave plan.	QA tools look at s17 monthly	Results reviewed in each Care Group governance meeting and reported at Executive Quality Improvement Group

## 9 References

Mental Health Act Code of Practice  
Mental Health Act Reference Guide

## 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	11 March 2024
Next review date	19 July 2026
This document replaces	Leave of Absence under s17 MHA 1983 and time away from the hospital MHA-0003-001-v3.0

This document was approved by	Chief Nurse for immediate publication
This document was approved	11 March 2024
This document was ratified by	Management Group (retrospective ratification)
This document was ratified	20 March 2024
An equality analysis was completed on this policy on	16 June 2023
Document type	Public
FOI Clause (Private documents only)	NA

### Change record

Version	Date	Amendment details	Status
v3	19 July 2023	Revised document created by splitting “Leave of absence under s17 MHA 1983 and time away from the hospital MHA-0003-001-v2.2” into <b>two</b> separate documents:  “MHA-0003-001-v3 <b>Leave for Detained Patients Policy</b> ” (this document) and  “CLIN-0107-v1 <b>Time Away from the Ward for Informal Patients Policy</b> ”.	Withdrawn
v3.1	11 Mar 2024	Section 4.3 - Further clarification regarding family/carer involvement when prescribing new leave.	Approved for immediate publication
v3.1	20 Mar 2024	Retrospective formal ratification of changes of v3.1 received.	Ratified

## Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Mental Health Legislation
Title	Leave for Detained Patients Policy
Type	Policy
Geographical area covered	Whole Trust
Aims and objectives	This Policy is published to ensure that all staff are aware of their responsibilities, and compliant with the MHA Code of Practice around planning, facilitating and reviewing leave for detained patients.
Start date of Equality Analysis Screening	04 May 2023
End date of Equality Analysis Screening	16 June 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	This policy benefits the Trust to help ensure it meets it's legislative requirements under section 17 of the MHA. It also benefits patients to ensure they are cared for correctly under MHA.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men and women) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> <li>• <b>Human Rights Implications</b> <b>NO</b> (<a href="#">Human Rights - easy read</a>)</li> </ul>
Describe any negative impacts / Human Rights Implications	Although this policy restricts a patient's liberty, this is done following a legal framework.
Describe any positive impacts / Human Rights Implications	The restriction on liberty is in place to ensure safety of the patient and others.



<b>Section 3</b>	<b>Research and involvement</b>
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Mental Health Act 1983 Mental Health Code of Practice
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Working group established (see “members of the working party” section). There was additional engagement with staff from the clinical areas of the working party. The policy was also taken to the executive directors group for comments before finalisation.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a

<b>Section 4</b>	<b>Training needs</b>
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	No new training needs identified. Staff to continue with MHL elearning.
Describe any training needs for patients	NA
Describe any training needs for contractors or other outside agencies	NA

**Check the information you have provided and ensure additional evidence can be provided if asked.**

## Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Y	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Y	
<b>8.</b>	<b>Equality analysis</b>		

	<b>Title of document being reviewed:</b>	<b>Yes / No / Not applicable</b>	<b>Comments</b>
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Y	
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	NA	

**Appendix 3 – Example leave/time away from the ward monitoring form**

<b>Name:</b>		<b>Leave/ Time away from the ward monitor form</b>						
Date	Where going / purpose	Risk Assessment	Time Left	Signature	Description	Time Return	Signature	Record in EPR

## Appendix 4 - Section 17 Leave form (use until the Implementation of CITO)

Patient Name		Paris ID		Section		Ward		RC	
I, the Responsible Clinician for the above named patient, authorise leave of absence as detailed below									
<b>Regular/Specified Leave</b>									
<b>From</b>		<b>To</b>		<b>Destination and Reason (please include number of hours, occasions, weekly or daily if appropriate)</b>	<b>Escorted? Yes/No</b>	<b>Accompanied? Yes/No</b>	<b>By Whom</b>	<b>Conditions of Leave or Instructions and observations for risk management if accompanied</b>	
<b>Date</b>	<b>Time</b>	<b>Date</b>	<b>Time</b>						
The conditions of the above leave are: that the patient returns to hospital at the time/date stated, agrees to take medication prescribed, is in contact with his/her care coordinator, attends CPA reviews/ward rounds where appropriate, escorted/unescorted (please specify by whom, i.e. numbers, level of qualification, gender etc.)									
<b>Long Term Leave (end date cannot exceed expiry date of section)</b>									
<b>From</b>		<b>To</b>		<b>Destination and Reason</b>		<b>Conditions of longer term leave eg to remain in the custody of staff of X care home or hospital</b>			
For sections 3/37/45A/47 Leave over 7 days: I have considered the use of a Community Treatment Order and concluded that it is not appropriate at this time and I have fully recorded my reasons for my decision in the patient's MHA Case Notes within the Paris Care Record									
<b>RC Signature</b>				<b>Patient Signature</b> (Or reason not signed, e.g. unable, refused)				<b>Accompanying Person Signature</b> (where relevant)	
<b>Date</b>				<b>Date</b>				<b>Date</b>	
<b>Please ensure a copy of this form is given to relevant people including the patient, accompanying person, carer, original to MHA Office</b>									
Copy given to patient YES <input type="checkbox"/> NO <input type="checkbox"/>				Copy given to accompanying person YES <input type="checkbox"/> NO <input type="checkbox"/>				Additional copy given to: (please insert names/roles)	
Reason if not given:				Reason if not given:					