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| **Substance Addiction (Compulsory Assessment and Treatment) Act 2017**  **Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017  **Transfer of patient to a treatment centre** (Section 41)  I, [full name], the responsible clinician for [name of patient], [NHI number], a patient under the Act, am transferring care of the aforementioned patient to [name of treatment centre] treatment centre, in [location].  In complying with s41(2) of the Act I have:  (Please tick as appropriate)  Have obtained prior agreement from [name of manager], the manager of the treatment centre  Taken in to account the wishes and preferences of the patient, and the views of caregiver/welfare guardian/nominated person   |  | | --- | |  | | [Brief explanation of wishes and preferences and views] |   I have arranged for transport of the patient and transfer of the patient’s records to the treatment centre to occur on [dd/mm/year]. | | | | |  | |
| To: The Director of Area Addiction Services [Area Director's name] at [DHB location]  Copy to: [Patient's name] | | | | | |
| **Name and contact details of person or patient to whom this relates** | | | | | |
| Last name | |  | First name | | |
|  | |  |  | | |
| Date of birth | NHI | | | Phone number | |

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| **Contact details and signature of the responsible clinician** | | | | | | | | | | | | | | | | | | | |
| Last name |  | First name | | | | | | | | | | | | | | | | | |
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| Email address | | |  | Contact phone number | | | | | | | | | | | | | | | |
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| Signature of responsible clinician |  | Date | | | | | | | |