**Substance Addiction (Compulsory Assessment and Treatment) Act 2017**

**Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017

**Arrangement for specialist assessment**

(Section 19)

(1) On receipt of an application under section 14 for the assessment of a person, the Area Director, or an authorised officer acting with the authority of that Area Director, must, as soon as practicable, make the necessary arrangements for the person to be assessed by an approved specialist.

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| To: [Name of the patient] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact information of the person to be assessed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name | | | | | | | | | | | | |  | | First name | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | NHI | | | | | | | | | | | Phone number | | | | | | | | | | | | |
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| Address | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Postcode | | | |
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You are required to attend an assessment is to determine whether you have a severe substance addiction and have severely impaired capacity to consent to treatment for that addiction and, if so, whether compulsory treatment is required.

This assessment will be carried out by:

|  |  |
| --- | --- |
| Name of approved specialist nominated by the Director of Area Addiction Services |  |

At the following location:

|  |  |
| --- | --- |
| Address where the assessment is to take place |  |

At the following date and time:

|  |  |  |
| --- | --- | --- |
| Date |  | Time |

I have made arrangements to have this notice explained to you, in the presence of a member of your family, whānau, your caregiver or another person concerned with your welfare.

|  |  |
| --- | --- |
| Name of the person who can assist in explanation |  |

This notice is issued by Director of Area Addiction Services, or the person authorised by the Director of Area Addiction Services:

|  |  |
| --- | --- |
| Name of Area Director |  |

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| **Contact details and signature** | | | | | | | | | | | | | | | | | | | |
| Last name |  | First name | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | |
| Role/Authority | | | | | | | | | | | |  |  | | | | | | |
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| Address | | | | | | | | | | | |  | Postcode | | | | | | |
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| Email address | | |  | Contact phone number | | | | | | | | | | | | | | | |
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| Signature |  | | Date | | | | | | | |