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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

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