

## **Notice to patient subject to a section 30 inpatient order directing change from inpatient to outpatient status**

To: *Name of patient*

Patient's date of birth: *Date of birth*

Of: *Address*

You are directed to be discharged from hospital  
and  
you are directed to attend as an outpatient and accept assessment and treatment at:

*Name & address of institution or service or other place where treatment to take place, and reporting time(s)*

Every employee of the institution or service specified above who is duly authorised to treat you may, at all reasonable times, enter your place of residence or other place so specified for the purpose of treating you.

Your assessment and treatment as an outpatient is to begin on:

*Commencement date of outpatient assessment and treatment*

and will terminate on: *Expiry date of s.30 or s.34(2) or s.34A(2) order in force*

This direction was made by: *Name of responsible clinician*

of: *Business address and telephone number of responsible clinician*

/ /  
*Signature of responsible clinician* *Date*