

## Leave of absence for a patient subject to a section 11 or section 13 assessment notice

To: *Name of patient*

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

You are granted leave of absence from: *Name & address of hospital or service or other place where patient being treated*

for a period of: *Number of hours/days leave granted for*

beginning on: *Date leave is to commence*

When your leave expires you must return to the place shown above on: *Date and time patient to return to place*

Your leave is subject to the following terms and conditions: *Any terms and conditions as determined by responsible clinician*

This leave was approved by: *Name of responsible clinician*

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

*Signature of responsible clinician* *Date*

A copy of this notice has been sent to the Director of Area Mental Health Services.