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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  **Detention and treatment in a treatment centre**  (Section 30)  The responsible clinician must direct that the patient be detained and treated in a treatment centre.  In complying with s30(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].  I will liaise with the treatment centre on a plan for [name of patient] on release from compulsory status (in accordance with section 44(1) of the Act). | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 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 | | | | | | | | | | | | | | |
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| 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 | | | | | | | |