



PATIENT NOTIFICATION - RENEWAL ORDER

MENTAL HEALTH ACTS 2001 - 2018 (AS AMENDED) - SECTION 16(2)
PLEASE USE BLOCK CAPITALS AND READ NOTES OVERLEAF BEFORE COMPLETING

Patient Information

- You are entitled to legal representation.
- You are entitled to communicate with the Inspector of Mental Health Services.
- You will have your Renewal Order reviewed by a Mental Health Tribunal in accordance with the provisions of Section 18 of the Mental Health Act 2001 (as amended).
- You are entitled to request a second review by a Mental Health Tribunal, after three months, if your order is for a period longer than three months.
- You are entitled to appeal the decision of a Mental Health Tribunal to the Circuit Court.
- You may be admitted as a voluntary patient if you indicate a wish to be so admitted.

1. Full name of patient

2. Name and address of Approved Centre

3. I, Dr _____ (Consultant Psychiatrist) notify you (the patient), in writing as required by Section 16(2) of the Mental Health Acts, that:

(a) You are currently being detained on an -

- (i) Admission Order under Section 14
- (ii) Admission Order under Section 24
- (iii) Certificate and Renewal Order extending the detention under Section 15(2)
- (iv) Certificate and Renewal Order extending the detention under Section 15(3)

and

(b) I have examined you on //. I have made an order extending your detention for a further period which will come into effect on // and end on //. This extension of your detention will commence after the expiry of your current order.

- (i) This extension has been made under Section 15(2)
- (ii) This extension has been made under Section 15(3)

4. General description of the proposed treatment to be administered to you during your period of detention is as follows:

Signed: _____ (Consultant Psychiatrist)

MCRN:

Date: //

Time: :

(24 hour clock e.g. 2:41pm is written as 14:41)



NOTES - When completing the information please ensure that:

1. It is completed in BLOCK CAPITALS.
2. Details must correspond with the Admission Order / Renewal Order.
3. All fields are completed.
4. The notification is signed by the Consultant Psychiatrist.
5. The patient is given a comprehensive verbal explanation of the information in the written notification.
6. The patient is given the written notification.
7. A copy is retained in the patient's clinical file.
8. All further discussions with the patient in relation to this notification to be recorded in the patient's clinical file.
9. When recording the time, please use 24 hour clock. For example, 2:21pm should be recorded as 14:21.

For use only in accordance with the Mental Health Acts 2001 to 2018. Penalties apply for giving false or misleading information.

NOTE: For information in relation to the legislation, please refer to www.mhcirl.ie/legislation.

For information in relation to the Section of the Mental Health Act 2001 to which this form refers, please click [here](#).