



# Notice of Appeal against Chief Psychiatrist’s Decision to refuse application for Information Notice

*Mental Health Act 2016 Queensland  
Sections 319, 532, 533  
Form-010-v2*

- ◆ A person who is dissatisfied with the decision of the Chief Psychiatrist to refuse to approve an application for an Information Notice may appeal the decision to the Mental Health Review Tribunal (**Tribunal**).
- ◆ The notice of appeal must be given to the Tribunal within 28 days after the person making the appeal (**Appellant**) receives notice of the Chief Psychiatrist’s decision.
- ◆ The Tribunal may, at any time, extend the time for giving the notice of appeal.

## Appellant’s details

Given name/s		Family name	
Address			
Town / Suburb		State	Postcode
Phone No.			

## Notice

**I am dissatisfied with the decision of the Chief Psychiatrist to refuse to approve my application for an Information Notice.**

Name of patient to whom my application for an Information Notice relates:
Date of Chief Psychiatrist’s decision:
Date the decision of refusal was received:

**I am appealing to the Tribunal against this decision. Reasons why I am appealing**

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*additional space provided over page ....*

Signature	Date        /        /
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**Thank you for completing this Notice of Appeal. Please return it to the Tribunal by one of the following methods:**

**Post to:** MHRT, PO Box 15818, City East, Brisbane, QLD, 4002  
**Fax to:** (07) 3234 1540  
**Email to:** enquiry@mhrt.qld.gov.au

**Additional space**  
*Reasons continued*

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**To be completed if a stay is granted**

**Stay of decision**

I have decided to stay the decision of the Chief Psychiatrist dated [insert date] to refuse to approve an application for an Information Notice.

The stay is to be operative until the appeal is decided, withdrawn or until                  /                  /                  , whichever is sooner.

**Conditions for this stay include:**

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**I may revoke or amend this decision.**

<b>Presiding member's signature</b>	Print Name
	Date                  /                  /

**To:** Appellant  
Chief Psychiatrist

**Office**  
Level 16, 53 Albert St  
Brisbane 4000

**Postal**  
PO Box 15818  
Brisbane City East

**Phone**  
07 3235 9059

**Fax**  
07 3234 1540

**Free Call**  
1800 00 6478