

MENTAL HEALTH COURT

Application for confidentiality order

Mental Health Act 2016, section 696

Approved form no.: 10, version 1.00, 02/2017
Email: registrarmhc@health.qld.gov.au

Proceeding number:

Section 1 - Person making application for confidentiality order

Name:	Position:		
Date (DD/MM/YYYY):	Signature:		
Contact number:			
Email address:			
Address:			
Town / Suburb:	State:	Postcode:	

Section 2 - Documents and/or information to remain confidential

Note: if material is part of a document, indicate clearly that part of the document which is the subject of application.

Provide details:

Where more space is required, additional details are provided in form 14 which is attached

Section 3 - Reasons for which confidentiality order is sought

Note: specify how the disclosure of the information would cause serious harm to the health of the person or put the safety of someone else at serious risk.

Provide reasons:

Where more space is required, additional details are provided in form 14 which is attached

Section 4 - Person subject of proceeding (if different from section 1)

Surname:	Given name(s):		
Also known as:	Date of birth (DD/MM/YYYY):	Age: or	
Address:			
Town / Suburb:	State:	Postcode:	
Email address:		Contact number:	

TO: Registrar, Mental Health Court
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