NORTHERN TERRITORY LOCAL COURT
MENTAL HEALTH DIVERSION LIST

INFORMED CONSENT TO RELEASE AND USE OF INFORMATION:

I .....
(*print name*)

Consent to all relevant clinical and psychiatric information relating to me being released to the Forensic Mental Health Team, Northern Territory Department of Health.

I understand that information provided by other services, or the information provided by me, may be;

- Disclosed to other services which may provide me with treatment, care or assistance;
- Used or disclosed in Court proceedings relating to me;
- Used to prepare a Report for the Court hearing regarding the charges against me.

I consent to the information being used in this way.

I understand that if a written Report is prepared based on this information, that a copy may be given to the Court and the Report will be the property of the Court.

It has been explained to me that if a Report is written, the Court will decide whether I am allowed to have a copy of the Report.

…… ……

(*signature)* (*print full name)*

…… ……

(witness signature) *(print full name & role)*

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