******Section 132 (Patient Rights Form)**

**Record of Detention & Explanation of Rights for Patients Detained under the Mental Health Act 1983**

**Part 1**

Patient’s Name: ………………….……………………….…

Date of Birth: …………………………………………………

Section: ……………………………………………………….

Responsible Clinician……………………………..…………

I hereby confirm that ………………………………………….. has been provided with information in accordance with Section 132 both verbally and in writing. This information provided consisted of: *(Please tick all that apply)*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Under which provision of the Act the patient is detained |  |  |
| The patient’s right to apply to a Mental Health Tribunal |  |  |
| The patient’s right to ask have their detention reviewed by Hospital Managers |  |  |
| Information on consent to treatment |  |  |
| Their right to withdraw consent to treatment at any time |  |  |
| How and when treatment can be given without their consent |  |  |
| The duty of the Clinical Site to inform the Nearest Relative (unless the patient wishes otherwise) |  |  |
| The patient's right to an Independent Mental Health Advocate |  |  |
| Has the patient been given information on how to contact the CQC |  |  |
| Does the patient object if the Nearest Relative receives information about the Section? |  |  |
| Was the patient given a copy of the Patient Information Leaflet? |  |  |
| Was understanding achieved? |  |  |

In addition, the following Department of Health leaflets have been provided: *(Please tick all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Detention under Part 2 | Yes □ or No □ | Guardianship | Yes □ or No □ |
| Sections 135 and 136 ('Place of safety') | Yes □ or No □ | Community Treatment Order (CTO) | Yes □ or No □ |
| Detention under Part 3 | Yes □ or No □ | Other (please state) |  |

Signed ………………………………………….…Grade ……………………………..

Print Name ……………………………………… Date ………………………………..

**If understanding was not achieved, then rights should be re-read within 72 hours (see over)**

**Handed over to ward manager to bleep Clinical Site when appropriate to revisit**

**Yes No**

**Handed over to: ………………………………………….**

**PLEASE TURN OVER**

**Part 2 - MENTAL HEALTH ACT 1983 - Section 132 (Patient Rights Form)**

Patient’s name………………………………………………………………………………

Further attempts were made to give the information and achieve understanding by the patient:

Date ………………..…Time……………………….Signed …………………………………

Date ………………..…Time……………………….Signed …………………………………

Date ………………..…Time……………………….Signed …………………………………

Date ………………..…Time……………………….Signed …………………………………

*Review/repeat date:*

Was understanding achieved? Yes □ or No □

**If No**: It is judged unlikely that understanding will be achieved. This has been documented in the healthcare records and the ward manager has submitted an incident report. Incident report number needs to be documented in the healthcare records.

**If Yes**: Does the patient object if the Nearest Relative receives information about the Section?

 Yes □ or No □

Has the patient been informed of their right to an Independent Mental Health Advocate?

 Yes □ or No □

Has the patient been given a copy of this form?

 Yes □ or No □

Signed ………………………………………………… Grade ………………………………

Print Name …………………………………………… Date …………………………………

**Once completed file original in the Healthcare Records and email and send a copy to AWP MHA Legislation Services.**