

The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act)

For example

Suspension Certificate - Measures other than detention



Shade circles like this ->

Not like this ->

Instructions v7.1

The following form is to be used:

Write clearly within the boxes in

and in BLACK or BLUE ink

BLOCK CAPITALS

where a responsible medical officer authorises the temporary suspension of compulsory measures other than detention relating to a compulsory treatment order, or a compulsion order.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the certificate.

Where a text box has a reference number to the left, you can extend your response on plain paper where is insufficient space in

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Patient Details																									
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Surname		T																							
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C A compulsion order This order will cease to authorise these measures at midnight at the end of: The following hospital (if different from RMO's hospital) has responsibility for this patient: Hospital Measures Suspended / Period of Suspension As the responsible medical officer, I am issuing a certificate suspending measures that apply to the above named patient. The measures suspended and the period that the order will not authorise those measures are as follows: Measures Suspended Shade as appropriate for measures currently authorised by the order Shade as appropriate for measures currently subspended (b) giving the patient medical treatment in accordance with Part 16 of the Act (c) requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment (including associated travel where appropriate). (g) requiring the patient to attend on: specified or directed dates; or at specified or directed places with a view to receiving community care services relevant services or any treatment care or service (including associated travel where appropriate). (e) requiring the patient to reside at a specified place (f) requiring the patient to reside at a specified place (g) requiring the patient to reside at a specified place (g) requiring the patient to reside at a specified place (g) requiring the patient to reside at a specified place (g) requiring the patient to reside at a specified place (g) requiring the patient to reside at a specified place (g) requiring the patient to reside at a specified place (g) requiring the patient to reside at a specified place (g) requiring the patient to reside at a specified place (g) requiring the patient to reside at a specified place (g) requiring the patient to inform the MHO of any change of address before the change of address (h) requiring the patient to inform the MHO of any change of address before the change of address (h) requiring the patient	Details of	Order						
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(3) The end date/time of the suspension detailed in this certificate cannot be beyond the current time of expiry of the authorisation of the measures.

Certificate of Suspe	nsion (cont)	To be completed by RMO							
Reasons for suspension									
The reason(s) for this suspension is/are:									
1									
Notification									
I confirm that before granting the certificate I have given notice to the following parties of the measures and period that I propose to specify in the certificate; and the reasons for specifying those measures:									
○ The patient									
○ The patient's named person (if any)									
○ The patient's MHO									
○ The Mental Welfare	Commission								
Certificate Date / Signature									
Signed by the RMO									
Date dd / mm / yyyy									

