

Audio Visual Link

A) I _____

A Service User of _____, Mental Health Services, Auckland

District Health Board consent to use an Audio Visual Link to communicate with my lawyer about my upcoming hearing under the Mental Health Act;

Service User Signature

Date

B. I acknowledge that Audio Visual Link will be used for the hearing, rather than attending in person

Service User Signature

Date

Actioned by RN/Doctor

Print Name

Date

PLEASE SEND TO MENTAL HEALTH ACT ADMINISTRATORS ALONG WITH CONSENT FORM TO ACCESS CLINICAL RECORDS