

Letter from the Nearest Relative within the meaning of Section 26 Mental Health Act 1983 (amended 2007) Delegating their functions to another person

under Regulation 20 s24 of the Mental Health Regulations 2008.

**Part 1:**

|  |  |
| --- | --- |
| I (State full name): |  |
|  |  |
| Address: |  |
|  |  |
| Telephone Number: |  |
|  |  |
| **Part 2:** |  |
| As Nearest Relative of: (Name of person): |  |
|  |  |
| As (State own relationship to person): |  |
|  |  |
| Within the meaning of the Mental Health Act 1983 (amended 2007), hereby authorise | |
| **Part 3:** | |
|  |  |
| Full name of Delegate: |  |
|  |  |
| Address: |  |
|  |  |
| Telephone number: |  |
|  |  |
| State relationship to patient: |  |

To perform in respect of the patient the functions conferred upon the Nearest Relative by part II of the Mental Health Act 1983 (amended 2007) or the associated Regulations.

This authorisation is to last**: (Please tick relevant box)**

Until further notice

Or until ………………… (Please specify date)

Until the end of the current detention

I understand that I may revoke this authority at any time (despite whichever box I have ticked above) by giving notice in writing to the person authorised and,

1. In the case of hospital detention, the hospital managers, or
2. In the case of guardianship, the local authority and private guardian (if any)

I agree to a copy of this letter being passed to the new Delegated Nearest Relative, the hospital managers and, in the case of guardianship, the local authority and private guardian, to act as a notice of my Delegation of nearest relative functions under the Mental Health Act 1983 (amended 2007) and associated Regulations. \*Please read Nearest Relative Rights overleaf.

Signed ………………………………………. Date ……………………. (Current Nearest Relative)

I acknowledge receipt of this authorisation to act as nearest relative as detailed above (to be signed by recipient):

Signed ………………………………………. Date …………………… (New Nearest Relative)



**Nearest Relative Rights**

As the Nearest Relative you have certain rights under the terms of the legislation, these include:

You have the right to delegate your role as Nearest Relative to someone else, provided that that person accepts it. This must be done in writing, signed by both yourself and the person to whom the role is being delegated, and sent to the Hospital Managers.

The Nearest Relative can withdraw the delegation of the role at any time, again by writing to the Hospital Managers.

**If your relative is detained under the Mental Health Act 1983 (amended):**

You have the right to discharge your relative after giving the Hospital Managers 72 hours notice in writing. The doctor in charge of your relative treatment can bar the discharge if he or she reports to the managers during the 72 hour period that, in his or her opinion this would pose a significant risk to your relative or to other people.

If you are not satisfied with the treatment your relative is receiving, you have the right to complain. A complaint should be addressed to the Care Quality Commission (at the address below), the Hospital Managers, or the doctor in charge of your relatives’ treatment.

Please be assured that if you decide to exercise these rights it will not jeopardise your relatives’ present or future care in anyway.

The address of the Care Quality Commission is:

**CQC National Customer Service Centre**

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Tel: 03000 616 161