

Mental Health Services  
Hospital No:

CPA/Care Management  
Client Reference No:

## Transfer of Responsibility for Patient's After-Care

This form must be completed if the patient is to be moved to the care of another health or local authority.

**Once this is completed, copies of this form must be sent to those involved in the patient's after-care and who have a need to know.**

Responsibility for the patient's after-care remains with the current health and local authorities until the new authorities have signed the certificate of agreement.

(a) Responsibility for the patient's after-care transferred :

from  Health Authority to  Health Authority

from  Local Authority to  Local Authority

on

Certificate of Agreement to After-Care

Signed

Print name

On behalf of the current Local Authority

Title

Signed

Print name

On behalf of the current Health Authority

Title

Signed

Print name

On behalf of the new Local Authority

Title

Signed

Print name

On behalf of the new Health Authority

Title

Signed

Print name

*A copy of this form was sent:*

*give date*