

Section 19A – authority for assignment of responsibility for community patient to hospital under different managers

(To be completed on behalf of the responsible hospital)

This form gives authority for the assignment of responsibility for
(PRINT full name and address of patient)

from
(name and address of responsible hospital)

to
(name and address of hospital to which responsibility is to be assigned)

in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008.

This assignment was agreed by the managers of the hospital to which the responsibility is to be assigned on

(date of confirmation)

The assignment is to take place on

(date)

Signed

on behalf of managers of first named hospital

PRINT NAME

Date