Yukon
Health and Social Services
Capability and Consent Board

Form 18
MENTAL HEALTH ACT
Section 43(3)

APPLICATION TO WITHHOLD CLINICAL RECORD

INSTRUCTIONS

This form is to be completed by the Chief Executive Officer, Whitehorse General Hospital and forwarded to the Capability and Consent Board.

Copies of this form must be provided to the:

- ☐ Capability and Consent Board (fax 867-633-6954); and
- ☐ Chief Executive Officer, Whitehorse General Hospital.

IN THE MATTER OF the *Mental Health Act*

AND IN THE MATTER OF _____, hereinafter called the applicant.
Name of person

The applicant has applied to examine his/her clinical record on _____.
Date (day/month/year)

I am of the opinion that disclosure of all or part of the applicant's record would be likely to:

- ☐ result in serious harm to the treatment or recovery of the applicant while the applicant is a patient; or
- ☐ result in serious physical harm or serious emotional harm to another person who is named in the applicant's record.

I hereby apply to withhold the following portions of the applicant's clinical record.

_____
Please specify portions
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I believe the following harm would result from disclosure of the record.

_____

_____

_____

_____

DATED at _____,

this_____ day of_____ , _____.
month year

_____
SIGNATURE OF CHIEF EXECUTIVE OFFICER
OF WHITEHORSE GENERAL HOSPITAL

_____
PRINTED NAME OF CHIEF EXECUTIVE OFFICER
OF WHITEHORSE GENERAL HOSPITAL