

I N S T R U C T I O N S

This form is to be completed by the Chief Executive Officer, Whitehorse General Hospital or designate for each involuntary admission or renewal of an involuntary admission.

Copies of this form must be provided to the:

- patient, along with a blank copy of Form 9 (Application to the Capability and Consent Board) and a blank copy of Form 8 (Waiver of Right to an Automatic Hearing); and
- patient's nearest relative, proxy or guardian, if available.

IN THE MATTER OF *the Mental Health Act*

AND IN THE MATTER OF _____
Name of patient

To _____
Name of patient

and _____
Name of relative or guardian

You have been admitted to Whitehorse General Hospital as an involuntary patient under a:

- Form 7 (Certificate of Involuntary Admission)
- Form 11 (Certificate of Renewal of Involuntary Admission).

The certificate has been signed by _____
Name of physician

and _____
Name of physician

The certificate is valid for 21 days.

Information for the patient

You have the right at any time to apply to the Capability and Consent Board for a review of Form 7 (Certificate of Involuntary Admission) or Form 11 (Certificate of Renewal of Involuntary Admission), or any other certificate issued under the *Mental Health Act*.

If you want to apply for a review, send Form 9 (Application to the Capability and Consent Board) to the Capability and Consent Board.

Note that an automatic hearing will occur to review all certificates of involuntary admission and certificates of renewal. You can choose to waive this right to a hearing if you are capable of understanding. Fill out Form 8 (Waiver of Right to an Automatic Hearing) with your lawyer and send it to the Capability and Consent Board if you want to waive your right to a hearing.

If you waive your right to an automatic hearing, the Capability and Consent Board will conduct a paper review of your involuntary admission to determine whether the provisions of the *Mental Health Act* were followed, whether adequate information was considered, and whether the physicians acted properly in coming to the decision to issue a certificate of involuntary admission.

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