

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

The Capability and Consent Board will automatically review all certificates of involuntary admissions and renewals of involuntary admissions. A patient can waive this right if they are capable of making this decision. A lawyer must witness the signing of this form.

A copy of this form must be sent to the:

- Capability and Consent Board (fax 867-633-6954).

**IN THE MATTER OF** the *Mental Health Act*

I, \_\_\_\_\_

Check all  
 that apply

Name of patient

- was admitted to Whitehorse General Hospital as an involuntary patient on \_\_\_\_\_  
Date (day/month/year)

- had my involuntary admission renewed on \_\_\_\_\_  
Date (day/month/year)

I understand that the Capability and Consent Board will hold a hearing to review the matter(s) listed above. If I waive my right to a hearing, the Capability and Consent Board will conduct a paper review of the matter. The Board will decide whether or not a full hearing is necessary based on the paper review. If I do not waive my right to a hearing, a full hearing will go ahead.

I understand that I must be capable of agreeing to waive my right. This means that I understand and appreciate the consequences of my decision.

**I hereby waive my right under the *Mental Health Act* to an automatic hearing of the matter indicated above.**

**DATED** at \_\_\_\_\_,  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
month year

\_\_\_\_\_  
 SIGNATURE OF CARE RECIPIENT OR PATIENT

\_\_\_\_\_  
 PRINTED NAME OF CARE RECIPIENT OR PATIENT

\_\_\_\_\_  
 SIGNATURE OF WITNESS (MEMBER OF LAW SOCIETY OF YUKON)

\_\_\_\_\_  
 PRINTED NAME OF WITNESS (MEMBER OF LAW SOCIETY OF YUKON)