

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)