## **PROVINCE OF BRITISH COLUMBIA**

## ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL

Order in Council No. 456

, Approved and Ordered

October 2, 2025

Lieutenant Governd

#### **Executive Council Chambers, Victoria**

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that

- (a) effective December 3, 2025, the *Mental Health Amendment Act*, 2022, S.B.C. 2022, c. 17, is brought into force.
- (b) effective December 3, 2025, the Mental Health Regulation, B.C. Reg. 233/99, is amended as set out in the attached Schedule 1, and
- (c) effective March 18, 2026, the Mental Health Regulation, is amended as set out in the attached Schedule 2.

Attorney General

Presiding Member of the Executive Council

Jagen Bru

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section: Mental Health Act, R.S.B.C. 1996, c. 288, ss. 43 and 55;

Mental Health Amendment Act, 2022, S.B.C. 2022, c. 17, s. 9

Other: OIC 869/99

#### SCHEDULE 1

# 1 Section 5 of the Mental Health Regulation, B.C. Reg. 233/99, is repealed and the following substituted:

#### Notice to patients

- The director must ensure that copies of the following are posted in a conspicuous place that is accessible to patients in the designated facility:
  - (a) the Act;
  - (b) sections 1 to 10 of this regulation;
  - (c) Form 13, if that form is being used to provide a notice under section 34 of the Act:
  - (d) Form 13.1, if that form is being used to provide a notice under section 34 of the Act;
  - (e) Form 14, if that form is being used to provide a notice under section 34.1 of the Act:
  - (f) Form 14.1, if that form is being used to provide a notice under section 34.1 of the Act.

#### 2 The following section is added:

#### **Exception to notice of event**

- **5.1** (1) Despite section 47 of the Act, a director is authorized not to give a notice of event to a rights advice service with respect to a patient if both of the following conditions are met:
  - (a) the patient is on leave under section 37 of the Act;
  - (b) the director has given to the patient sufficient information to enable the patient to contact a rights advice service.
  - (2) For the purposes of subsection (1) (b), the director must do both of the following:
    - (a) give the information in writing or another form appropriate to the patient's skills and abilities;
    - (b) make reasonable efforts to ensure that the patient is able to understand the information given.

#### 3 Section 11 is amended

- (a) in subsection (13) by adding "or Form 13.1" after "Form 13",
- (b) in subsection (14) by adding "or Form 14.1" after "Form 14",
- (c) by repealing subsection (16) and substituting the following:
  - (16) A notice under section 34.2 (1) of the Act must be
    - (a) in Form 16 or 16.2, in the case of the near relative of a patient referred to in section 34.2 (1) (a) of the Act, or

- (b) in Form 16 or 16.1, in the case of the near relative of a patient referred to in section 34.2 (1) (b) of the Act., *and*
- (d) by adding the following subsection:
  - (23) A notice of event under section 47 of the Act must be in Form 22.
- 4 Forms 7, 13, 14 and 16 are repealed.
- 5 The attached Forms 7, 13, 13.1, 14, 14.1, 16, 16.1, 16.2 and 22 are added.

#### **SCHEDULE 2**

- 1 Section 5 (c) to (f) of the Mental Health Regulation, B.C. Reg. 233/99, is repealed and the following substituted:
  - (c) Forms 13.1 and 14.1.
- 2 Section 11 is amended
  - (a) in subsection (13) by striking out "Form 13 or",
  - (b) in subsection (14) by striking out "Form 14 or", and
  - (c) in subsection (16) by striking out "in Form 16 or" wherever it appears and substituting "in Form".
- 3 Forms 13, 14 and 16 are repealed.

# FORM 7 MENTAL HEALTH ACT [Section 25, R.S.B.C. 1996, c. 288]

#### **APPLICATION FOR REVIEW PANEL HEARING**

The information on this form is collected pursuant to section 25 of the Mental Health Act. It will be used to document and initiate your application for a review panel hearing. Any questions you have about this form may be addressed to the director or staff of this facility. The patient can also meet with an independent Rights Advisor.

**INSTRUCTIONS:** Please complete this form and submit it to the Mental Health Review Board: by fax: 604-660-2403 or by email: MHRBscheduling@gov.bc.ca PART A – To Be Completed By Patient/Family/Facility/Team To the director of \_\_\_ name of designated facility \_\_\_\_, request a hearing by a review panel, in the case of applicant first and last name (please print) patient legal first and last name (please print) current mental health team / site / facility applicant signature patient personal health number (PHN) patient phone number patient email address Patient's Right to Legal Representation As the patient you may choose to: Request free legal representation from the Mental Health Law Program (MHLP). If you choose this option, the Mental Health
 Review Board will submit your request directly to the MHLP, who will contact you to discuss the availability of an advocate at your hearing. If the MHLP is able to represent you, you understand that you consent to the release of your health records to the MHLP. For further information, please contact MHLP at 604-685-3425 or toll free 1-888-685-6222;  $\hfill \square$  Hire a lawyer in private practice to represent you; Ask a family member, friend or near relative to represent you; or ☐ Attend the Review Panel Hearing without a representative. PART B – To Be Completed By Facility/Team The Mental Health Review Board has a statutory obligation to schedule a hearing within 14 days or 28 days after receiving an application. To facilitate scheduling, please provide the following information: Admission date: Patient's date of birth: Date Form 4.1 signed: Date Form 4.2 signed: Date most recent Date most recent Form 6 signed: treating psychiatrist name case presenter name\* case presenter's availability for upcoming two-week period Please provide the contact information of a person at your facility who can assist us in scheduling a review panel hearing for the patient:

Please direct any inquiries to: 604-660-2325 Mental Health Review Board, 1270 – 605 Robson Street, Vancouver BC V6B 5J3 | www.bcmhrb.ca

contact name

HLTH 3507 Rev. 2025/07/30

contact phone number

contact email

# FORM 7 MENTAL HEALTH ACT [Section 25, R.S.B.C. 1996, c. 288]

#### APPLICATION FOR REVIEW PANEL HEARING

#### **More Instructions for Completing this Application**

At a review panel hearing, a review panel makes a decision about whether or not an involuntary patient should continue to be certified. An involuntary patient may apply for a review panel hearing by completing this form.

A patient or someone acting on behalf of the patient completes Part A of the form, and the patient or person acting on behalf of the patient then signs it. A patient may select one of the four options under the heading "Patient's Right to Legal Representation." The patient's facility/team then completes Part B of the form.

An involuntary patient may be in a designated facility (e.g., hospital) or living in the community. An involuntary patient living in the community is referred to as being on leave and must comply with treatment in the community or risk being recalled to a designated facility.

#### For More Information and Assistance

An involuntary patient can meet with an independent Rights Advisor. A Rights Advisor can provide information about review panel hearings and help with completing this application.

\* A case presenter is a person who is knowledgeable about the patient's history and condition and can give evidence and answer questions at a review panel hearing. A case presenter is usually the patient's treating psychiatrist, but may also be the patient's case manager, nurse, or social worker.

# FORM 13 MENTAL HEALTH ACT [Section 34, R.S.B.C. 1996, c. 288]

# NOTIFICATION TO INVOLUNTARY PATIENT OF RIGHTS UNDER THE MENTAL HEALTH ACT

The information in **bold** type must be read to the patient.

I am here to tell you about your legal rights under the *Mental Health Act* as an involuntary patient. I will read you a summary of these rights. You may ask me questions at any time. I will give you a copy of this form, which contains information for you to read.

You h	ave the right:			
1.	to know the name and location of this facili	ty. It is		
	at	name of all my		
		location		
2.	to know the reason why you are here. You h Act, against your wishes, because a medical conditions required by the Mental Health Ac Involuntary Admission)			
3.	to contact a lawyer. (see Contacting a Lawye	er)		
4.	to be examined regularly by a medical doct patient. (see <i>Renewal Certificates</i> )	or to see if you still need to be an involuntary		
5.	to apply to the Review Panel for a hearing to decide if you should be discharged. (see Review Panel)			
6.	<ul> <li>to apply to the court to ask a judge if your medical certificates are in order.</li> <li>A lawyer is normally required. (see Judicial Review (Habeas Corpus))</li> </ul>			
7.	to apply to the court to ask a judge to review your medical doctor's decision to keep you in the facility. A lawyer is normally required. (see <i>Application to the Court</i> )			
8.	to request a second medical opinion on the appropriateness of your medical treatment. (see Second Medical Opinion)			
9.	to meet with an independent Rights Advisor (see <i>Meet with a Rights Advisor</i> )	r.		
	name of patient (please print)			
	patient's signature	date signed (dd / mm / yyyyy)		
	name of person who provided information	Give the patient a blank copy and file the named copy in the chart		

HILTH 3513 Rev. 2025/08/19 INTERIM PAGE 1 OF 2

#### MORE INFORMATION

#### REASONS FOR INVOLUNTARY ADMISSION

A medical doctor signed a medical certificate for your involuntary admission because the doctor is of the opinion that

- (a) you are a person with a mental disorder that seriously impairs your ability to react appropriately to your environment or associate with other people,
- (b) you require psychiatric treatment in or through a designated facility,
- (c) you should be in a designated facility to prevent your substantial mental or physical deterioration or to protect yourself or other people, and
- (d) you cannot be suitably admitted as a voluntary patient.

The reasons why the medical doctor thinks you should be here are written on the medical certificate. You may have a copy of the medical certificate unless the hospital believes that this information will cause serious harm to you or cause harm to others.

As an involuntary patient, you do not have a choice about staying here. The staff may give you medication or other treatment for your mental disorder even if you do not want to take it.

#### CONTACTING A LAWYER

You may contact any lawyer or advocate you choose at any time.

#### **RENEWAL CERTIFICATES**

If a second medical certificate is completed within 48 hours of your admission, you may be required to stay in hospital for up to one month depending on your response to treatment. Before the end of the month a medical doctor must examine you and your involuntary certificate may be renewed, if necessary, for up to another month. After this, the certificates must be renewed at the end of three months and then every six months. Every time a new certificate is filled out, you have the right to ask for a hearing by a review panel.

#### **REVIEW PANEL**

You or someone on your behalf may apply to the review panel by filling in a Form 7, Application for Review Panel Hearing. This form is available in the nursing unit. The review panel must decide within 14 days to continue your hospitalization or discharge you. There is no cost. Information about how a review panel works can be provided by your nurse or you can contact the Mental Health Law Program directly at 604 685-3425 or toll free at 1 888 685-6222.

#### JUDICIAL REVIEW (HABEAS CORPUS)

You may ask the court to look at the documents used in your involuntary admission to see whether you should be kept in this facility. You will need a lawyer to assist you and there may be a cost.

#### APPLICATION TO THE COURT

You may ask the Supreme Court of British Columbia to decide whether you must continue to be an involuntary patient. You will need a lawyer to assist you and there may be a cost.

#### SECOND MEDICAL OPINION

At any time after the second medical certificate is completed, you, or a person on your behalf, may request a second medical opinion about the appropriateness of your medical treatment. The second opinion is NOT about whether you should continue to be an involuntary patient. You may ask to be seen by a medical doctor of your choice or ask the director to pick a medical doctor. There may be a cost to you depending on the distance the doctor has to travel. When the director receives the second opinion, the director does not have to change the treatment; it is only an opinion.

#### MEET WITH A RIGHTS ADVISOR

You are encouraged to meet with a Rights Advisor. A Rights Advisor can give you information about your rights and options under the *Mental Health Act*. They support you to make decisions. Their help is free.

Rights Advisors do not work for the government, facility, or treatment team. They meet with you in private and do not share what you talk about. A Rights Advisor can also help connect you with local resources and supports, including those for Indigenous persons. You can choose to invite a support person (e.g., family member, friend) to your Rights Advice meeting.

HLTH 3513 PAGE 2 OF 2



#### FORM 13.1 - MENTAL HEALTH ACT YOUR RIGHTS UNDER THE MENTAL HEALTH ACT AS AN INVOLUNTARY PATIENT

(Sections 34 and 34.3, R.S.B.C. 1996, c. 288) HLTH 3513.1 2025/08/19

You are here as an involuntary patient. This means your doctor or nurse practitioner assessed you. Their opinion is you are experiencing a serious mental health issue and you need psychiatric treatment in or through a mental health facility. The facility must provide you with appropriate care, treatment, and support.

You have rights under the Mental Health Act. Page 1 of this form is a summary of your rights. These will be reviewed and discussed with you. More details about these rights are on page 2. You can ask questions or for more information at any time. You will get a copy of this form.

0	You must be informed where you are getting mental health treatment.				
	You are being treated in or through:			in	
	5	Designated	Facility Name		City or Town
?	<b>You must be informed why you are an</b> in The doctor or nurse practitioner must wri			can ask to see this certifi	cate.
	A doctor must assess you regularly to o	heck if you shou	ld still be an invo	oluntary patient.	
PO ATT	You can meet with a Rights Advisor. Rights Advisors explain your rights, answ or treatment team. Rights Advisors meet				
**	You can ask for a second medical opini If you do not agree with your mental hea on your treatment.			ner doctor to give a seco	nd opinion
	You can apply for a hearing with a review panel if you do not agree that you should be an involuntary patient.  The people on the panel do not work for the government, facility, or treatment team. They are not involved in decisions about your treatment. They hear your case and decide if you should still be an involuntary patient. The hearing is free.				
0	<b>You can speak to a lawyer.</b> A Rights Advisor can help you with finding a lawyer or other legal help.				
<u> </u>	You can apply to the court for a judge to review your case. The judge can see if:  1. There is evidence that proper procedures were followed and there is legal authority to keep you as an involuntary patient.  2. There is enough reason or legal authority to keep you as an involuntary patient.				
You may sign this form if you wish. (check all that apply)					
Loo	onfirm that my rights under the <i>Mental H</i> o	ealth Act have he	en reviewed and	discussed with me	
I want to meet with a Rights Advisor. I understand I can ask to meet with a Rights Advisor whether I sign this or not. I understand my name, personal health number, and contact information will be shared with the Rights Advisor.					
First and Last Name of Person (please print) Signature of Person Date (DD / MM / YYYY)					
TO BE CO	OMPLETED BY THE TREATMENT TEAM I	IEMBER PROVIE	ING RIGHTS NO	TIFICATION (check al	that apply)
_	is form has been reviewed and discussed wit e person declined to complete the form.	h the person.	this time. Th	is not able to review and ney will be reassessed re will be attempted agair	gularly and the rights
Name (plea:	ease print) Role			Date (DD / MM / YYYY)	Time (24HR HH:MM)

#### Your rights under the Mental Health Act as an involuntary patient



#### Why am I an involuntary patient?

A doctor or nurse practitioner assessed you. Their opinion is **you meet all 4 of the criteria** to be an involuntary patient under the *Mental Health Act*.

- You have a mental disorder that seriously impairs your ability to react appropriately to your environment or associate with other people.
- You need psychiatric treatment either in or through a designated facility.
- You need care, supervision and control in or through a designated facility to prevent your substantial mental or physical deterioration or to protect yourself or others.
- 4. You cannot be suitably admitted as a voluntary patient.

The doctor or nurse practitioner must write the reasons they believe you meet these 4 criteria on a certificate called a Form 4.1/4.2: Medical Certificate or Form 6: Renewal Certificate. You can ask to see your certificate.

When possible, your treatment team will involve you in planning your treatment. You might have to take medications or other forms of treatment even if you do not want to.

You can leave the facility only if your doctor permits it.



#### How long can I be treated as an involuntary patient?

When a doctor or nurse practitioner completes the first medical certificate, you might need to stay in the facility for up to 48 hours. If another doctor assesses you and completes a second medical certificate, you might need to stay in the facility for up to 1 month.

A doctor must assess you regularly to check your progress. You stop being an involuntary patient as soon as a doctor's opinion is you no longer meet all 4 criteria. You could then choose to continue treatment as a voluntary patient.

If the doctor's opinion is you still meet all 4 criteria, they could renew your medical certificate.

- The first renewal period is for up to another month.
- The second renewal period is for up to 3 months.
- Each renewal period after that is for up to 6 months.

In some cases, a doctor might decide you will be on "extended leave". This means you are still an involuntary patient but can leave the facility and must follow your treatment plan in the community.



#### How can a Rights Advisor help me?

You are encouraged to meet with a Rights Advisor. A Rights Advisor can give you information about your rights and options under the *Mental Health Act*. They support you to make decisions. A Rights Advisor can also help connect you with local resources and supports, including those for Indigenous persons. Their help is free.

You can choose to invite a support person (e.g., family member, friend) to your Rights Advice meeting.



#### How do I get a second medical opinion?

You can ask for another opinion from a second doctor if you do not agree with your mental health treatment. This doctor will assess you and give a second opinion on whether your treatment is appropriate. The second opinion must be considered, but it might not lead to a change in your treatment plan. To ask for a second medical opinion, fill out Form 11: Request for Second Medical Opinion.

A support person can also ask for a second medical opinion on your behalf. A Rights Advisor or a member of your treatment team can give you more information and help you ask for a second medical opinion.



#### How do I get a review panel hearing?

You can ask for a hearing with a review panel if you do not agree that you should be an involuntary patient. There are 3 people on the panel who hear your case. They decide whether you still meet all 4 criteria to be an involuntary patient. They cannot decide about your treatment.

You can ask for a review panel hearing after your second medical certificate and after each renewal certificate. Each hearing is free.

To apply for a hearing, fill out Form 7: Application for Review Panel Hearing. A support person can also apply for a review panel hearing on your behalf. A Rights Advisor or a member of your treatment team can give you more information and help you apply for a review panel.



#### How do I access a lawyer?

You can contact a lawyer at any time. A Rights Advisor can give you information about finding a lawyer or other legal help. They can also help you find out if you can get legal



#### How can I get a judge to review my case?

You can apply to the court to ask a judge to review your case. You might need a lawyer to help with this. A support person can also apply to the court on your behalf. A Rights Advisor can give you more information about applying to the court and getting legal help. There are 2 options:

- The judge can see if there is evidence that proper procedures were followed and there is legal authority to keep you as an involuntary patient. This is called a habeas corpus application. It protects people from unlawful detention.
- The judge can see if there is enough reason or legal authority to keep you as an involuntary patient.
   This is called a Section 33 application.



## How can I report a concern about my experience as an involuntary patient?

There are steps you can take if you have concerns about your care or how you have been treated. The options depend on the type of concern you have. A Rights Advisor can explain what options are available and how to report your concerns.

Page 2 of 2

# FORM 14 MENTAL HEALTH ACT [Section 34.1, R.S.B.C. 1996, c. 288]

## NOTIFICATION TO PATIENT UNDER AGE 16, ADMITTED BY PARENT OR GUARDIAN, OF RIGHTS UNDER THE MENTAL HEALTH ACT

The information in **bold** type must be read to the patient.

name of person who provided information

You have the right:

You have been admitted to this facility at the request of your parent or guardian and I am here to tell you about your legal rights under the *Mental Health Act*. I will read you a summary of these rights. You may ask me questions at any time. I will give you a copy of this form, which contains information for you to read.

1.	to know the name and location of this facility. It is			
	name of facility			
	at			
	location			
2.	to know the reason why you are here. The facility has admitted you because your parent or guardian requested your admission, a medical doctor examined you and his/her opinion was that you have a mental disorder that requires treatment. (see <i>Reasons for Admission</i> )			
3.	to contact a lawyer. (see Contacting a Lawyer)			
4.	to be examined regularly by a medical doctor to see if you still need to be a patient in this facility. (see <i>Renewal Certificates</i> )			
5.	to apply to the Review Panel for a hearing to decide if you should be discharged. (see <i>Review Panel</i> )			
6.	to apply to the court to ask a judge if your medical certificates are in order. A lawyer is normally required. (see <i>Judicial Review (Habeas Corpus)</i> )			
7.	to apply to the court to ask a judge to review your medical doctor's decision to keep you in the facility. A lawyer is normally required. (see <i>Application to the Court</i> )			
8.	to meet with an independent Rights Advisor. (see <i>Meet with a Rights Advisor</i> )			
	name of patient (please print)			
	patient's signature			

HILTH 3514 Rev. 2025/08/19 INTERIM PAGE 1 OF 2

Give the patient a blank copy and file the named copy in the chart

#### MORE INFORMATION

#### REASONS FOR ADMISSION

You were admitted at the request of your parent or guardian and a medical doctor who examined you is of the opinion that

- (a) you are a person with a mental disorder that seriously impairs your ability to react appropriately to your environment or associate with other people, and
- (b) you require psychiatric treatment in a designated facility.

You do not have a choice about staying here. The staff may give you medication or other treatment, to which your parent or guardian has consented, for your mental disorder even if you do not want to take it.

You may talk to your medical doctor or a nurse about these things if you wish.

#### **CONTACTING A LAWYER**

You may contact any lawyer or advocate you choose at any time.

#### RENEWAL CERTIFICATES

Within one month of your admission, you must be examined by a medical doctor for the purpose of determining whether you should be discharged.

If the medical doctor is of the opinion that you should not be discharged, you have the right to

- · a second examination within one month after the first month is ended,
- a third examination within three months of the second examination, and after that
- an examination within each six-month period after the third examination.

#### **REVIEW PANEL**

If you ask to be discharged, but the parent or guardian who requested your admission does not support your request, you have the right to request a hearing by a review panel to determine whether you should be discharged.

You or someone on your behalf may apply to the review panel by filling in a Form 7, Application for Review Panel Hearing. This form is available in the nursing unit. The review panel must decide within 14 days to continue your hospitalization or discharge you. There is no cost. Information about how a review panel works can be provided by your nurse or you can contact the Mental Health Law Program directly at 604 685-3425 or toll free at 1 888 685-6222.

#### JUDICIAL REVIEW (HABEAS CORPUS)

You may ask the court to look at the documents used in your admission to see whether you should be kept in this facility. You will need a lawyer to assist you and there may be a cost.

#### APPLICATION TO THE COURT

You may ask the Supreme Court of British Columbia to decide whether you must continue to be a patient. You will need a lawyer to assist you and there may be a cost.

#### MEET WITH A RIGHTS ADVISOR

You are encouraged to meet with a Rights Advisor. A Rights Advisor can give you information about your rights and options under the *Mental Health Act*. They support you to make decisions. Their help is free.

Rights Advisors do not work for the government, facility, or treatment team. They meet with you in private and do not share what you talk about. A Rights Advisor can also help connect you with local resources and supports, including those for Indigenous persons. You can choose to invite a support person (e.g., family member, friend) to your Rights Advice meeting.

HLTH 3514 PAGE 2 OF 2



#### FORM 14.1 - MENTAL HEALTH ACT YOUR RIGHTS UNDER THE MENTAL HEALTH ACT AS A PATIENT UNDER AGE 16 ADMITTED ON REQUEST OF A PARENT OR GUARDIAN

(Sections 34.1 and 34.3, R.S.B.C. 1996, c. 288) HLTH 3514.1 2025/07/30

Your parent or guardian asked that you be a patient in this mental health facility. A doctor or nurse practitioner assessed you. Their opinion is you are experiencing a serious mental health issue and you need psychiatric treatment. The facility must provide you with appropriate care, treatment, and support.

You have rights under the Mental Health Act. Page 1 of this form is a summary of your rights. These will be reviewed and discussed with you. More details about these rights are on page 2. You can ask questions or for more information at any time. You will get a copy of this form.

You are being treated at:			in	
<u> </u>	Designated Facility Na	ne	City or	Town
You must be informed why you	are getting treatment i	n a mental health	n facility.	
A doctor must assess you regul	arly to check if you sho	uld still be treated	d in a mental health facili	ty.
Rights Advisors explain your right	ts, answer questions, and			
The people on the panel do not v	vork for the government,	facility, or treatme	ent team. They are not invo	lved in decisions
<b>You can speak to a lawyer.</b> A Rights Advisor can he <b>l</b> p you wit	:h finding a <b>l</b> awyer or oth	er legal help.		
You can apply to the court for a judge to review your case.  The judge can see if:  1. There is evidence that proper procedures were followed and there is legal authority to keep you as a patient in the facility.  2. There is enough reason or legal authority to keep you as a patient in the facility.				
sign this form if you wish. (check	( all that apply)			
I confirm that my rights under the <i>Mental Health Act</i> have been reviewed and discussed with me.  I want to meet with a Rights Advisor. I understand I can meet with a Rights Advisor whether I sign this or not.  I understand my name, personal health number, and contact information will be shared with the Rights Advisor.				
d Last Name of Youth (please print)	Signature	of Youth	Date (DE	D/MM/YYYY)
MPLETED BY THE TREATMENT	FEAM MEMBER PROVI	DING RIGHTS NO	TIFICATION (check all th	nat apply)
	•	this time. T	hey will be reassessed regu	
e print)	Role		Date (DD / MM / YYYY)	Time (24HR HH:MM)
	A doctor must assess you regul.  You can meet with a Rights Adv. Rights Advisors explain your right treatment team. Rights Advisors of the panel do not vabout your treatment. They hear you can apply for a hearing with The people on the panel do not vabout your treatment. They hear you can speak to a lawyer.  A Rights Advisor can help you with You can apply to the court for a The judge can see if:  1. There is evidence that prope 2. There is enough reason or lessign this form if you wish. (check firm that my rights under the Meat to meet with a Rights Advisor. erstand my name, personal health and Last Name of Youth (please print)  MPLETED BY THE TREATMENT form has been reviewed and discurrent the form of the property out the declined to complete the form out the form of the property of th	You can meet with a Rights Advisor. Rights Advisors explain your rights, answer questions, and treatment team. Rights Advisors meet with you in private.  You can apply for a hearing with a review panel if you on the people on the panel do not work for the government, about your treatment. They hear your case and decide if you can speak to a lawyer. A Rights Advisor can help you with finding a lawyer or oth You can apply to the court for a judge to review your case and decide if you can apply to the court for a judge to review your case and decide if you can apply to the court for a judge to review your case and decide if you can apply to the court for a judge to review your case if:  1. There is evidence that proper procedures were follow. 2. There is enough reason or legal authority to keep you sign this form if you wish. (check all that apply)  firm that my rights under the Mental Health Act have be not to meet with a Rights Advisor. I understand I can meet erstand my name, personal health number, and contact information of Youth (please print)  MPLETED BY THE TREATMENT TEAM MEMBER PROVIEW or the serviewed and discussed with the youth. Youth declined to complete the form.	You must be informed why you are getting treatment in a mental health  A doctor must assess you regularly to check if you should still be treated.  You can meet with a Rights Advisor.  Rights Advisors explain your rights, answer questions, and provide options. It reatment team. Rights Advisors meet with you in private and do not share of You can apply for a hearing with a review panel if you do not agree that the people on the panel do not work for the government, facility, or treatment about your treatment. They hear your case and decide if you should still stay You can speak to a lawyer.  A Rights Advisor can help you with finding a lawyer or other legal help.  You can apply to the court for a judge to review your case.  The judge can see if:  1. There is evidence that proper procedures were followed and there is leg 2. There is enough reason or legal authority to keep you as a patient in the sign this form if you wish. (check all that apply)  firm that my rights under the Mental Health Act have been reviewed and at to meet with a Rights Advisor. I understand I can meet with a Rights Advisor erstand my name, personal health number, and contact information will be signature of Youth (please print)  At Last Name of Youth (please print)  Signature of Youth  MPLETED BY THE TREATMENT TEAM MEMBER PROVIDING RIGHTS NOT this time. To notification the court form.	You must be informed why you are getting treatment in a mental health facility.  A doctor must assess you regularly to check if you should still be treated in a mental health facility.  You can meet with a Rights Advisor.  Rights Advisors explain your rights, answer questions, and provide options. They do not work for the getreatment team. Rights Advisors meet with you in private and do not share what you talk about. Their laws treatment team. Rights Advisors meet with you in private and do not share what you talk about. Their laws treatment team. Rights Advisors meet with you in private and do not agree that you should be a patient in the people on the panel do not work for the government, facility, or treatment team. They are not involved about your treatment. They hear your case and decide if you should still stay in the mental health facility.  You can speak to a lawyer.  A Rights Advisor can help you with finding a lawyer or other legal help.  You can apply to the court for a judge to review your case.  The judge can see if:  1. There is evidence that proper procedures were followed and there is legal authority to keep you as a patient in the facility.  Sign this form if you wish. (check all that apply)  firm that my rights under the Mental Health Act have been reviewed and discussed with me.  It to meet with a Rights Advisor. I understand I can meet with a Rights Advisor whether I sign this erstand my name, personal health number, and contact information will be shared with the Rights Advisor whether I sign this erstand my name, personal health number, and contact information will be shared with the Rights Advisor whether I sign this erstand my name, personal health number, and contact information will be shared with the Rights Advisor whether I sign this erstand my name, personal health number, and contact information will be shared with the Rights Advisor whether I sign this erstand my name, personal health number, and contact information will be shared with the Rights Advisor whether I sign this time.

#### Your rights under the Mental Health Act as a patient under age 16 admitted on request of a parent or guardian



#### Why am I in a mental health facility?

Your parent or guardian asked that you be a patient in the mental health facility. A doctor or nurse practitioner has assessed you. Their opinion is you meet the following criteria under the *Mental Health Act*:

- You have a mental disorder that seriously impairs your ability to react appropriately to your environment or associate with other people.
- 2. You need psychiatric treatment.

The doctor or nurse practitioner must write the reasons they believe you meet these criteria in your medical record. You can talk with your treatment team about the reasons you have to stay in the facility. You can ask questions at any time.

When possible, your care team will involve you in planning your treatment. You might have to take medication or other forms of treatment even if you do not want to. Your parent or guardian may also be involved in deciding the plan.



## How long do I have to stay in the mental health facility?

After a doctor or nurse practitioner assesses you and you become a patient in the facility, you might have to stay for up to 1 month.

A doctor must assess you regularly to check your progress. You will be able to leave the facility:

- as soon as a doctor's opinion is you no longer meet the criteria to be kept in the facility, or
- if your parent or guardian asks that you be released from the facility.

If the doctor's opinion is you still meet the criteria, your stay in the facility could be renewed.

- The first renewal period is for up to another month.
- The second renewal period is for up to 3 months.
- Each renewal period after that is for up to 6 months.



#### How can a Rights Advisor help me?

You are encouraged to meet with a Rights Advisor. A Rights Advisor can give you information about your rights and options under the *Mental Health Act*. They support you to make decisions. Their help is free.

A Rights Advisor can also help connect you with local resources and supports, including those for Indigenous persons.

You can choose to invite a support person (e.g., family member, friend) to your Rights Advice meeting.



#### How do I get a review panel hearing?

You can ask for a hearing with a review panel if you do not agree that you should be a patient in the mental health facility. There are 3 people on the panel who hear your case. They decide whether you still meet the criteria for being kept in the mental health facility. They cannot decide about your treatment.

You can ask for a review panel hearing each time your stay in the facility is renewed. Each hearing is free.

To apply for a hearing, fill out Form 7: Application for Review Panel Hearing. A support person can also apply for a review panel on your behalf. A Rights Advisor or a member of your treatment team can give you more information and help you apply for a review panel.



#### How do I access a lawver?

You can contact a lawyer at any time. A Rights Advisor can give you information about finding a lawyer or other legal help. They can also help you find out if you can get legal aid.



#### How can I get a judge to review my case?

You can apply to the court to ask a judge to review your case. You might need a lawyer to help with this. A support person can also apply to the court on your behalf. A Rights Advisor can give you more information about applying to the court and getting legal help. There are 2 options:

- The judge can see if there is evidence that proper procedures were followed and there is legal authority to keep you as a patient in the facility.
   This is called a habeas corpus application. It protects people from unlawful detention.
- The judge can see if there is enough reason or legal authority to keep you as a patient in the facility.
  This is called a Section 33 application.



## How can I report a concern about my experience in the mental health facility?

There are steps you can take if you have concerns about your care or how you have been treated. The options depend on the type of concern you have. A Rights Advisor can explain what options are available and how to report your concerns.

# FORM 16 MENTAL HEALTH ACT [Section 34.2, R.S.B.C. 1996, c. 288]

# NOTIFICATION TO NEAR RELATIVE (ADMISSION OF INVOLUNTARY PATIENT OR PATIENT UNDER AGE 16)

This is to notify				
	name of near relative	e (please print)		
	address and phone num	ber (please print)		
being a near relative of	name of patient (please print)	that on	date (dd / mm / yyyy)	
the above patient was admi	tted and is being detained as	☐ an involuntary pa  or as (tick off the statement ☐ a patient under a	which applies)	
inname of design	nated facility ,	address of de	esignated facility .	

#### **RIGHTS INFORMATION**

#### 1. Duration of involuntary patient status

A patient who is an involuntary patient as a result of the completion of two medical certificates, under section 22 of the Act, may be detained for one month from the date of admission. If not already discharged, the patient must be discharged at the end of that month unless the authority for the patient's detention is renewed in accordance with section 24 of the Act.

#### 2. Renewal certificate

An involuntary patient who has not been discharged has the right to be examined by a physician before the patient's medical certificate or renewal certificate expires, to determine whether the patient should be discharged. If the patient does not meet the criteria for continued treatment as an involuntary patient, the patient must be discharged or have their status changed to that of voluntary patient. If the physician determines that the patient continues to meet the criteria for involuntary admission, the physician must complete Form 6, Medical Report on Examination of Involuntary Patient (Renewal Certificate).

Section 24 of the Act provides that medical certificates may be renewed as follows:

- from the end of the first month, for 1 further month;
- for a further 3-month period following the end of the second month;
- from the end of this 3-month period, for a period of 6 months; or
- for further successive periods of 6 months.

In the case of a patient under age 16 admitted at the request of a parent or guardian under the Act, the same requirements for a medical examination and the same time periods apply. The physician must complete Form 3, Medical Report (Examination of a Person Under 16 Years of Age, Admitted at Request of Parent or Guardian) (Renewal Certificate).

HLTH 3516 Rev. 2025/08/19 INTERIM PAGE 1 OF 2

#### 3. Review panel application by or on behalf of an involuntary patient

An involuntary patient, or a person acting on the patient's behalf, has the right, under section 25 of the Act, to request a review of the patient's detention. This must be done on Form 7, Application for Review Panel Hearing. The review panel office's address is listed at the end of this form.

If an application has been made for a review panel hearing, the patient and a near relative will be informed of the time and date of the hearing. The patient may name which near relative is to be notified. The near relative has the right to participate in the review process.

#### 4. Review panel application by or on behalf of a patient under age 16

A patient under 16 years of age who was admitted to a designated facility by a parent or guardian, who asks to be discharged and whose request for discharge is not supported by the patient's parent or guardian, has the right under section 21 of the Act to request a review by a review panel. A person acting on the patient's behalf may also make the application.

If an application has been made for a review panel hearing, the patient and a near relative will be informed of the time and date of the hearing. The near relative has the right to participate in the review process.

#### 5. Right to apply to the Supreme Court of British Columbia

The patient or someone acting on the patient's behalf may have the validity of the patient's admission and detention determined by way of an application (in the nature of habeas corpus) to the court under the Judicial Review Procedure Act. The patient or someone acting on the patient's behalf may also apply to the court under section 33 of the Act, to determine whether there is sufficient reason and authority for the

	medical certificate. Legal advice concerning these matters may be obtained from independent counsel or through Legal Aid BC or the Community Legal Assistance Society (CLAS).
	The phone number of Legal Aid BC is
	The phone number for CLAS is
6.	Second medical opinion
	Under section 31 of the Act, the patient, or a person acting on the patient's behalf, has the right to request a second medical opinion on the appropriateness of the patient's treatment. This must be done using Form 11, Request for Second Medical Opinion.
	The right to request a second medical opinion does not apply to a patient under age 16 admitted at the request of a parent or guardian.
7.	Meet with a Rights Advisor
	Involuntary patients and patients under age 16 admitted by a parent or guardian can meet with a Rights Advisor. A Rights Advisor can provide information about their rights and options under the <i>Mental Health Act</i> . They support the patient to make decisions. Their help is free.
	Rights Advisors do not work for the government, facility, or treatment team. Meetings with a Rights Advisor are private. The patient can choose to invite a support person (e.g., family member, friend) to their Rights Advice meeting.
NC	OTE: If you are in agreement with the hospitalization of the above patient, you need not take any further action.
	director's (or delegate's) signature date signed (dd / mm / yyyy)
_	director (or delegate) (please print)

Mental Health Review Board 1270 - 605 Robson Street, Vancouver BC V6B 5J3 Tel: 604 660-2325 Fax: 604 660-2403

6.

7.

HLTH 3516 PAGE 2 OF 2



# FORM 16.1 - MENTAL HEALTH ACT NOTIFICATION TO NEAR RELATIVE OF ADMISSION OF INVOLUNTARY PATIENT

(Sections 34.2 and 34.3, R.S.B.C. 1996, c. 288) HLTH 3516.1 2025/07/30

To:	
	First and Last Name of Near Relative

You have been chosen as a "near relative" of a patient in a mental health facility. This means:

- · you are a family member, friend, caregiver, companion, guardian, or representative of the patient, and
- you will get notifications when the person's involuntary admission begins and ends, or if they request a hearing with the Mental Health Review Board.

This notification is to give you information only. You don't have to take any further action.

The following person is an involuntary patient at the mental health facility listed below:

PATIENT AND DESIGNATED FACILITY INFORMATION				
First and Last Name of Person	Date of Involuntary Admission (DD / MM / YYYY)			
Designated Facility Name	City / Town			
Name of Director of Designated Facility				

This person is an involuntary patient because a doctor or nurse practitioner assessed them and their opinion is:

- they are experiencing a serious mental health issue, and
- they need psychiatric treatment in or through a mental health facility.

The facility must provide the person with appropriate care, treatment, and support. There is more information about what it means to be an involuntary patient on page 2 of this form.

For more information about the facility listed above, see the Health Services Directory available at <a href="HealthLinkBC.ca">HealthLinkBC.ca</a>. For help searching the directory, call **8-1-1** (within B.C. only) to speak with a health service navigator.

Involuntary patients have rights under the *Mental Health Act*. A family member, friend, caregiver, or other representative may act on behalf of a patient in some circumstances. There is more information on page 2 of this form.

NOTIFICATION DETAILS					
Date Notification Sent (DD / MM / YYYY)	Method of Notification	Registered Mail	Address		
Time Notification Sent (24HR HH:MM)	<ul> <li>○ Hand Delivery</li> <li>○ Registered Mail – list address →</li> <li>○ Secure Electronic Delivery →</li> </ul>	City  Email Address	Province	Postal Code	
Additional Details					
FOR FACILITY USE ONLY					
Receipt of notification to near relative	Date (DD / MM e was confirmed on:	/YYYY)	Confirmation / Tracking Number (if applicable	2)	

Page 1 of 2

#### Information about involuntary patients under the Mental Health Act



#### How does a person become an involuntary patient?

A person can become an involuntary patient if a doctor or nurse practitioner assesses them and forms the opinion they meet all 4 of the criteria to be an involuntary patient under the Mental Health Act.

- They have a mental disorder that seriously impairs their ability to react appropriately to their environment or associate with other people.
- 2. They need psychiatric treatment either in or through a designated facility.
- They need care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration or to protect themselves or others.
- 4. They cannot be suitably admitted as a voluntary patient.

The doctor or nurse practitioner must write the reasons they believe the person meets these 4 criteria on a certificate called a Form 4.1/4.2: Medical Certificate or Form 6: Renewal Certificate. The person can ask to see their certificate

When possible, the treatment team will involve the person in planning their treatment. They may have to take medication or other forms of treatment even if they do not want to.

The person can leave the facility only if their doctor permits it.



#### How long can someone be kept as an involuntary patient?

When a doctor or nurse practitioner completes the first medical certificate, the person might need to stay in the facility for up to 48 hours. If another doctor assesses the person and completes a second medical certificate, the person might need to stay in the facility for up to 1 month.

A doctor must assess the person regularly to check their progress. The person stops being an involuntary patient as soon as a doctor's opinion is they no longer meet all 4 criteria. The person could then choose to continue treatment as a voluntary patient.

If the doctor's opinion is the person still meets all 4 criteria, they could renew the medical certificate.

- The first renewal period is for up to another month.
- The second renewal period is for up to 3 months.
- Each renewal period after that is for up to 6 months.

In some cases, a doctor might decide that the person will be on "extended leave". This means they are still an involuntary patient but can leave the facility and must follow their treatment plan in the community.



#### What is the role of a Rights Advisor?

Involuntary patients can meet with a Rights Advisor. A Rights Advisor can provide information about their rights and options under the *Mental Health Act*. They support the person to make decisions. Their help is free.

Rights Advisors do not work for the government, facility, or treatment team. Meetings with a Rights Advisor are private. The person can choose to invite a support person (e.g., family member, friend) to their Rights Advice meeting.



## How does the person get a second medical opinion on their treatment?

The person can ask for another opinion from a second doctor if they do not agree with their mental health treatment. This doctor will assess the person and give a second opinion on whether their treatment is appropriate. The second opinion must be considered, but it might not lead to a change in the person's treatment plan.

A family member, friend, or other representative can also ask for a second medical opinion on behalf of the person. To ask for a second medical opinion, fill out Form 11: Request for Second Medical Opinion.



#### How does the person get a review panel hearing?

The person can ask for a review panel hearing if they do not agree that they should be an involuntary patient. There are 3 people on the panel who hear the person's case and decide whether they still meet all 4 criteria to be an involuntary patient. The people on the panel do not work for the government, facility, or treatment team. They cannot decide about the person's treatment.

A review panel hearing can be requested after the second medical certificate, and after each renewal certificate. Each hearing is free.

A family member, friend, or other representative can ask for a review panel hearing on behalf of the person. To apply for a hearing, fill out Form 7: Application for Review Panel Hearing.

If an application is made for a review panel hearing, the involuntary patient and a near relative will be informed of the time and date of the hearing. The near relative has the right to take part in the review process.



#### Can a judge review the case in court?

Involuntary patients can apply to the court to ask a judge to review their case. A family member, friend, or other representative can also apply to the court on behalf of the person. There are 2 options:

- The judge can see if there is evidence that proper procedures were followed and there is legal authority to keep the person as an involuntary patient. This is called a habeas corpus application. It protects people from unlawful detention.
- The judge can see if there is enough reason or legal authority to keep the person as an involuntary patient.
   This is called a Section 33 application.

A lawyer might be needed to help with a court application. There could be a cost for this service.

An involuntary patient has the right to contact a lawyer at any time.



# FORM 16.2 - MENTAL HEALTH ACT NOTIFICATION TO NEAR RELATIVE OF ADMISSION OF PATIENT UNDER AGE 16 ON REQUEST OF A PARENT OR GUARDIAN

(Sections 34.2 and 34.3, R.S.B.C. 1996, c. 288) HLTH 3516.2 2025/07/30

To:	
	rst and Last Name of Near Relative

You have been chosen as a "near relative" of a patient in a mental health facility. This means:

- you are a family member, friend, caregiver, companion, guardian, or representative of the patient, and
- you will get notifications about the patient's stay in the mental health facility, including when they are admitted or released, or if they request a hearing with the Mental Health Review Board.

This notification is to give you information only. You don't have to take any further action.

The following youth is a patient under age 16 admitted on request of their parent or guardian at the mental health facility listed below:

PATIENT AND DESIGNATED FACILITY INFORMATION				
First and Last Name of Youth	Date of Admission (DD / MM / YYYY)			
Designated Facility Name	City / Town			
Name of Director of Designated Facility				

The parent or guardian asked that this youth be a patient in the facility listed above. A doctor or nurse practitioner assessed the youth and their opinion is:

- they are experiencing a serious mental health issue, and
- they need psychiatric treatment.

The facility must provide the youth with appropriate care, treatment, and support. There is more information about what it means to be a patient under age 16 admitted on request of a parent or guardian on page 2 of this form.

For more information about the facility listed above, see the Health Services Directory available at <a href="HealthLinkBC.ca">HealthLinkBC.ca</a>. For help searching the directory, call **8-1-1** (within B.C. only) to speak with a health service navigator.

Patients under age 16 have rights under the *Mental Health Act*. A family member, friend, caregiver, or other representative may act on behalf of a patient in some circumstances. There is more information on page 2 of this form.

NOTIFICATION DETAILS					
Date Notification Sent (DD / MM / YYYY)	Method of Notification	Registered Mail Address			
Time Notification Sent (24HR HH:MM)	<ul><li>○ Hand Delivery</li><li>○ Registered Mail – list address →</li></ul>	City Province Postal Code			
	○ Secure Electronic Delivery →	Email Address			
Additional Details					
FOR FACILITY USE ONLY					
Receipt of notification to near relative	Date (DD / MM / YYYY)  Confirmation / Tracking Number (if applicable)  Receipt of notification to near relative was confirmed on:				

Page 1 of 2

# Information about patients under age 16 admitted on request of a parent or guardian under the Mental Health Act



## How does a youth under age 16 become a patient at a facility on request of a parent or guardian?

A parent or guardian can ask that a youth under age 16 become a patient in a mental health facility. A doctor or nurse practitioner must assess the youth and form the opinion they meet the following criteria under the *Mental Health Act*:

- They have a mental disorder that seriously impairs their ability to react appropriately to their environment or associate with other people.
- 2. They need psychiatric treatment.

The doctor or nurse practitioner must write the reasons they believe the youth meets these criteria in their medical record.

When possible, the treatment team will involve the youth in planning their treatment. The youth might have to take medication or other forms of treatment even if they do not want to. The youth's parent or guardian may also be involved in deciding the plan.



## How long does a patient under age 16 have to stay in the mental health facility?

After a doctor or nurse practitioner assesses the youth and they are admitted to the facility, the youth might have to stay for up to 1 month. A doctor must assess the youth regularly to check their progress. The youth will be able to leave the facility:

- as soon as a doctor's opinion is the youth no longer meets the criteria to be kept in the facility, or
- if their parent or guardian asks that they be released from the facility.

If a doctor's opinion is the youth still meets the criteria, their stay in the facility could be renewed.

- The first renewal period is for up to another month.
- The second renewal period is for up to 3 months.
- Each renewal period after that is for up to 6 months.



#### What is the role of a Rights Advisor?

Patients under age 16 can meet with a Rights Advisor. A Rights Advisor can provide information about their rights and options under the *Mental Health Act*. They support the youth to make decisions. Their help is free.

Rights Advisors do not work for the government, facility, or treatment team. Meetings with a Rights Advisor are private. The youth can choose to invite a support person (e.g., family member, friend) to their Rights Advice meeting.



#### How does the youth get a review panel hearing?

A patient under age 16 can ask for a review panel if they do not agree that they should be a patient in the facility.

There are 3 people on the panel who hear the youth's case and decide whether the youth still meets the criteria to be kept in the mental health facility. The people on the panel do not work for the government, facility, or treatment team. The panel cannot decide about the youth's treatment.

A review panel hearing can be requested each time the youth's stay in a mental health facility is renewed. Each hearing is free.

A family member, friend, or other representative can also apply for a review panel hearing on behalf of the youth. To apply for a hearing, fill out Form 7: Application for Review Panel Hearing.

If an application is made for a review panel hearing, the youth and a near relative will be informed of the time and date of the hearing. The near relative has the right to take part in the review process.



#### Can a judge review the case in court?

A patient under age 16 can apply to the court to ask a judge to review their case. A family member, friend, or other representative can also apply to the court on behalf of the youth. There are 2 options:

- The judge can see if there is evidence that proper procedures were followed and there is legal authority to keep the youth as a patient in the facility. This is called a habeas corpus application. It protects people from unlawful detention.
- The judge can see if there is enough reason or legal authority to keep the youth as a patient in the facility. This is called a Section 33 application.

A lawyer might be needed to help with a court application. There could be a cost for this service.

The youth has the right to contact a lawyer at any time.





# FORM 22 - MENTAL HEALTH ACT REQUEST FOR RIGHTS ADVICE IN FACILITY

(Section 47(2), R.S.B.C. 1996, c. 288) HLTH 3522 2025/07/15

Instructions: The facility/team will submit this form through the Rights Advice Service online portal. Fax submission is a backup if there are technical issues with the online portal. For assistance, the Rights Advice Service can by reached by phone. The hours of operation for the Rights Advice Service are on their website at: <a href="mailto:irasbc.ca">irasbc.ca</a>.

SECTION 1: TO BE COMPLETED BY / WITH PERSON						
First Name			Last Name		Pronouns	
Personal Email (optional - to receive meeting invitation)			Personal Health Number (if available)		Date of Birth (DD / MM / YYYY)	
Meeting Format						
Most meetings with a Right	s Advisor are by video	conference o	phone. The facility/t	eam will provide access to a private meeting s	space and communications equipment.	
I prefer to meet by:	Videoconference o	· O Phone	(teleconference)			
Meeting Attendees						
				nd with you. This could be a family member, a person(s) can attend the meeting before listing		
O I choose to attend the	meeting alone.					
O I choose to have the fo	llowing person(s) atten	d the meeting	with me. To help with	scheduling, please include any notes on when t	hey are available to meet.	
Name or Role/Relationship			Email (optional - to receive meeting invitation)		Notes on Availability (optional)	
Name or Role/Relationship			Email (optional - to receive meeting invitation)		Notes on Availability (optional)	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Additional Supports						
	vailable in some locatio	ons for people	who have difficulty c	ommunicating by videoconference or phone. I	n-person meetings may take longer	
to set up since they are only available during limited dates and hours. A member of your treatment team can tell you if in-person meetings are available in your location.						
I need an in-person Rights Advice meeting (communication or accessibility need).						
Interpretation Services			Deaf or Hard of Hearing Services			
○ I need an interpreter in this language: →				I need live captioning (videoconference)	I need a sign language interpreter	
Do you have any other requ	ests or communicatio	n needs?				
SECTION 2: TO BE COMPLETED BY FACILITY / TEAM						
This form must be submitted as soon as possible after the request for Rights Advice is made.						
			DD / MM / YYYY)	Patient Status		
,			,	Involuntary Patient	Patient under age 16 admitted on	
				Medical Certificate (Form 4.1/4.2)	request of parent or guardian	
Unit (if applicable)	Phone			Renewal Certificate (Form 6)	Request for Admission (Form 1)	
			Leave Authorization (Form 20)		Renewal Certificate (Form 3)	
Address City / Town		City / Town		Renewal Certificate while on leave (For		
		,		Recall from leave		
Now (Deliver Chinese Control Description			Length of current certificate (1 month, 3			
Name/Position of Primary Contact Person(s) (can assist in scheduling the meeting)				Date of Involuntary Admission or Admission	oy Parent/Guardian (DD / MM / YYYY)	
Email (copy of meeting invitation and completed form sent to this email)			his email)	Notes for Scheduling a Meeting		
SECTION 3: TO BE COMPLETED BY RIGHTS ADVISOR						
Rights Advisor Name Meeting Format Notes  Videoconference						
				nference		
Date Request Received (DD / MM / YYYY) Time Received (24HR H		ved (24HR HH	:MM) Phone			
			○ In-person ○ Declined service			
Meeting Date (DD / MM / YY	YY) Meeting Ti	me (24HR HH				
			Cancelle			

Your personal information is being collected under section 26(c) of the Freedom of Information and Protection of Privacy Act to set up a meeting with a Rights Advisor and help the Rights Advisor to tailor the information they give you. If you have any questions about the collection of this personal information, please contact: Provincial Manager, Independent Rights Advice Service, Canadian Mental Health Association, BC Division, 905 – 1130 West Pender Street, Vancouver BC, V6E 4A4.