



Mental Health Act
MENTAL HEALTH REGULATION
B.C. Reg. 233/99

Deposited July 19, 1999 and effective November 15, 1999
Last amended May 15, 2018 by B.C. Reg. 96/2018

Consolidated Regulations of British Columbia

This is an unofficial consolidation.

B.C. Reg. 233/99 (O.C. 869/99), deposited July 19, 1999 and effective November 15, 1999, is made under the *Mental Health Act*, R.S.B.C. 1996, c. 288, ss. 9 and 43.

This is an unofficial consolidation provided for convenience only. This is not a copy prepared for the purposes of the *Evidence Act*.

This consolidation includes any amendments deposited and in force as of the currency date at the bottom of each page. See the end of this regulation for any amendments deposited but not in force as of the currency date. Any amendments deposited after the currency date are listed in the B.C. Regulations Bulletins. All amendments to this regulation are listed in the *Index of B.C. Regulations*. Regulations Bulletins and the Index are available online at www.bclaws.ca.

See the User Guide for more information about the *Consolidated Regulations of British Columbia*. The User Guide and the *Consolidated Regulations of British Columbia* are available online at www.bclaws.ca.

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Mental Health Act

MENTAL HEALTH REGULATION

B.C. Reg. 233/99

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Mental Health Act

MENTAL HEALTH REGULATION

B.C. Reg. 233/99

Definitions

1 In this regulation:

“**Act**” means the *Mental Health Act*;

“**chair**” means a chair of a review panel appointed under section 24.1 (2) (c) of the Act;

“**health authority**” means

(a) a board designated under the *Health Authorities Act*,

(b) a board of a hospital as defined by section 1 of the *Hospital Act*, or

(c) any other governing body of a designated facility;

“**review panel**” means a review panel appointed under section 24.1 (2) of the Act;

“**review panel office**” means the office having the following address:

302 – 960 Quayside Drive

New Westminster BC V3M 6G2

Tel: 604-660-2325

Fax: 604-660-2403.

[am. B.C. Regs. 132/2005, s. 1 (a); 224/2012, s. (a).]

Prescribed periods

2 (1) The prescribed period for the purposes of the definition of “**resident of British Columbia**” in section 1 of the Act is 3 months.

(2) The prescribed period for the purposes of section 22 (7) of the Act is 5 days.

Director of facility to be appointed

3 The health authority responsible for the operation of a designated facility must appoint a person as director of the facility.

Charges

4 (1) The daily charge for long term care, treatment and maintenance of a person who is admitted under section 20 of the Act to a Provincial mental health facility, in respect of persons who have attained the age of 19 years, must be calculated as follows and rounded down to the nearest dime:

$$(OAS + GISs) \times \frac{12}{365} \times 0.85$$

where

OAS = the monthly dollar amount of the federal Old Age Security pension;

GISs = the maximum monthly dollar amount of the federal Guaranteed Income Supplement for a single person.

- (2) For the purposes of calculating a daily fee under this section
- (a) the year is divided into 4 quarters beginning on February 1, May 1, August 1 and November 1 respectively, and
 - (b) the fee for a day is calculated on the basis of the OAS and GISs as they stand on the first day in the quarter in which the day falls.

Notice to patients

- 5 The director must ensure that a copy of the Act, sections 1 to 10 of this regulation and Forms 13 and 14 is posted in a conspicuous place that is accessible to patients in the designated facility.

Conduct of review panel hearings

- 6 (1) In this section:
- “**facility**” means the designated facility in or through which the patient is receiving treatment;
 - “**hearing**” means a hearing by a review panel under section 25 of the Act;
 - “**patient**” means a person entitled to a hearing.
- (2) A hearing may be requested only after a second medical certificate respecting the patient is received by the director under section 22 (2) of the Act.
- (3) A request for a hearing must be delivered to the director.
- (4) On receiving a request for a hearing, the director must deliver it to the review panel office, and if delivered by facsimile or other electronic means, a paper copy must also be delivered.
- (5) The prescribed time for the purposes of section 25 (1) (a) of the Act is 14 days after the request for a hearing is delivered to the review panel office.
- (6) The prescribed time for the purposes of section 25 (1) (b) and (c) of the Act is 28 days after the request for a hearing is delivered to the review panel office.
- (7) A patient who requests a hearing, or a person who requests a hearing on behalf of a patient, must be given at least 2 clear days’ notice of the hearing.
- (8) to (21) Repealed. [B.C. Reg. 132/2005, s. 1 (b).]
[am. B.C. Regs. 79/2001; 132/2005, s. 1 (b).]

Review of leave after 12 months

- 7 (1) The director must give written notice to the review panel office of any patient to whom section 25 (1.1) of the Act applies.
- (2) At the request of a chair, the director must deliver to the chair a copy of the treatment record of a patient referred to in subsection (1).

- (3) For the purposes of a review under section 25 (1.1) of the Act, a chair may discuss the patient's treatment and care needs with
 - (a) the patient's treating physician, or
 - (b) any other health professional who is providing, or has provided, treatment or care to the patient.
- (4) If a hearing is ordered under section 25 (1.1) of the Act respecting a patient, the patient may cancel the hearing at any time before the hearing begins.

Second medical opinion

- 8 (1) An examination for the purposes of a second medical opinion requested under section 31 (2) of the Act must be completed as soon as reasonably practicable after the director receives the request.
- (2) A physician who provides a second opinion under section 31 (2) of the Act
 - (a) is not required to have a permit to practice in the designated facility in or through which the patient is detained,
 - (b) must be given reasonable access to the patient and the patient's treatment record kept by the designated facility, and
 - (c) must be given a reasonable opportunity to discuss the patient's treatment and care needs with the patient's treating physician.
- (3) A second medical opinion must be delivered to the director no later than 2 clear days after the examination referred to in subsection (1) is completed.
- (4) A designated facility is not required to reimburse a patient, or a person acting on behalf of a patient, for expenses incurred by the patient or person in connection with obtaining a second medical opinion under section 31 (2) of the Act.

Release on leave and recall

- 9 (1) Subject to subsection (2), a patient may not be released under section 37 of the Act unless the leave is first authorized by the director, or a physician authorized by the director, in the form specified under section 11 (20) of this regulation.
- (2) Authorization in the form referred to in subsection (1) is not required if a patient is released on leave on conditions that include a requirement that the patient return to the designated facility in a period of 14 days or less after the date of release.
- (3) The director may, in writing, authorize a physician to exercise any of the following powers or carry out any of the following duties in relation to a patient released on leave:
 - (a) care, supervision, treatment, maintenance or rehabilitation of the patient;
 - (b) completion of a medical report to authorize renewal of the patient's detention;
 - (c) amending the patient's conditions of leave;

-
- (d) recalling the patient;
 - (e) discharging the patient.
- (4) A physician authorized under subsection (3) need not have a permit to practice in the designated facility.
- (5) A patient may not be recalled unless a director referred to in section 39 of the Act, or a physician authorized by the director, is satisfied from an examination of the patient, personal observations or information received that the patient
- (a) requires treatment in a designated facility,
 - (b) requires care, supervision and control in a designated facility to prevent the patient's substantial mental or physical deterioration or for the protection of the patient or the protection of others, and
 - (c) will not voluntarily return to a designated facility.

Application to court for examination

- 10** (1) A judge or justice of the peace referred to in section 28 (3) of the Act may order that an application under that section may be made without using the form specified under section 11 (9) of this regulation for that application.
- (2) If a judge or justice of the peace referred to in section 28 (3) of the Act is satisfied that public knowledge of an application under that section could reasonably be expected to result in a significant risk of harm to any person's safety or mental or physical health, the judge or justice may order that the application must not be disclosed to any person other than a person authorized by a designated facility to which the person who is the subject of the application is or may be admitted.

Forms

- 11** (1) An application for admission to a designated facility under section 20 of the Act must be in Form 1.
- (2) A consent for treatment for a patient admitted to a designated facility under section 20 of the Act must be in Form 2.
- (3) A medical report on the review of continued hospitalization of a person under 16 years of age under section 20 of the Act must be in Form 3.
- (4) A medical certificate under section 22 (3) of the Act must be in Form 4.
- (5) A consent for treatment for a patient admitted under section 22, 28, 29 or 42 of the Act must be in Form 5.
- (6) A medical report to authorize renewal of detention under section 24 (2) of the Act must be in Form 6.
- (7) An application for a hearing under section 25 of the Act must be in Form 7.
- (8) A review panel determination under section 25 of the Act must be in Form 8.

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- (9) Subject to section 10 (1) of this regulation, an application under section 28 (3) of the Act must be in Form 9.
 - (10) A warrant under section 28 (4) of the Act must be in Form 10.
 - (11) A request under section 31 (2) of the Act must be in Form 11.
 - (12) A second medical opinion under section 31 (2) of the Act must be in Form 12.
 - (13) A notice under section 34 of the Act must be in Form 13.
 - (14) A notice under section 34.1 of the Act must be in Form 14.
 - (15) A nomination of a near relative for the purposes of section 34.2 of the Act must be in Form 15.
 - (16) A notice under section 34.2 (1) of the Act must be in Form 16.
 - (17) A notice under section 34.2 (2) (a) of the Act must be in Form 17.
 - (18) A notice under section 34.2 (2) (b) of the Act must be in Form 18.
 - (18.1) A notice under section 34.2 (3) of the Act must be in Form 18.1.
 - (19) A certificate of discharge under section 36 of the Act must be in Form 19.
 - (20) Subject to section 9 (2) of this regulation, an authorization for release on leave under section 37 of the Act must be in Form 20.
 - (21) A warrant under section 39 or 41 of the Act must be in Form 21.

[am. B.C. Reg. 224/2012, s. (b).]

FORM 1
MENTAL HEALTH ACT
[Section 20, R.S.B.C. 1996, c. 288]**REQUEST FOR ADMISSION**
(VOLUNTARY PATIENT)

The information on this form is collected pursuant to section 20 of the *Mental Health Act*. It will be used to document your voluntary admission to this facility designated under the *Mental Health Act*. Any questions you have about this form may be addressed to the director or staff of this facility.

I, _____,
patient's first and last name (please print)

of _____
street address city province postal code

request admission to _____
name of designated facility

for treatment, and agree to abide by the rules and regulations of the designated facility and to inform the staff if I wish to be discharged from the designated facility.

signature (patient, if 16 years of age or older)

date of signature (dd / mm / yyyy)

OR

signature (parent or guardian, if patient is under the age of 16 years)

date of signature (dd / mm / yyyy)

name of parent or guardian, if applicable (please print)

signature (witness)

date of signature (dd / mm / yyyy)

first and last name of witness (please print)

CONSENT FOR TREATMENT (VOLUNTARY PATIENT)

Point in time from May 15, 2018 to January 31, 2023

FORM 4
MENTAL HEALTH ACT
[Sections 22, 28, 29 and 42,
R.S.B.C. 1996, c. 288]

MEDICAL CERTIFICATE
(INVOLUNTARY ADMISSION)

I, _____, M.D., certify that I examined
physician's name (please print)
_____ on ____/____/____.
first and last name of person examined (please print) *dd/mm/yyyy*

In summary form, the reasons for my opinion are: (information may be obtained through interviews, observations and collateral sources)

1. In my opinion, this person:
has a disorder of the mind that requires treatment and which seriously impairs the person's ability to react appropriately to his/her environment or to associate with others (section 1 of the *Mental Health Act*);
2. In my opinion, this person:
 - (a) requires treatment in or through a designated facility; and
 - (b) requires care, supervision and control in or through a designated facility to prevent his/her substantial mental or physical deterioration or for the protection of the person or for the protection of others; and
 - (c) cannot suitably be admitted as a voluntary patient.

This person ☐ was ☐ was not
brought to me by a police officer or
constable under section 28 of the Act.

Note: if above space is insufficient, continue on back of form

Signed _____
physician's signature *date of signature (dd/mm/yyyy)*

physician's address (please print) *telephone*

Note: This medical certificate, when duly signed, is authority for anyone to apprehend the person who is the subject of this certificate and to transport the person to a designated facility for admission and detention for a 48 hour period. If a second medical certificate is completed within that period, it provides authority to detain the person for one month from the date of admission under the first certificate.

If this is a first medical certificate, it becomes invalid on the 15th day after the date upon which the physician examined the person who is the subject of the certificate unless the person has been admitted on the basis of it.

HLTH 3504 Rev. 2005/06/01 (PINK)

FORM 5
MENTAL HEALTH ACT
 [Sections 8 and 31, R.S.B.C. 1996, c. 288]
CONSENT FOR TREATMENT
(INVOLUNTARY PATIENT)

Note: Complete either **A** or **B**

A. I, _____, authorize the treatment described below.
first and last name of patient (please print)

B. I, _____, authorize the treatment described below
name of director or person authorized by the director (please print)
 with respect to _____ at _____.
first and last name of patient *name of designated facility (please print)*

Description of treatment/course of treatment:

The nature of the condition, options for treatment, the reasons for and the likely benefits and risks of the treatment described above have been explained to me by _____.
name and position/title

Complete either **A** or **B**

A. If signed by patient

patient's signature

date (dd / mm / yyyy) _____
time

witness' signature

witness' first and last name (please print)

To the best of my judgment, the above-named patient was capable of understanding the nature of the above authorization at the time it was signed.

_____, M.D.
signature of physician

HLTH 3505 Rev. 2005/06/01

B. If not signed by patient

signature

name of director or person authorized by the director (please print)

position/title

date (dd / mm / yyyy) _____
time

The above-named patient is an involuntary patient under section 22, 28, 29, 30, or 42 of the *Mental Health Act* and to the best of my judgment is incapable of appreciating the nature of treatment and/or his or her need for it, and is therefore incapable of giving consent.

_____, M.D.
signature of physician

MEDICAL REPORT ON EXAMINATION OF INVOLUNTARY PATIENT (RENEWAL CERTIFICATE)

[illegible]

HLTH 3506 Rev. 2005/06/01

[en. B.C. Reg. 96/2018.]

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.

INSTRUCTIONS: Please complete this form and submit 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 ward/unit

I, _____, 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 signature date (dd / mm / yyyy)

patient personal health number (PHN) patient phone number patient email address

Patient's Right to Legal Representation

As the patient you may choose to:

- ☐ Attend the Review Panel Hearing without a representative;
- ☐ Ask a family member, friend or near relative to represent you;
- ☐ Hire a lawyer in private practice to represent you; or
- ☐ 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.*

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:

Patient's date of birth: _____ Admission date: _____
(dd / mm / yyyy) (dd / mm / yyyy)

Date first Form 4 signed: _____ Date second Form 4 signed: _____
(dd / mm / yyyy) (dd / mm / yyyy)

Date most recent Form 6 signed: _____ Date most recent Form 6 expires: _____
(dd / mm / yyyy) (dd / mm / yyyy)

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:

contact name contact phone number contact email

Please direct any inquiries to: 604-660-2325

Mental Health Review Board, #302 - 960 Quayside Drive, New Westminster BC V3M 6G2 | www.mentalhealthreviewboard.gov.bc.ca

HLTH 3507 Rev. 2018/03/06

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.

* A case presenter is a health professional (usually the patient's treating psychiatrist) 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 may be the patient's case manager, nurse, or social worker.

FORM 8
MENTAL HEALTH ACT
[Section 25, R.S.B.C. 1996, c. 288]

REVIEW PANEL DETERMINATION

I, _____, chair of the review panel, certify that the
chair's name (please print)

review panel has reviewed the case of _____
first and last name of patient (please print)

☐ who was admitted to _____ on _____
name of designated facility *date (dd / mm / yyyy)*

☐ *and whose status as an involuntary patient was last renewed effective _____
**Complete only if applicable* *date (dd / mm / yyyy)*

signature of chair *date (dd / mm / yyyy)*

We, the members, or a majority of the members, of the review panel, have determined that the patient named above
☐ should continue to be detained in or through a designated facility because section 22 (3) (a) (ii) and (c) of the Act continues to describe the condition of the patient.

OR

☐ should be discharged.

Our reasons are:

Note: If above space is insufficient, continue on back of form

Dated _____
dd / mm / yyyy

The panel, or a majority of the panel:

signature of panel member *name of panel member (please print)*

signature of panel member *name of panel member (please print)*

signature of panel member *name of panel member (please print)*

FORM 9
MENTAL HEALTH ACT
[Section 28, R.S.B.C. 1996, c. 288]

APPLICATION FOR WARRANT
(APPREHENSION OF PERSON WITH APPARENT MENTAL DISORDER FOR PURPOSE OF EXAMINATION)

I, _____, make application under section 28 (3) of
first and last name of applicant (please print)
the *Mental Health Act* with respect to _____,
first and last name of person about whom application is made
of _____,
last known address of person about whom application is made

I have reasonable grounds to believe that:

- (a) section 28 (3) of the Act applies to the above-named person; and
- (b) section 22 of the Act* cannot be used without unreasonable delay.

* Section 22 requires that a physician examine the person to determine whether the person meets the criteria for involuntary admission to a designated facility.

THE GROUNDS FOR MY BELIEF ARE:

If additional space is required, use an additional page and date and initial that page

The applicant requests that a warrant be granted to apprehend the person.

Dated _____ at _____, British Columbia
date (dd / mm / yyyy)

signature of applicant

Applicant's relationship to the person who is the subject of this application, and how long the applicant has known this person:

relationship _____
length of time (months/years)

AFFIDAVIT OF APPLICANT

I, _____, ☐ swear ☐ affirm that:
name of applicant (please print)

- 1. I am the applicant for the warrant for apprehension of a person with a mental disorder.
- 2. The grounds for my belief are true to the best of my knowledge.

signature of applicant

☐ Sworn ☐ Affirmed before me on _____
date (dd / mm / yyyy)

at _____, British Columbia

*Commissioner for Taking Affidavits
in British Columbia*

Instructions for Completing this Application

You are encouraged, but not required, to use the headings provided below to describe why you believe that a warrant under section 28 (3) of the Mental Health Act is needed. Further, if you believe that public knowledge of this written application could reasonably be expected to result in harm to your safety or mental or physical health, you may ask the judge or justice for permission to present your information verbally instead of completing this form, or for restrictions on the release of the information that forms the basis of this application.

1. **Indications of mental disorder** (e.g., hallucinations, delusions, depression, extreme excitement, specific difficulties in relating to others)
2. **Need for psychiatric treatment** (The above indications of mental disorder may also indicate a need for a psychiatric treatment. List any other indications of need for treatment, such as previous psychiatric treatment, use of medication for mental disorder and/or recent changes in behaviour.)
3. **Need to prevent the person's substantial mental or physical deterioration** (e.g., failure to eat, uncharacteristic verbal abusiveness, sleep problems, extreme withdrawal. Were the early signs of any previous episodes the same or similar?)
4. **Need for protection of self or others resulting from the mental disorder** (Are there examples of clearly or potentially harmful behaviour or symptoms? (e.g., suicidal ideation, potential loss of job, aggressive behaviour, uncharacteristic harmful financial actions.) Has this person had similar previous episodes?)
5. **Refusal to attend voluntarily for examination by physician**

The information on this form is collected pursuant to section 28 of the *Mental Health Act*. It will be used by a judge to determine if a warrant should be issued for the apprehension and examination of the person. Any questions you have about this form may be addressed to the Clerk of the Court.

FORM 10
MENTAL HEALTH ACT
[Section 28, R.S.B.C.1996, c. 288]

WARRANT
(APPREHENSION OF PERSON WITH APPARENT MENTAL DISORDER)

Province of British Columbia:

To all Peace Officers:

An application under section 28 (3) of the *Mental Health Act* has been made to me today regarding

_____ ,
first and last name of person (please print)
born _____ , of _____ .
date of birth (dd / mm / yyyy) address

I am satisfied that:

- (a) the applicant has reasonable grounds to believe that section 28 (3) applies to the above-named person, and
- (b) section 22 cannot be used without unreasonable delay.

You are therefore commanded, in Her Majesty's name, to immediately apprehend the above-named person and to transport this person to a designated facility for admission for the purpose of examination in accordance with section 28 (5) of the *Mental Health Act*.

☐ It is ordered that access to the information in support of this warrant is restricted and must not be distributed to any person other than a person authorized by a designated facility to which the person is or may be admitted.

Signed _____ ,
signature of judge or justice of the peace date (dd / mm / yyyy)

Name _____ ,
name of judge or justice of the peace (please print)

at _____ , British Columbia
municipality

FORM 11
MENTAL HEALTH ACT
[Section 31, R.S.B.C. 1996, c. 288]

REQUEST FOR SECOND MEDICAL OPINION

I, _____, request a second medical opinion
first and last name (please print)

Note: check one box only

☐ on the appropriateness of my treatment.

OR

☐ on the appropriateness of the treatment of _____
first and last name of patient

who is an involuntary patient at _____
name of designated facility

Note: Complete either 1 or 2

1. Request for a specific physician

I request the examination be carried out by Dr. _____

of _____
address of physician (if known)

If my first choice is not available, I request Dr. _____

of _____
address of physician (if known)

I confirm that I have been advised that there may be a cost to me depending upon the distance the physician has to travel.

OR

2. Request to director to appoint a physician

I request that the director appoint a physician to conduct the examination.

signature _____
date (dd / mm / yyyy)

signature of witness _____
name of witness (please print)

address and phone number (if applying on behalf of the patient)

MEDICAL REPORT (SECOND MEDICAL OPINION)

[en. B.C. Reg. 132/2005, s. 1 (c).]

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 have the right:

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. You have been admitted under the *Mental Health Act*, against your wishes, because a medical doctor is of the opinion that you meet the conditions required by the *Mental Health Act* for involuntary admission. (see *Reasons for Involuntary Admission*)**
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 an involuntary patient. (see *Renewal Certificates*)**
5. **to apply to the Review Panel for a hearing to decide if you should be discharged. (see *Review Panel*)**
6. **to apply to the court to ask a judge if your medical certificates are in order. A lawyer is normally required. (see *Judicial Review (Habeas Corpus)*)**
7. **to appeal to the court your medical doctor's decision to keep you in the facility. A lawyer is normally required. (see *Appeal to the Court*)**
8. **to request a second medical opinion on the appropriateness of your medical treatment. (see *Second Medical Opinion*)**

*name of patient (please print)*_____
*patient's signature*_____
*date signed (dd / mm / yyyy)*_____
*name of person who provided information**Give the patient a blank copy and file the named copy in the chart*

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.

APPEAL 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.*

[en. B.C. Reg. 132/2005, s. 1 (c).]

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.

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.

You have the right:

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 *Reasons for Admission*)**
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 *Renewal Certificates*)**
5. **to apply to the Review Panel for a hearing to decide if you should be discharged. (see *Review Panel*)**
6. **to apply to the court to ask a judge if your medical certificates are in order. A lawyer is normally required. (see *Judicial Review (Habeas Corpus)*)**
7. **to appeal to the court your medical doctor's decision to keep you in the facility. A lawyer is normally required. (see *Appeal to the Court*)**

*name of patient (please print)*_____
*patient's signature*_____
*date signed (dd / mm / yyyy)*_____
*name of person who provided information**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.

APPEAL 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.

[am. B.C. Reg. 132/2005, s. 1 (d).]

FORM 15
MENTAL HEALTH ACT
[Section 34.2, R.S.B.C. 1996, c. 288]**NOMINATION OF NEAR RELATIVE**

The information on this form is collected pursuant to section 34.2 of the *Mental Health Act*. It will be used to document your nomination of a near relative. Any questions you have about this form may be addressed to the director or staff of this facility.

The *Mental Health Act* requires that the director must send a notice to a near relative immediately after a patient's admission, discharge or an application to the review panel (where applicable).

If you do not name a near relative, the director must choose a near relative to be notified. If the director has no information about your relatives, notification will be sent to the Public Guardian and Trustee.

I, _____, would like the near relative named below
first and last name of patient (please print)
to be notified of my admission or discharge or an application to the review panel (as applicable).

Person to be notified:

_____	_____
<i>first and last name</i>	<i>telephone number</i>
_____	_____
<i>address</i>	<i>postal code</i>

This person's relationship to me is: (please check one only):

- | | | | |
|--------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> wife | <input type="checkbox"/> husband | <input type="checkbox"/> common-law spouse | <input type="checkbox"/> committee of person |
| <input type="checkbox"/> mother | <input type="checkbox"/> father | <input type="checkbox"/> same-sex partner | |
| <input type="checkbox"/> grandmother | <input type="checkbox"/> grandfather | <input type="checkbox"/> friend | |
| <input type="checkbox"/> daughter | <input type="checkbox"/> son | <input type="checkbox"/> companion | |
| <input type="checkbox"/> sister | <input type="checkbox"/> brother | <input type="checkbox"/> legal guardian | |
| <input type="checkbox"/> half sister | <input type="checkbox"/> half brother | <input type="checkbox"/> caregiver | |

_____	_____
<i>signature of patient</i>	<i>date (dd / mm / yyyy)</i>

<i>name of designated facility</i>	

For office use only

- ☐ No known relative
- ☐ Patient declined to complete form

staff signature

HLTH 3515 Rev. 2005/06/01

[en. B.C. Reg. 224/2012, s. (c).]

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 (please print)

address and phone number (please print)

being a near relative of _____ that on _____
name of patient (please print) *date (dd / mm / yyyy)*

the above patient was admitted and is being detained as ☐ an involuntary patient
or as (tick off the statement which applies)
☐ a patient under age 16

in _____
name of designated facility *address of designated 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 his/her 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).

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 the Legal Services Society or the Community Legal Services Society (CLAS).

The phone number of the local Legal Services Society office 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.

NOTE: 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
302 - 960 Quayside Drive
New Westminster BC V3M 6G2
Tel: 604 660-2325
Fax: 604 660-2403

FORM 17
MENTAL HEALTH ACT
[Section 34.2, R.S.B.C. 1996, c. 288]

**NOTIFICATION TO NEAR RELATIVE
(DISCHARGE OF INVOLUNTARY PATIENT)**

This is to notify _____
first and last name of near relative (please print)

of _____,
address

being a near relative* of _____
first and last name of discharged patient (please print)

of _____,
discharged patient's forwarding address (if known)

that the patient named above was discharged from _____
name of designated facility

on _____ .
date (dd / mm / yyyy)

signature of director

date signed (dd / mm / yyyy)

name of director (please print)

* The *Mental Health Act* includes the following persons under the term "near relative": wife, husband, mother, father, grandmother, grandfather, daughter, son, sister, brother, half sister, half brother, friend, caregiver, companion designated by patient, committee of person, and legal guardian.

While not mentioned in the Act, common-law spouse and same-sex partner are ordinarily considered included in the term "near relative".

For Office Use Only

The near relative named above was notified of the patient's discharge:

- ☐ **by phone**
- ☐ **by fax**
- ☐ **by mail**
- ☐ **in person**

[en. B.C. Reg. 224/2012, s. (c).]

FORM 18
MENTAL HEALTH ACT
[Section 34.2, R.S.B.C. 1996, c. 288]**NOTIFICATION TO NEAR RELATIVE**
(REQUEST FOR A REVIEW PANEL HEARING)

This is to notify _____
first and last name of near relative (please print)

of _____,
address of near relative

being a near relative of _____, who is an involuntary patient
first and last name of patient (please print)

in or through _____,
name and address of designated facility *phone number*

that on _____ a request was made by the patient or by a person on behalf of the
date (dd / mm / yyyy)

patient for a hearing to determine whether the detention of the patient should continue.

If you wish to participate in the hearing or wish to provide information to the review panel, please contact the review panel office for information about the time, date and location of the hearing.

signature of director

date signed (dd / mm / yyyy)

name of director (please print)

How to contact the review panel office:

Mental Health Review Board
302 - 960 Quayside Drive
New Westminster BC V3M 6G2
Tel: 604 660-2325
Fax: 604 660-2403

[en. B.C. Reg. 224/2012, s. (c).]

FORM 18.1
MENTAL HEALTH ACT
[Section 34.2, R.S.B.C. 1996, c. 288]

NOTIFICATION TO NEAR RELATIVE
(ORDER FOR A REVIEW PANEL HEARING)

This is to notify _____
first and last name of near relative (please print)

of _____,
address of near relative

being a near relative of _____, who is an involuntary patient
first and last name of patient (please print)

in or through _____,
name and address of designated facility *phone number*

that on _____ the chair of the review panel, having been satisfied from a review of
date (dd / mm / yyyy)

the patient's treatment record that there is a reasonable likelihood that the patient would be discharged following a hearing, made an order for a hearing to determine whether the detention of the patient should continue.

If you wish to participate in the hearing or wish to provide information to the review panel, please contact the review panel office for information about the time, date and location of the hearing.

signature of review panel chair

date signed (dd / mm / yyyy)

name of review panel chair (please print)

How to contact the review panel office:

Mental Health Review Board
302 - 960 Quayside Drive
New Westminster BC V3M 6G2
Tel: 604 660-2325
Fax: 604 660-2403

FORM 19
MENTAL HEALTH ACT
[Section 36, R.S.B.C. 1996, c. 288]

CERTIFICATE OF DISCHARGE

This is to certify that _____ ,
first and last name of patient (please print)

was discharged from _____
name of designated facility

on _____ .
date (dd / mm / yyyy)

director's signature

date (dd / mm / yyyy)

name of director (please print)

FORM 20
MENTAL HEALTH ACT
[Section 37, R.S.B.C. 1996, c. 288]

LEAVE AUTHORIZATION

_____ is released on leave from
first and last name of patient (please print)

_____ *name of designated facility (please print)* _____ *date (dd / mm / yyyy)*

The above-named patient's medical certificate expires on _____ *date (dd / mm / yyyy)*

CONDITIONS OF LEAVE (*must be completed*)

Note: if above space is insufficient, continue on back of form

☐ It is my opinion that appropriate supports exist in the community to meet the conditions of leave.

I hereby authorize the physician named below, who has agreed to do so, to assume the following responsibilities:

- ☐ clinical care of the patient
- ☐ completion of renewal certificate
- ☐ renewal and modification of conditions of leave
- ☐ recall from leave
- ☐ discharge of the patient

_____ *physician's name (please print)* _____ *phone number*

_____ *physician's address*

_____ *director's signature*

_____ *date signed (dd / mm / yyyy)*

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I confirm that the conditions of my leave
have been explained to me.

_____ *signature of patient*

FORM 21
MENTAL HEALTH ACT
[Sections 39 and 41, R.S.B.C., 1996, c. 288]DIRECTOR'S WARRANT
(APPREHENSION OF PATIENT)

Province of British Columbia:

To all Peace Officers:

first and last name of patient (please print)

who is a patient who is authorized to be detained, and has been detained, in or through a designated facility,

☐ was recalled from leave on

date (dd / mm / yyyy) and has not returned to the designated facility.

OR

☐ left the

designated facility on

date (dd / mm / yyyy) without having been discharged.This warrant expires on

date (dd / mm / yyyy) if applicable unless one of the following conditions applies:

- ☐ charged with an offence
- ☐ liable to imprisonment
- ☐ likely to endanger the patient's own safety or the safety of others
(as determined by the director)

You are therefore commanded, in Her Majesty's name, to immediately apprehend the above-namedperson and to transport that person to the

*name of designated facility*Signed

director's signature

*date (dd / mm / yyyy)*Name

*director's name (please print)*at

municipality, British Columbia

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