



Department of Health & Community Services
Mental Health Care and Treatment Act
Section 75(3)



PLEASE PRINT LEGIBLY

COPY: Original Administrator Health Record

Authorization to Transfer to Another Psychiatric Unit

I, _____, in charge of the psychiatric unit of
(name of administrator)
_____ hereby transfer _____ to
(name of psychiatric unit) *(name of person)*
_____.
(name of psychiatric unit)

In accordance with Section 75 of the *Mental Health Care and Treatment Act*, the psychiatric unit receiving the patient has the same authority to detain or treat the patient as the unit from which the patient was transferred.

Signature of Administrator of Originating Facility

Date

I, _____, in charge of the psychiatric unit of _____
(name of receiving administrator) *(name of receiving facility)*
hereby agree to the transfer.

Signature of Administrator of Receiving Facility

Date

Regional health authorities acknowledge and respect the privacy of individuals. This personal information is being collected under the Authority of Sections 32 and 33 of the *Personal Health Information Act*, and will be used for plan of care. Please direct any questions about this collection to the Privacy Officer within your region.