



**PLEASE INITIAL IN SPACES PROVIDED AND
SIGN ATTACHED SIGNATURE KEY**

Involuntary Certification / Communications Checklist

Location of Original: _____

Person Arrived at Facility: Date: _____ Time: _____ Facility: _____
(mm / dd / yy)

Interpreter Required: Yes No

First Certificate (Section 22.1)

Date/time on certificate: Date: _____ Time: _____
(mm / dd / yy)

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Original certification paper on health record: Yes No (If no, explain below)

Communication Accountabilities (Patient)

Person has been verbally advised (Sections 11(1)(a), 12(4)(c), 14(1)(2)):

- _____ Where s(he) has been detained
- _____ Purpose of detention
- _____ Right to retain / instruct counsel without delay
- _____ Right to meet with rights advisor

**All reasonable efforts have been made to determine whether the person has a patient representative:
(Section 11(2))**

If a person refuses to identify a patient representative, next of kin is offered: _____

Name of patient representative: _____ Telephone: _____

Other relevant contact information: _____

Person has been given (Sections 11(1)(b) & 12(4)(b)(d)):

Patient refused:

_____ Copy of certificate of detention, order or authorization

Information materials:

_____ Patient Rights Card

_____ Mental Health Care and Treatment Review Board Brochure

_____ Patient Representatives and Rights Advisors Brochure

_____ What You Should Know Brochure

Copy of certification papers placed on health record: _____

Communication Accountabilities (Patient Representative)

Patient representative advised (Sections 11(2)(a), 12(7), & 35(3)):

_____ Detention of person for the purpose of an involuntary psychiatric assessment

_____ Person's right to detain / instruct counsel without delay

_____ Person's admission / detention as an involuntary patient and reason

_____ Person's right to apply to the Review Board

_____ Right of the patient representative to meet with rights advisor

_____ Right to copies of all notices and other information given to the person

_____ Right to consult with the person's psychiatrist and represent views on diagnostic procedures, treatment, or alternatives

_____ Transfer of person to other facility

Mental Health Care and Treatment Review Board (Section 70)

Completed Review Board application faxed to 729-4429 (Section 66): _____

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Notification of Review Board hearing received: _____

Date of hearing: _____
(mm / dd / yy)

Copy of hearing notification provided to:

Patient: _____ Patient Representative: _____ Administrator: _____ Social Worker: _____

Notification to Review Board Chair (fax 729-4429) when person is either:

De-certified: _____ or application withdrawn: _____

Notification to rights advisor if:

Application withdrawn: _____

If a certificate has been overturned:

_____ Advised of right to leave hospital

_____ Returned to place of origin or other: _____

_____ Agreeable to stay: voluntary consent for treatment / admission signed

Second Certificate (Section 22.1)

Date/time on certificate: Date: _____ Time: _____
(mm / dd / yy)

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Original certification paper on health record: Yes No (If no, explain below)

Notification of rights advisor (1-888-546-1222): Date: _____ Time: _____
(mm / dd / yy)

Communication Accountabilities (Patient)

Person has been verbally advised (Sections 11(1)(a), 12(4)(c), 14(1)(2)):

- _____ Right to detain / instruct counsel without delay
- _____ Reason for admission / detention as an involuntary patient
- _____ Right to apply to the Review Board
- _____ Right of the patient representative to meet with rights advisor
- _____ Right to copies of all notices and other information given to the person
- _____ Right to consult with their psychiatrist and represent views on diagnostic procedures, treatment or alternatives

All reasonable efforts have been made to determine whether the person has a patient representative (Section 11(2))

If a person refuses to identify a patient representative, next of kin is offered: _____

Name of patient representative: _____ Telephone: _____

Other relevant contact information: _____

Person has been given (Sections 11(1)(b) & 12(4)(b)(d)):

Patient refused:

_____ Copy of certificate of detention, order or authorization

Copy of certification papers placed on Health Record _____

Communication Accountabilities (Patient Representative)

Patient representative advised (Sections 11(2)(a), 12(7), & 35(3)):

- _____ Person's right to detain / instruct counsel without delay
- _____ Person's admission / detention as an involuntary patient and reason
- _____ Person's right to apply to the Review Board
- _____ Right of the patient representative to meet with rights advisor
- _____ Right to copies of all notices and other information given to the person
- _____ Right to consult with the person's psychiatrist and represent views on diagnostic procedures, treatment, or alternatives

Mental Health Care and Treatment Review Board (Section 70)

Completed Review Board application faxed to 729-4429 (Section 66): _____

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Notification of Review Board hearing received: _____

Date of hearing: _____
(mm / dd / yy)

Copy of hearing notification provided to:

Patient: _____ Patient Representative: _____ Administrator: _____ Social Worker: _____

Notification to Review Board Chair (fax 729-4429) when person is either:

De-certified: _____ or application withdrawn: _____

Notification to rights advisor if:

Application withdrawn: _____

If a certificate has been overturned:

_____ Advised of right to leave hospital

Returned to place of origin: _____ or other: _____

_____ Agreeable to stay: voluntary consent for treatment / admission signed

Renewals (Sections 30 & 31)

First Renewal

Renewal due date: _____
(mm / dd / yy)

Psychiatrist notified psychiatric assessment is required within 72 hours: _____

Date/time of renewal: Date: _____ Time: _____
(mm / dd / yy)

First renewal expires 30 days after signing of the first renewal

Copy provided to:

Patient: _____ Patient Representative: _____ Administrator: _____

Original certification paper on health record: Yes No

Original renewal papers on health record: Yes No

Patient refused copy of renewal papers: _____ Copy placed on health record: _____

Notification of rights advisor: Date: _____ Time: _____
(mm / dd / yy)

Second Renewal

Renewal due date: _____
(mm / dd / yy)

Psychiatrist notified psychiatric assessment is required within 72 hours: _____

Date/time of renewal: Date: _____ Time: _____
(mm / dd / yy)

Second renewal expires 60 days after signing of the second renewal

Copy provided to:

Patient: _____ Patient Representative: _____ Administrator: _____

Original certification paper on health record: Yes No

Original renewal papers on health record: Yes No

Patient refused copy of renewal papers: _____ Copy placed on health record: _____

Notification of rights advisor: Date: _____ Time: _____
(mm / dd / yy)

**Automatic Review by Mental Health Care and Treatment Review Board
(Section 33(1))**

Completed Review Board application faxed to 729-4429: _____

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Notification to rights advisor: _____

Notification of Review Board hearing received: _____

Date of hearing: _____
(mm / dd / yy)

Copy of notification of hearing provided to:

Patient: _____ Patient Representative: _____ Administrator: _____ Social Worker: _____

Notification to Review Board Chair (fax 729-4429) when person is either:

De-certified: _____ or application withdrawn: _____

Notification to rights advisor if application withdrawn: _____

Third Renewal

Renewal due date: _____
(mm / dd / yy)

Psychiatrist notified that psychiatric assessment required within 72 hours: _____

Date / time of renewal: Date: _____ Time: _____
(mm / dd / yy)

Third renewal expires 90 days after signing of the third renewal

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Original certification paper on health record: Yes No

Original renewal papers on health record: Yes No

Patient refused copy of renewal papers: _____ Copy placed on health record: _____

Notification to rights advisor: Date: _____ Time: _____
(mm / dd / yy)

Fourth Renewal

Renewal due date: _____
(mm / dd / yy)

Psychiatrist notified that psychiatric assessment required within 72 hours: _____

Date / time of renewal: Date: _____ Time: _____
(mm / dd / yy)

Fourth renewal expires 90 days after signing of the fourth renewal

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Original certification paper on health record: Yes No

Original renewal papers on health record: Yes No

Patient refused copy of renewal papers: _____ Copy placed on health record: _____

Notification to rights advisor: Date: _____ Time: _____
(mm / dd / yy)

Automatic Review by Mental Health Care and Treatment Review Board (Section 33(1))

Completed Review Board application faxed to 729-4429: _____

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Notification to rights advisor: _____

Notification of Review Board hearing received: _____

Date of hearing: _____
(mm / dd / yy)

Copy of notification of hearing provided to:

Patient: _____ Patient Representative: _____ Administrator: _____ Social Worker: _____

Notification to Review Board Chair (fax 729-4429) when person is either:

De-certified: _____ or application withdrawn: _____

Notification to rights advisor if application withdrawn: _____

Fifth Renewal

Renewal due date: _____
(mm / dd / yy)

Psychiatrist notified that psychiatric assessment required within 72 hours: _____

Date / time of renewal: Date: _____ Time: _____
(mm / dd / yy)

Fifth renewal expires 90 days after signing of the fifth renewal

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Original certification paper on health record: Yes No

Original renewal papers on health record: Yes No

Patient refused copy of renewal papers: _____ Copy placed on health record: _____

Notification to rights advisor: Date: _____ Time: _____
(mm / dd / yy)

Sixth Renewal

Renewal due date: _____
(mm / dd / yy)

Psychiatrist notified that psychiatric assessment required within 72 hours: _____

Date / time of renewal: Date: _____ Time: _____
(mm / dd / yy)

Sixth renewal expires 90 days after signing of the sixth renewal

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Original certification paper on health record: Yes No

Original renewal papers on health record: Yes No

Patient refused copy of renewal papers: _____ Copy placed on health record: _____

Notification to rights advisor: Date: _____ Time: _____
(mm / dd / yy)

**Automatic Review by Mental Health Care and Treatment Review Board
(Section 33(1))**

Completed Review Board application faxed to 729-4429: _____

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Notification to rights advisor: _____

Notification of Review Board hearing received: _____

Date of hearing: _____
(mm / dd / yy)

Copy of notification of hearing provided to:

Patient: _____ Patient Representative: _____ Administrator: _____ Social Worker: _____

Notification to Review Board Chair (fax 729-4429) when person is either:

De-certified: _____ or application withdrawn: _____

Notification to rights advisor if application withdrawn: _____

Decertification (Section 15(1)(c) & 32))

Decertification: Date: _____ Time: _____
(mm / dd / yy)

Notification to:

Patient: _____ Patient Representative: _____ Rights Advisor: _____ Review Board Chair: _____

Admission to hospital consent signed: Yes No

Patient discharged: _____

Hospital arrangements made for return of the person: Yes No

If yes, location: _____

Note:

Ensure there are no pre-existing orders, such as Criminal Code Detention, which would Continue after the person's status is voluntary.

Apprehension and Conveyance (Section 38(1)(a&b))

Patient Elopement

Completion of MHCTA Form #06 – Order for Apprehension and Conveyance of an Involuntary Patient Due to Unauthorized Leave

Date: _____ Time: _____
(mm / dd / yy)

Notification to: Patient Representative: _____ Administrator: _____ Police: _____

Failure to Comply With CTO (Sections 51(2)(b&c) & 51(3)(a&b))

Completion of MCHTA Form #08 – Order for Apprehension, Conveyance, and Examination of a Person Who Failed to Comply to Community Treatment Order

Date: _____ Time: _____
(mm / dd / yy)

Notification to: Patient Representative: _____ Administrator: _____ Police: _____

Transfers

Facility to Psychiatric Unit (Sections 75(1&3) & 77)

Date: _____ Time: _____
(mm / dd / yy)

Original Authorization to Transfer to Another Psychiatric Unit form on health record: Yes No

Notification to: Patient: _____ Patient Representative: _____ Rights Advisor: _____

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Communication accountabilities to patient and patient representative completed as noted under First Certificate:

Yes No

Psychiatric Unit to Psychiatric Unit (Sections 75(1&3) & 77)

Date: _____ Time: _____
(mm / dd / yy)

Original Authorization to Transfer to Another Psychiatric Unit form on health record: Yes No

Notification to: Patient: _____ Patient Representative: _____ Rights Advisor: _____

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Communication accountabilities to patient and patient representative completed as noted under First Certificate:

Yes No

Temporary Removal or Transfer to Another Facility (Sections 76(1&2) & 77)

Date: _____ Time: _____
(mm / dd / yy)

Original Authorization to Transfer to Another Psychiatric Unit form on health record: Yes No

Notification to: Patient: _____ Patient Representative: _____ Rights Advisor: _____

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Communication accountabilities to patient and patient representative completed as noted under First Certificate:

Yes No

To Another Jurisdiction – Out of Province (Sections 81(1)(a) & 77)

Date: _____ Time: _____
(mm / dd / yy)

Original Authorization to Transfer to Another Jurisdiction form on health record: Yes No

Notification to: Patient: _____ Patient Representative: _____ Rights Advisor: _____

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

From Another Jurisdiction – Into Province (Sections 81(3)(a, b) & 77)

Date: _____ Time: _____
(mm / dd / yy)

Original Authorization to Transfer into the Province form on health record: Yes No

Notification to: Patient: _____ Patient Representative: _____ Rights Advisor: _____

Copy provided to: Patient: _____ Patient Representative: _____ Administrator: _____

Note:

Upon arrival into the province, the patient will be detained and assessed in a psychiatric unit for an involuntary psychiatric assessment not to exceed 72 hours. Two psychiatric assessments are required to determine certification.

