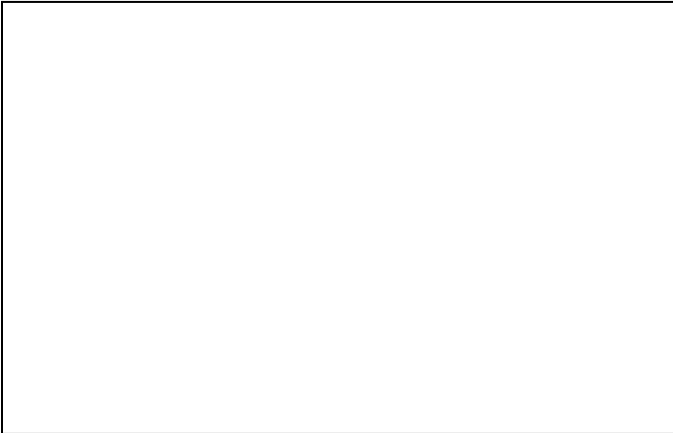




**Department of Health & Community Services**  
*Mental Health Care and Treatment Act*  
**Section 30(2)**



**PLEASE PRINT LEGIBLY**

**COPY:** Original Patient Patient Representative Administrator

### Certificate of Renewal

- 1<sup>st</sup> renewal
- 2<sup>nd</sup> renewal
- 3<sup>rd</sup> renewal
- 4<sup>th</sup> renewal
- 5<sup>th</sup> renewal
- 6<sup>th</sup> renewal
- Other (specify) \_\_\_\_\_

I, the undersigned physician \_\_\_\_\_ hereby certify that in accordance  
*(please print name)*  
 with Section 30(1) of the *Mental Health Care and Treatment Act (the Act)*, I have conducted a  
 psychiatric assessment of \_\_\_\_\_ and am satisfied that  
*(please print name of person who is the involuntary patient)*  
 he/she continues to meet the criteria as set out in subparagraphs 17(1)b (i) and (ii) of the Act.

The following facts<sup>1</sup> and reasons for my opinion as the attending physician are as follows:

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\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*

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.

<sup>1</sup> The facts on which the opinion is based must be distinguished between the facts observed by the physician and those that have been communicated by another person. Additional information may be attached (MHCTA, 2006, s. 17 (1) (c)).