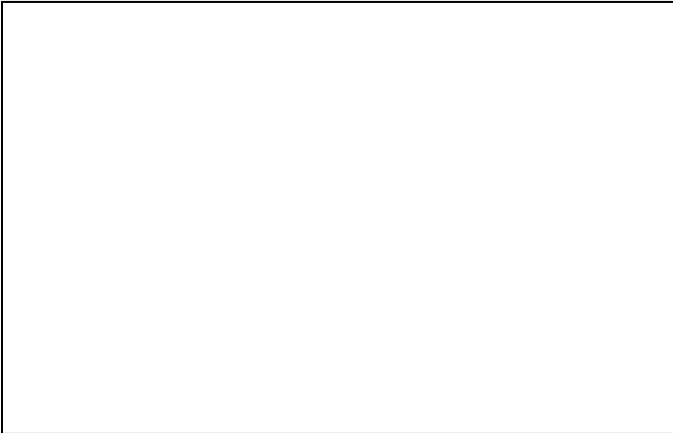




**MENTAL HEALTH**  
*Care & Treatment Act*

Newfoundland  
Labrador

Department of Health & Community Services  
*Mental Health Care and Treatment Act*  
Section 50(4)



**PLEASE PRINT LEGIBLY**

**COPY:** Original Patient Patient Representative Administrator Rights Advisor  
 Treatment Plan Member: \_\_\_\_\_

## **Notification Advising a Person That a Community Treatment Order is No Longer in Effect**

### **NOTICE TO:**

\_\_\_\_\_  
*(please print name of individual who is the subject of the CTO)*

A community treatment order issued on \_\_\_\_\_ pursuant to *The Mental*  
*Health Care and Treatment Act* with respect to: \_\_\_\_\_  
*(date)*

expired on \_\_\_\_\_, has not been renewed, and is no longer in force.  
*(please print name of patient)*

expired on \_\_\_\_\_, has not been renewed, and is no longer in force.  
*(date)*

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

\_\_\_\_\_  
*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.