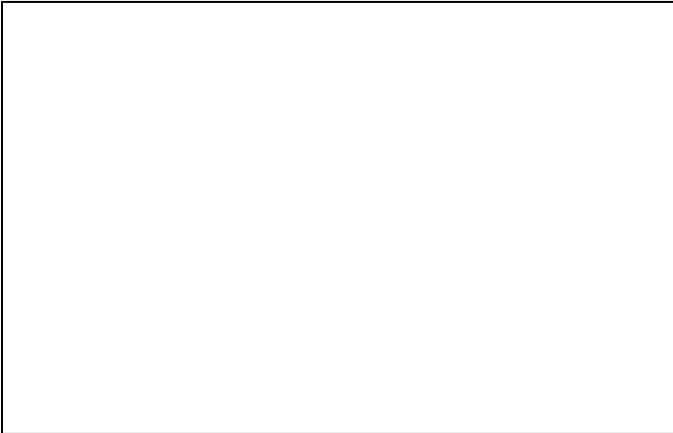




MENTAL HEALTH
Care & Treatment Act



Department of Health & Community Services
Mental Health Care and Treatment Act
Section 81(5)



PLEASE PRINT LEGIBLY

COPY: Original Administrator Health Record

Authorization to Transfer to Another Jurisdiction

I _____ have reason to believe that _____
(name of attending physician) *(name of involuntary patient)*
being detained in _____, Newfoundland and Labrador,
(name of facility)
has come to, or been brought into, the province and his/her care and treatment is the responsibility of another jurisdiction, and I believe it would be in the best interest of the patient to be cared for in another jurisdiction. I therefore authorize the transfer of _____, be returned to _____,
(name of involuntary patient) *(name of jurisdiction)*
where I am satisfied that the patient will be subject to a psychiatric assessment.

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.