



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



PLEASE PRINT LEGIBLY

COPY: Original Administrator

Authorization to Transfer into the Province

I _____ have reason to believe that the care and treatment of
(name of physician)
_____ being detained in _____ in
(name of involuntary patient) *(name of facility)*
_____, is the responsibility of the province of Newfoundland and
(name of jurisdiction)
Labrador and that it would be in the patient's best interest to be returned to the province.

I therefore authorize that _____, be transferred to
(name of involuntary patient)
_____ in Newfoundland and Labrador as I am satisfied that suitable
(name of facility)
arrangements have been made for the transport, care and custody of the involuntary patient.

Signature of Accepting 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.