



FORM 1 – Northwest Territories Mental Health Act

NOTIFICATION OF PATIENT RIGHTS AND OTHER INFORMATION

The purpose of this form is to provide information on patient rights to a person/patient detained under the *Mental Health Act* and their substitute decision maker (if applicable) when a *Certificate of Involuntary Assessment*, *Certificate of Involuntary Admission*, or *Renewal Certificate* is issued; upon the cancellation of a *Treatment Decision Certificate*; or when a voluntary patient wishing to be discharged is involuntarily detained for examination.

Name of Person	Gender	
Health Care Number	Date of Birth (DD-MM-YYYY)	
Address of Person		
Street	Community	Postal Code
Facility (where detained)		
Name		
Street	Community	Postal Code

This notification is being provided to:

The patient/person subject to the certificate; and if applicable,
 The patient's substitute decision maker _____
(Name) _____

To be completed by the health professional who issued the certificate OR the director of the designated facility. The information must also be read to the person/patient and substitute decision maker (if applicable). (Please check all that apply as you review.)

You have been detained because a health professional believes you meet the criteria for:
 An involuntary assessment
OR
 Involuntary admission
 The reasons the _____ certificate was issued are:

You have the right to apply to the Northwest Territories Mental Health Act Review Board for an order cancelling the certificate. The Mental Health Act Review Board is an independent body that will review the certificate, determine whether any of your rights were violated, and will decide whether the certificate should be cancelled or remain in effect.

A member of the treatment team can help you contact the Mental Health Act Review Board.

Mental Health Act Review Board Phone: 867-767-9061 ext. 49177
5015-49th St., NGB-6th Floor Fax: 867-873-0143
Box 1320 Email: MHAAct_ReviewBoard@gov.nt.ca
Yellowknife NT X1A 2L9

You have the right to contact and speak with a lawyer in private.
 If you have been involuntarily admitted to a designated facility, or your involuntary admission has been renewed, or you are a voluntary patient being involuntarily detained for examination, you also have the right to:

- Identify someone to be notified of your involuntary admission/detention
- Access your substitute decision maker
- Access visitors during scheduled visiting hours
- Access a telephone to make or receive calls
- Access materials and resources to write, send, and receive correspondence

Your doctor or health professional must:

- Provide you with information in a language and manner you understand.
- Allow you to communicate with a family member if there is a delay in getting you to the hospital.
- Allow you to identify a person you would like to be notified of your admission to the hospital.
- Examine you regularly to see if you still need to be admitted as an involuntary patient.
- Provide you with a second medical opinion, if you do not wish to be discharged from the hospital.

Printed Name of Health Professional/Director of Designated Facility

X

Signature

Position/Title

Dated this _____ day of _____, 20 ____ at _____.
(Time)

Distribution Note:

Copies need to be provided to the patient, and if applicable:

- a) Substitute decision maker
- b) Person designated by the patient to receive information

The personal health information on this form is being collected under the authority of the *Mental Health Act*. It is protected by the privacy provisions under the *Health Information Act* (HIA) and will not be used or disclosed unless allowed or required by the HIA or any other Act. If you have any questions about this form, please contact the Clinical Mental Health Program Specialist at 867-767-9061 or mhact_reviewboard@gov.nt.ca

If you would like this information in another official language, contact us at 1-855-846-9601. / Si vous voulez ces informations dans une autre langue officielle, téléphonez-nous au 1-855-846-9601.