

FORM 14 – Northwest Territories Mental Health Act

CERTIFICATE OF MENTAL INCOMPETENCE

This certificate indicates that the patient has been assessed by a medical practitioner and it has been determined the patient is not mentally competent to manage their estate.

Name of Patient		Gender	
Health Care Number		Date of Birth (DD-MM-YYYY)	
Address of Patient			
Street		Community	Postal Code
Designated Facility (where admitted)			
Name			
Street		Community	Postal Code
Date of admission to designated facility (DD-MM-YYYY)	Date of assessment of mental competence (DD-MM-YYYY)		Time of assessment of mental competence

TO BE COMPLETED BY ATTENDING MEDICAL PRACTITIONER ISSUING CERTIFICATE

I _____, of _____,

(Attending Medical Practitioner)(Address)

and am of the opinion that _____ is **not** mentally competent to manage their estate.

(Full Name of Patient)

The following information supports my opinion:

☐

A copy has been provided to the Public Trustee of the Northwest Territories.

Office of the Public Trustee

Department of Justice
Government of the Northwest Territories
10th Floor, 4920-52nd Street
PO Box 1320
Yellowknife NT X1A 2L9
Phone 1-867-767-9252
Fax 1-867-873-0184

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

	X	
Printed Name of Attending Medical Practitioner		Signature

Distribution Note:

- This form must be filed with the director of the designated facility where the patient is admitted involuntarily.
- Copies need to be provided to the patient, the Public Trustee, and if applicable:
 - (a) Substitute decision maker
 - (b) Person designated by patient to receive information
 - (c) A person with lawful custody or authority if the patient is a minor
 - (d) Legal guardian
 - (e) Agent under a personal directive
 - (f) Relative (with patient's consent if (a) to (e) do not apply)

Additional Actions Required:

- If circumstances are such that the Public Trustee should immediately assume management of the estate, the attending medical practitioner must notify the Public Trustee **as soon as possible** that the certificate has been issued.
- If the patient ceases to be an involuntary patient and this certificate is still in force, the director of the designated facility where the patient was admitted must provide notice to the Public Trustee that the person is no longer an involuntary patient.

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.