



FORM 15 – Northwest Territories Mental Health Act

CANCELLATION OF CERTIFICATE OF MENTAL INCOMPETENCE

This cancellation indicates that the patient has been assessed by the attending medical practitioner, and it has been determined the patient is now 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
Certificate of Mental Incompetence being Cancelled			
Date of Issue (DD-MM-YYYY)	Time of Issue	Medical Practitioner who issued certificate	
Date and Time of Current Assessment of Mental Competence			
Date of Assessment (DD-MM-YYYY)		Time of Assessment	

TO BE COMPLETED BY ATTENDING MEDICAL PRACTITIONER ISSUING THE CANCELLATION

I _____, of _____,
(Attending Medical Practitioner) (Address)

have performed an assessment of mental competence, and am of the opinion that _____
(Full Name of Patient)

IS mentally competent to manage their estate.

The following information supports my opinion:

A copy of this cancellation 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)

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/was admitted involuntarily.

Additional Actions Required:

- Notice of cancellation needs to be provided to:
 - (a) the patient
 - (b) the Public Trustee
 - (c) all other persons provided with a copy of the *Certificate of Mental Incompetence*

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.