



## FORM 6 – Northwest Territories Mental Health Act

### DESIGNATION OF PERSON TO RECEIVE INFORMATION

A patient detained under the *Mental Health Act* may designate another person to receive copies of certificates and other documents.

Name of Patient or Person Subject to Certificate	Gender	
Health Care Number	Date of Birth (DD-MM-YYYY)	
<b>Address of Patient Subject to Certificate</b>		
Street	Community	Postal Code
<b>Facility</b> (where detained or admitted)		
Name		
Street	Community	Postal Code

#### TO BE COMPLETED BY PATIENT

I, \_\_\_\_\_, designate \_\_\_\_\_  
(Name of Patient) (Full Name of Designated Person)

to receive copies of the following certificates and any associated cancellations, and other specified information:

- Certificate of Involuntary Assessment*
- Certificate of Involuntary Admission*
- Renewal Certificate(s)*
- Treatment Decision Certificate*
- Certificate of Mental Incompetence*
- Certificate Authorizing Transfer of Involuntary Patient to Facility Outside the NWT*
- Designation of Substitute Decision Maker*
- Short Term Leave Certificate*
- Assisted Community Treatment Certificate*
- Certificate Requiring Patient to Attend Mandatory Assessment at Health Facility* (for Assisted Community Treatment patients)
- Other documents:** Specific documents must be named and initialled below by the patient.

Specific Documents to be Shared with Designate	Initial of Patient

This designation will expire on \_\_\_\_\_ at \_\_\_\_\_, at which point the person named in this form will no longer be entitled  
(DD-MM-YYYY) (Time)

to receive copies of the certificates or other documents indicated above.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ at \_\_\_\_\_ .  
(Time)

Printed Name of Patient

X

Signature

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](mailto: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.