Form 33 Mental Health Act

Notice to Patient under Subsection 59(1) of the Act and under Clauses 15(1) (a) and 15.1(a) of Regulation 741

To:	ame of patient)			
of				
(nom	e address)			
This is to inform you that on				
(print name of physician)		, have	e made a determination	
that you				
Check appropriate box(es):	Form patie	ent us	es to challenge findings	
are not mentally capable to consent to the collect personal health information within the meaning of Information Protection Act, 2004	tion, use or disclosure of of the <i>Personal Health</i>	1.	Form P-1	
2. are not mentally capable to manage your proper	ty	2.	Form 18	
3. are not mentally capable to consent to treatment disorder ("treatment" within the meaning of the H	of a mental lealth Care Consent Act)	3.	Form A	
Check where appropriate:				
1. A certificate of incapacity to manage property ha	s been issued	1.	Form 21	
2. A certificate of continuance has been issued		2.	Form 24	
If you wish to challenge this (these) determination(s), you apply for a hearing by completing the relevant form noted		j befor	re the Board. You may	
Application forms are available from a Rights Adviser, this facility and the regional offices of the Board.				
(date)	(signature of physician)			
_	(print name of physician)			
-	(print name of	psychiatri	c facility)	

(Disponible en version française)

See reverse.

After you receive this notice, a person called a "rights adviser" will meet with you to inform you as to your rights and help you in applying for a hearing if that is what you wish to do.				
For further information or assistance with anything mentioned in this notice, please contact				
(print name(s) of appropriate staff member(s))	(telephone number)			
(print name of psychiatric facility)				
Note: The physician shall promptly notify a rights adviser.				
(date and time rights adviser notified)	_			