Ministry
of
Form 33
Notice to Patient under Subsection
Mental Health Act

## Clear Form

To: $\qquad$
(print name of patient)
of $\qquad$
(home address)

This is to inform you that on $\qquad$ (date of determination)
I, $\qquad$ , have made a determination (print name of physician)
that you
Check appropriate box(es):
Form patient uses to challenge findings:

1. $\square$ are not mentally capable to consent to the collection, use or disclosure of personal health information within the meaning of the Personal Health Information Protection Act, 2004
2. $\square$ are not mentally capable to manage your property
3.are not mentally capable to consent to treatment of a mental disorder ("treatment" within the meaning of the Health Care Consent Act)

Check where appropriate:

1. $\square$ A certificate of incapacity to manage property has been issued
2.A certificate of continuance has been issued
2. Form 21
3. Form 24

If you wish to challenge this (these) determination(s), you have the right to a hearing before the Board. You may apply for a hearing by completing the relevant form noted above.

Application forms are available from a Rights Adviser, this facility and the regional offices of the Board.

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 of psychiatric facility)

Note: The physician shall promptly notify a rights adviser.

