Ontario

Ministry of Health
and Long-Term Care

Application to the Board to Review a Patient's Involuntary Status under Subsection 39(1) of the Act

Form 16
Mental Health Act
Consent and Capacity Board

Part I This section must be completed by all applicants

I,

(print full name of applicant)

apply to the Board for a hearing to determine whether or not

(print full name of patient)

who is a patient at

(name of psychiatric facility)

☐ is suffering from a mental disorder of a nature or quality that will likely result in serious bodily harm to the patient or another person or serious physical impairment of the patient, unless he or she remains as an involuntary patient in the custody of a psychiatric facility; or

☐ has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in serious bodily harm to the patient, serious bodily harm to another person, substantial mental or physical deterioration of the patient, or serious physical impairment of the patient; has shown clinical improvement as a result of the treatment; is suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one; given the patient's history of mental disorder and current mental or physical condition, the patient is likely to cause serious bodily harm to himself or herself, cause serious bodily harm to another person, suffer substantial mental or physical deterioration, or suffer serious physical impairment; the patient has been found incapable, within the meaning of the *Health Care Consent Act, 1996* of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained; and the patient is not suitable for admission or continuation as an informal or voluntary patient.

The Patient is currently detained under the authority of a

☐ Certificate of Involuntary Admission (Form 3)
or
☐ Certificate of Renewal (Form 4)
or
☐ Certificate of Continuation (Form 4A)

(date) (signature of applicant)

Part II This information is not required but will assist us in scheduling the hearing
(*provide only information where known*)

If the applicant is someone other than the patient, please provide an address and telephone number:

( )

(adress) (telephone no.)

Please provide the name, telephone and fax numbers and any other information that will assist us in contacting the patient's attending physician:

( ) ( )

(name) (telephone no.) (fax no.)

Name, telephone and fax numbers of a hospital official who may assist in arranging the hearing:

( ) ( )

(name) (telephone no.) (fax no.)

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Part II This information is not required but will assist us in scheduling the hearing
(*provide only information where known*) *continued*

Name, telephone and fax numbers of a lawyer or agent for the patient:

( ) ( )

(name) (telephone no.) (fax no.)

Name, telephone and fax numbers of a lawyer or agent for the patient's attending physician:

( ) ( )

(name) (telephone no.) (fax no.)

Fax completed form to the Board at 1 866 777-7273 or send by email to: ccb@ontario.ca.
For assistance call: 1 866 777-7391
TTY/TDD: 1 877 301-0TTY(0889).