Ontario

Ministry of Health
and Long-Term Care

Notice to the Board of the Need to Schedule a Mandatory Review of a Patient's Involuntary Status under Subsection 39(4) of the Act

Form 17
Mental Health Act
Consent and Capacity Board

Part I This section must be completed by all applicants

I am of the opinion that

(name of psychiatric facility)

(print full name of patient)

A (e.g. first, fifth, etc.) Certificate of Continuation for the above-named patient was filed on the following date:

(date) (signature of Officer in Charge)

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

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.)

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 application 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 : 1-877-301-0889 (TTY)

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