Ontario

Ministry of Health
and Long-Term Care

Notice to Patient under Subsection 38(1) of the Act

Form 30

Mental Health Act

To:

(print name of patient)

of

(home address)

This is to inform you that you are being detained under the authority of a

Under Section 20

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

which expires on

(date of expiry)

I completed this certificate on

(date)

Part A and/or Part B must be completed

Part A

I am of the opinion that

a) you are suffering from mental disorder of a nature or quality that likely will result in:

- ☐ serious bodily harm to yourself,
- ☐ serious bodily harm to another person,
- ☐ serious physical impairment of you,

unless you remain in the custody of a psychiatric facility; and

b) that you are not suitable for admission or continuation as an informal or voluntary patient.

Part B

I am of the opinion that:

a) you have 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 yourself,
- ☐ serious bodily harm to another person,
- ☐ substantial mental or physical deterioration of you, or
- ☐ serious physical impairment of you,

b) you have shown clinical improvement as a result of the treatment;

c) you are suffering from the same mental disorder as the one for which you previously received treatment or from a mental disorder that is similar to the previous one;

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Part B (continued)

d) given your history of mental disorder and current mental or physical condition, you are likely to

- ☐ cause serious bodily harm to yourself,
- ☐ cause serious bodily harm to another person,
- ☐ suffer substantial mental or physical deterioration, or
- ☐ suffer serious physical impairment;

e) you have been found incapable, within the meaning of the *Health Care Consent Act, 1996* of consenting to your treatment in a psychiatric facility and the consent of your substitute decision-maker has been obtained; and

f) you are not suitable for admission or continuation as an informal or voluntary patient.

If you wish to challenge your detention, you have the right to a hearing before the Board. You may apply for a hearing by completing Form 16 (attached).

Part C must be completed if applicable

☐ You are subject to a _____ Certificate of Continuation.
(e.g. first, second, etc.)

☐ You have the right to apply to the Board for one or more orders under section 41.1 of the Act when a first Certificate of Continuation is completed and on the completion of a subsequent Certificate of Continuation if the application is submitted 12 months after the most recent application to the Board. The Board must be satisfied that there has been a material change in circumstances in order for an application to be heard by the Board at an earlier date.

You may apply for a hearing for an order under section 41.1 by completing Form 51 along with either Form 16 or Form 17 (attached).

(date) (Signature of attending physician)

(print name of attending physician)

(print name of psychiatric facility)

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. You have the right to retain and instruct a lawyer without delay.

For further information or assistance with anything mentioned in this notice, please contact

(print name of appropriate staff member(s)) ( ) (telephone no.)

(print name of psychiatric facility)

Note: The attending physician who completes a Certificate of Involuntary Admission, a Certificate of Renewal or a Certificate of Continuation shall promptly notify a rights adviser.

(date and time rights adviser notified)