Ministry of Health

Ontario

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: _____
(print name of patient)

of _____
(home address)

This is to inform you that on _____
(date of determination)

I, _____ , have made a determination
(print name of physician)

that you

Check appropriate box(es):		*Form patient uses to challenge findings:*
1. ☐	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	1. Form P-1
2. ☐	are not mentally capable to manage your property	2. Form 18
3. ☐	are not mentally capable to consent to treatment of a mental disorder ("treatment" within the meaning of the *Health Care Consent Act*)	3. Form A

Check where appropriate:

1. ☐	A certificate of incapacity to manage property has 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 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.

_____ _____
(date) (signature of physician)

_____
(print name of physician)

_____
(print name of psychiatric facility)

(Disponible en version française)

See reverse.

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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)

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