Ministry of Health

Ontario

Form 49

Mental Health Act

Notice of Intention to Issue or Renew Community Treatment Order (section 33.1(4), section 33.1(8))

Part 1 – Notice of Intention to Issue or Renew a Community Treatment Order

TO: _____
(print full name of person)

I am considering issuing or renewing a community treatment order (Form 45) for you.

During the previous three year period you

☐ have been a patient in a psychiatric facility on two or more separate occasions or for a cumulative period of 30 days or more during that three year period, OR

☐ have been the subject of a previous community treatment order

Part 2 – Capacity to Consent to Treatment Proposed in a Community Treatment Plan

On _____ a determination was made that you are incapable
date (day / month / year)

with respect to giving or refusing consent to a proposed community treatment plan.

Your substitute decision-maker under the *Health Care Consent Act* is _____
(name of substitute decision-maker)

Your substitute decision-maker will also receive notice that I am considering issuing or renewing a community treatment order for you.

Part 3 – Community Treatment Plan

A community treatment plan must be developed with you or with your substitute decision-maker (where applicable) and any other health practitioners or persons involved in your treatment or care and supervision.

A copy of the community treatment plan developed for you is attached to this notice.

During the 72 hours ***prior to*** entering into the community treatment plan, I examined you and am of the opinion that:

1. You are suffering from mental disorder such that you need continuing treatment or care and continuing supervision while living in the community, AND
2. You meet the criteria for the completion of an application for psychiatric assessment, if you are not currently a patient in a psychiatric facility, AND
3. If you do not receive continuing treatment or care and continuing supervision while living in the community, you are likely, because of mental disorder, to cause serious bodily harm to yourself or another person or to suffer substantial mental or physical deterioration of yourself or serious physical impairment of yourself, AND
4. You are able to comply with the community treatment plan contained in the community treatment order, AND
5. The treatment or care and supervision required under the terms of the community treatment order are available in the community.

Part 4 – Rights Advice and Right to Counsel

TO: _____
(print full name of person)

AND TO: _____
(print name of substitute decision-maker, if applicable)

You are entitled to consult a rights adviser before a community treatment order can be issued or renewed.

A rights adviser will receive notice of the physician's intention to issue or renew a community treatment order and will contact you for the purpose of providing you with rights advice.

You have the right to retain and instruct counsel about the proposed community treatment order before it is issued or renewed and to retain and instruct counsel about the community treatment order at any time after it is issued or renewed.

Date of issue _____
(day / month / year)

_____
(physician's business address)

_____
(name of psychiatric facility if applicable)

_____ _____
(signature of physician) (print name of physician)

Notes

1. The rights adviser shall explain to the person and the substitute decision-maker, if any, the requirements for the issuance or renewal of a community treatment order, the significance of such an order, including any obligations that the person or substitute decision-maker may be required to meet under the order.

2. Where a rights adviser believes that it is in the best interests of the person to receive rights advice from another rights adviser, he or she shall ensure that a second rights adviser provides such advice.

3. Where a rights adviser provides rights advice to the person and the substitute decision-maker, if any, the rights adviser shall provide confirmation of this fact to the physician in ***Form 50***.

4. Where a person refuses the provision of rights advice, the rights adviser shall provide confirmation of that fact to the physician in ***Form 50***.