Ontario

Ministry of Health

Confirmation of Rights Advice

Form 50
Mental Health Act

Please print all information.

Part 1 – To be Completed by the Rights Adviser of a Person Every Time Rights Advice is Given

My name is: _____ _____
(first name) (last name)

I am qualified and certified pursuant to the regulations under the *Mental Health Act* to be a rights adviser.

Name of person receiving rights advice _____ _____
(first name) (last name)

Person's date of birth (if known): _____
date(day / month / year)

The person named above receiving rights advice is substitute decision-maker for (if applicable): _____ _____
(first name) (last name)

Name of psychiatric facility where person is a patient (if applicable): _____ _____
(name of psychiatric facility) (city)

Name of person's attending physician *(if applicable)*: _____ _____
(first name) (last name)

On _____ at approximately _____ o'clock,
date(day / month / year)

I approached the person named above for the purpose of providing him or her with rights advice on the following issue(s): (check all that apply)

- ☐ Form 3 – Notice of Certificate of Involuntary Admission
- ☐ Form 4 – Notice of Certificate of Renewal
- ☐ Form 4A – Notice of Certificate of Continuation
- ☐ Form 21 – Certificate of Incapacity re: Property
- ☐ Form 24 – Notice of Continuance re: Property
- ☐ Form 27 – Notice of Right to a Review of Informal Status
- ☐ Form 30 – Notice of Right to Apply for Orders under Section 41.1
- ☐ Form 52 – Application to transfer patient under Section 39(8)
- ☐ Form 53 – Application by officer in charge to vary or cancel an order under Section 39(9)
- ☐ Form 33 – 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*, and where the patient is 16 years old or older, the right to apply to the Board for appointment of a representative
- ☐ Form 33 – Not Mentally Capable to Consent to Treatment of Mental Disorder under the *Health Care Consent Act* (**please complete Part 2**)
- ☐ Form 49 – Notice of Intention to Issue or Renew Community Treatment Order (**please complete Part 3**)

The person applied to the Consent and Capacity Board (check all that apply)

- ☐ Form 16 ☐ Form A
- ☐ Form 16 ☐ Form A
- ☐ Form 16 ☐ Form A
- ☐ Form 51
- ☐ Form 18 ☐ Form A
- ☐ Form 18
- ☐ Form 25
- ☐ Form 16 ☐ Form 17
- ☐ Form 51
- ☐ Form P–1
- ☐ Form P–3

(see Part 2 on reverse)

- ☐ Form 48 ☐ Form A

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Part 2 – Incapacity with Respect to Treatment

The person: (check all that apply)

- ☐ refused to meet with me or was unable to communicate with me.
- ☐ received rights advice and the person **did not** indicate a wish to apply to the Consent and Capacity Board to review the finding of incapacity with respect to treatment.
- ☐ received rights advice and the person **did** indicate a wish to apply to the Consent and Capacity Board to review the finding of incapacity with respect to treatment.
- ☐ received rights advice and the person applied to the Consent and Capacity Board to review the finding of incapacity with respect to treatment.

Note regarding section 18 of the *Health Care Consent Act*: if before the treatment of an incapable patient has begun, the health practitioner is notified that the patient intends to apply to the Board, then the health practitioner shall not begin the treatment and shall take reasonable steps to ensure that the treatment is not begun until 48 hours have elapsed since the health practitioner was first notified of the intended application without the application being made.

Part 3 – Confirmation of Rights Advice – Community Treatment Order

This part must be completed every time a physician gives Notice of the Intention to Issue or Renew a Community Treatment Order (Form 49).

Check all that apply:

Rights Advice to the person named above who is subject to a community treatment order:

- ☐ I provided rights advice to the person named above who is subject to a community treatment order.
- ☐ I was unable to provide rights advice to the person named above because I was unable to locate the person despite making best efforts.
- ☐ The person named above refused to let me provide him or her with rights advice.
- ☐ I believe that it is in the best interest of the person named above to receive rights advice from another rights adviser and pursuant to subsection 14.3 (4) of Regulation 741 under the *Mental Health Act*. I have taken steps to ensure that a second rights adviser provides such advice.
- ☐ I received notice from a rights adviser pursuant to subsection 14.3 (4) of Regulation 741 under the *Mental Health Act* that it is in the best interest of the person named above to receive rights advice from another rights adviser and
  - ☐ I provided rights advice to the person named above.
  - ☐ The person named above refused to let me provide him or her with rights advice.
  - ☐ I was unable to provide rights advice to the person named above because I was unable to locate the person despite making best efforts.

Rights Advice to the person's substitute decision-maker named above (if applicable):

- ☐ I provided rights advice to the person's substitute decision-maker named above.
- ☐ Rights advice was not provided to the person's substitute decision-maker because the substitute decision-maker is the Ontario Public Guardian and Trustee, and is exempt from the requirement to receive rights advice on the renewals of Community Treatment Orders.

Note: 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 the substitute decision-maker may be required to meet under the order. A second rights adviser who receives notice under subsection 14.3(4) of Regulation 741 under the *Mental Health Act* must complete a separate Form 50.

Date of signature (day / month / year)

(Signature of right adviser)