Ontario

Ministry of Health
and Long-Term Care

Application to the Board to Vary or Cancel Section 41.1 Orders of the Board under Section 39(10) of the Act

Form 54

Mental Health Act

Consent and Capacity Board

Part I This section must be completed by all applicants

_____

(name of psychiatric facility)

_____

(print full name of patient)

An order under s. 41.1 was made by the Board in respect of the above-named patient on the following date:

_____

(date of Board order)

☐ I have attached a copy of the order of the Board.

Explain material change in circumstances and describe request to vary or cancel the order(s) of the Board:

_____

_____

_____

_____

I confirm that

☐ I have completed a Form 16 application to the Board to review the above-named patient's involuntary status

dated _____

(date of Form 16 application)

or

☐ I have been advised that a Form 17 notice to the Board of the need to schedule a mandatory review of the above-named patient's involuntary status has been completed.

I am

☐ the patient named above

or

☐ a person acting on the patient's behalf.

_____ _____

(date) (signature of applicant)

_____

(print full name of applicant)

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

If the applicant is someone other than the patient, please provide an address and telephone number:

_____ ( )_____
(address) (telephone no.)

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 form 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: 1 877 301–0TTY(0889).

Note:

Upon receiving an application under s. 39(10), the Board shall promptly transmit the Application to the Minister of Health and Long-Term Care and the Officer in Charge of the psychiatric facility named in the application.

An application under s. 39(10) of the Act may be heard if the Board is satisfied that that there has been a material change in circumstances. If the Board is satisfied that there has been a material change in circumstances, the Board will hear this application when it hears the patient's next application, made under s. 39(1) or s. 39(4), to review the patient's involuntary status. **Please ensure that a Form 16 or Form 17 application to review the patient's involuntary status is completed and submitted to the Board along with this form.**