Ontario

Ministry of Health

Psychiatric Patient Advocate Office (PPAO)
Tel: 1-800-578-2343
416-327-7000 (Toronto)

Request for Rights Advice Mental Health Inpatient

Instructions

Complete all sections and fax the request, along with the Notice to Patient (Form 30 and/or 33) to the PPAO Intake Office at 1-866-822-2333 or 416-314-4484 (Toronto).

Notice to Patient (Form 30 or 33) MUST accompany this Request, in order for the Request to be processed.

Section 1 - Hospital Contact Information

Hospital Name	Hospital Site	
Contact Name	Telephone Number	Fax Number
Email Address		

Section 2 - Individual to Receive Rights Advice

Patient First Name	Patient Last Name	Communication/Language Needs	
Hospital File Number	Inpatient Unit	Telephone Number	ext.

Section 3 - Rights Advice Required

- ☐ Form 3 - Certificate of Involuntary Admission
- ☐ Form 4 - Certificate of Renewal Renewal #: _____
- ☐ Form 4a - Certificate of Continuation Renewal #: _____ Mandatory Hearing: ☐ Yes ☐ No
- ☐ Form 27 - Notice by Officer-in-Charge to a Child - Informal Patient
- ☐ Form 52 - Application to the Board for an Involuntary Patient's Transfer to another Psychiatric Facility
- ☐ Form 53 - Application to Board to Vary or Cancel Orders of the Board (MHA 39(9))

For Form 33 - Notice to Patient - Finding of Incapacity (check all that apply)

- ☐ Treatment Incapacity
- ☐ Form 21: Certificate of Incapacity re: Property
- ☐ Form 24: Certificate of Continuance re: Property
- ☐ Personal Health Information Incapacity

Note:

To request rights advice on Form 49 - Notice of Intention to Issue or Renew Community Treatment Order (CTO), please use the PPAO Request Form for CTOs. It is available from your CTO Coordinator or by email from Intakeppao.moh@ontario.ca

This form contains confidential information intended only for the Psychiatric Patient Advocate Office. Any other distribution, copying or disclosure is strictly prohibited. If you have received this form in error, please notify our office immediately by telephone at 1-800-578-2343.

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