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

Clear Form

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.

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)