

**NOTIFICATION TO PATIENT UNDER AGE 16,
ADMITTED BY PARENT OR GUARDIAN,
OF RIGHTS UNDER THE *MENTAL HEALTH ACT***

The information in **bold** type must be read to the patient.

You have been admitted to this facility at the request of your parent or guardian and I am here to tell you about your legal rights under the *Mental Health Act*. I will read you a summary of these rights. You may ask me questions at any time. I will give you a copy of this form, which contains information for you to read.

You have the right:

- 1. to know the name and location of this facility. It is** _____
name of facility
at _____
location
- 2. to know the reason why you are here. The facility has admitted you because your parent or guardian requested your admission, a medical doctor examined you and his/her opinion was that you have a mental disorder that requires treatment. (see *Reasons for Admission*)**
- 3. to contact a lawyer. (see *Contacting a Lawyer*)**
- 4. to be examined regularly by a medical doctor to see if you still need to be a patient in this facility. (see *Renewal Certificates*)**
- 5. to apply to the Review Panel for a hearing to decide if you should be discharged. (see *Review Panel*)**
- 6. to apply to the court to ask a judge if your medical certificates are in order. A lawyer is normally required. (see *Judicial Review (Habeas Corpus)*)**
- 7. to appeal to the court your medical doctor's decision to keep you in the facility. A lawyer is normally required. (see *Appeal to the Court*)**

name of patient (please print)

patient's signature

date signed (dd / mm / yyyy)

name of person who provided information

Give the patient a blank copy and file the named copy in the chart

MORE INFORMATION

REASONS FOR ADMISSION

You were admitted at the request of your parent or guardian and a medical doctor who examined you is of the opinion that

- (a) you are a person with a mental disorder that seriously impairs your ability to react appropriately to your environment or associate with other people, and
- (b) you require psychiatric treatment in a designated facility.

You do not have a choice about staying here. The staff may give you medication or other treatment, to which your parent or guardian has consented, for your mental disorder even if you do not want to take it.

You may talk to your medical doctor or a nurse about these things if you wish.

CONTACTING A LAWYER

You may contact any lawyer or advocate you choose at any time.

RENEWAL CERTIFICATES

Within one month of your admission, you must be examined by a medical doctor for the purpose of determining whether you should be discharged.

If the medical doctor is of the opinion that you should not be discharged, you have the right to

- a second examination within one month after the first month is ended,
- a third examination within three months of the second examination, and after that
- an examination within each six-month period after the third examination.

REVIEW PANEL

If you ask to be discharged, but the parent or guardian who requested your admission does not support your request, you have the right to request a hearing by a review panel to determine whether you should be discharged.

You or someone on your behalf may apply to the review panel by filling in a Form 7, Application for Review Panel Hearing. This form is available in the nursing unit. The review panel must decide within 14 days to continue your hospitalization or discharge you. There is no cost. Information about how a review panel works can be provided by your nurse or you can contact the Mental Health Law Program directly at 604 685-3425 or toll free at 1 888 685-6222.

JUDICIAL REVIEW (HABEAS CORPUS)

You may ask the court to look at the documents used in your admission to see whether you should be kept in this facility. You will need a lawyer to assist you and there may be a cost.

APPEAL TO THE COURT

You may ask the Supreme Court of British Columbia to decide whether you must continue to be a patient. You will need a lawyer to assist you and there may be a cost.