BRITISH COLUMBIA | Ministry of Health

IRAS Independent Rights Advice Service

FORM 22 - MENTAL HEALTH ACT
REQUEST FOR RIGHTS ADVICE IN FACILITY

(Section 47(2), R.S.B.C. 1996, c. 288) HLTH 3522 2025/07/15

Instructions: The facility/team will submit this form through the Rights Advice Service online portal. Fax submission is a backup if there are technical issues with the online portal. For assistance, the Rights Advice Service can by reached by phone. The hours of operation for the Rights Advice Service are on their website at: irasbc.ca.

SECTION 1: TO BE COMPLETED BY / WITH PERSON

First Name	Last Name	Pronouns
Personal Email (optional - to receive meeting invitation)	Personal Health Number (if available)	Date of Birth (DD / MM / YYYY)

Meeting Format

Most meetings with a Rights Advisor are by videoconference or phone. The facility/team will provide access to a private meeting space and communications equipment.

I prefer to meet by: ○ Videoconference **or** ○ Phone (teleconference)

Meeting Attendees

Rights Advice meetings are private but you can choose if you want someone to attend with you. This could be a family member, a friend, or any other support person. You can ask a facility staff member to help you to contact them. Please check if the person(s) can attend the meeting before listing them below.

○ I choose to attend the meeting alone.

○ I choose to have the following person(s) attend the meeting with me. To help with scheduling, please include any notes on when they are available to meet.

Name or Role/Relationship	Email (optional - to receive meeting invitation)	Notes on Availability (optional)
Name or Role/Relationship	Email (optional - to receive meeting invitation)	Notes on Availability (optional)

Additional Supports

In-person Rights Advice is available in some locations for people who have difficulty communicating by videoconference or phone. In-person meetings may take longer to set up since they are only available during limited dates and hours. A member of your treatment team can tell you if in-person meetings are available in your location.

○ I need an in-person Rights Advice meeting (communication or accessibility need).

Interpretation Services	Deaf or Hard of Hearing Services
○ I need an interpreter in this language: →	○ I need live captioning (videoconference) ○ I need a sign language interpreter

Do you have any other requests or communication needs?

SECTION 2: TO BE COMPLETED BY FACILITY / TEAM

This form must be submitted as soon as possible after the request for Rights Advice is made.

Facility	Date Sent (DD / MM / YYYY)	Patient Status
		Involuntary Patient
Unit (if applicable) / Phone		○ Medical Certificate (Form 4.1/4.2)

Patient Status
Involuntary Patient
○ Medical Certificate (Form 4.1/4.2)
○ Renewal Certificate (Form 6)
○ Leave Authorization (Form 20)
○ Renewal Certificate while on leave (Form 6)
○ Recall from leave

Patient under age 16 admitted on request of parent or guardian
○ Request for Admission (Form 1)
○ Renewal Certificate (Form 3)

Length of current certificate (1 month, 3 months, 6 months): _____

Unit (if applicable)	Phone
Address	City / Town

Name/Position of Primary Contact Person(s) (can assist in scheduling the meeting)	Date of Involuntary Admission or Admission by Parent/Guardian (DD / MM / YYYY)
Email (copy of meeting invitation and completed form sent to this email)	Notes for Scheduling a Meeting

SECTION 3: TO BE COMPLETED BY RIGHTS ADVISOR

Rights Advisor Name	Meeting Format	Notes
	○ Videoconference	
Date Request Received (DD / MM / YYYY) / Time Received (24HR HH:MM)	○ Phone	
	○ In-person	
Meeting Date (DD / MM / YYYY) / Meeting Time (24HR HH:MM)	○ Declined service	
	○ Did not attend	
	○ Cancelled	

Your personal information is being collected under section 26(c) of the *Freedom of Information and Protection of Privacy Act* to set up a meeting with a Rights Advisor and help the Rights Advisor to tailor the information they give you. If you have any questions about the collection of this personal information, please contact: Provincial Manager, Independent Rights Advice Service, Canadian Mental Health Association, BC Division, 905 – 1130 West Pender Street, Vancouver BC, V6E 4A4.