

NOTIFICATION OF NEAR RELATIVE FORM 16 QUICK GUIDE

General Instructions:

- Form 16 should be completed and sent immediately after the Form 15 (hand delivered or Canada Post registered mail)

This is to notify:

Standards:

- Name of relative: first and last name
- Address: full street address including province and postal code
- Phone number: 10 digit number
- Name of patient: consistent with Form 4
- Date: dd/mm/yyyy
- Involuntary or under age 16: Check one
- Name of facility: BC Children's Hospital
- Address of facility: 4500 Oak Street Vancouver BC

FORM 16 MENTAL HEALTH ACT [Section 34.2, R.S.B.C. 1996, c. 288]

NOTIFICATION TO NEAR RELATIVE (ADMISSION OF INVOLUNTARY PATIENT OR PATIENT UNDER AGE 16)

This is to notify

name of near relative (please print)

address and phone number (please print)

being a near relative of _____ that on _____
name of patient (please print) date (dd / mm / yyyy)

the above patient was admitted and is being detained as ☐ an involuntary patient
or as ☐ a patient under age 16 (tick off the statement which applies)

in _____
name of designated facility address of designated facility

RIGHTS INFORMATION

1. Duration of involuntary patient status

A patient who is an involuntary patient as a result of the completion of two medical certificates, under section 22 of the Act, may be detained for one month from the date of admission. If not

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5. Right to apply to the Supreme Court of British Columbia

The patient or someone acting on the patient's behalf may have the validity of the patient's admission and detention determined by way of an application (in the nature of *habeas corpus*) to the court under the *Judicial Review Procedure Act*. The patient or someone acting on the patient's behalf may also apply to the court under section 33 of the Act, to determine whether there is sufficient reason and authority for the medical certificate. Legal advice concerning these matters may be obtained from independent counsel or through the Legal Services Society or the Community Legal Services Society (CLAS).

The phone number of the local Legal Services Society office is _____.

The phone number for CLAS is _____.

6. Second medical opinion

Under section 31 of the Act, the patient, or a person acting on the patient's behalf, has the right to request a second medical opinion on the appropriateness of the patient's treatment. This must be done using Form 11, Request for Second Medical Opinion.

The right to request a second medical opinion does not apply to a patient under age 16 admitted at the request of a parent or guardian.

NOTE: If you are in agreement with the hospitalization of the above patient, you need not take any further action.

Director/delegate signature:

Standard: Any format

director's (or delegate's) signature

date signed (dd / mm / yyyy)

director (or delegate) (please print)

Director/delegate name:

Standard: Any format

Date:

Standard: dd/mm/yyyy

RESOURCES: <https://healthymindslearning.ca/mha-toolkit-overview/>

