

MONTHLY RIGHTS ADVICE DATA

Psychiatric Facility Name: _____ Address: _____ City _____ Postal Code _____ Month/Year _____

RIGHTS ADVICE SITUATIONS	First Contact	2 nd Contact	3 rd & Subsequent Contacts	Application to Consent & Capacity Board	Rights Advice Duration		CCB Hearing		Outcome of Hearing Patient Successful		Reason No Hearing Held		
					<30 Mins	>30 Mins	Yes	No	Yes	No	Physician changed status (e.g. issued Form 5)	Patient Withdrew Application	Other
Column	A	B	C	D	E	F	G	H	I	J	K	L	M
MENTAL HEALTH ACT Form 3 – involuntary admission (notice Form 30)													
Form 4 – involuntary admission renewal (notice Form 30)													
Form 21 – incapacity to manage property (notice Form 33)													
Form 24 – continuance of incapacity to manage property (notice Form 33)													
Form 27– informal admission of a 12-15 year-old													
Notice Form 33 – incapable re: a collection, use or disclosure of personal health information				P-1									
				P-3									
Notice Form 49 – intention to issue a Community Treatment Order	Client												
	SDM												
Notice Form 49 – intention to renew a Community Treatment Order	Client												
	SDM												
HEALTH CARE CONSENT ACT Notice Form 33 (MHA) – Treatment incapacity													
SUB-TOTAL													
GRAND TOTAL													

Completed by: _____ Phone # _____
(please print)

Please mail completed form to : Psychiatric Patient Advocate Office, Box 28, Suite 802, 55 St. Clair Ave. W., Toronto, ON M4V 2Y7.
Please contact Linda Carey at (416) 327-7001 or toll free 1(800)578-2343 for any assistance in completing this form.
This form is available on the PPAO's website at www.ppao.gov.on.ca