



Psychiatric Patient Advocate Office

Bureau de l'intervention en faveur des patients des établissements psychiatriques

Request for Rights Advice RE: Community Treatment Order

Part 1 – Requested by Date: _____

Name _____

Title _____

Location _____

Phone _____ Fax _____

Part 2 – Individual(s) to Receive Rights Advice

Person: Name _____ (first name) _____ (Initial) File # _____

Communication Needs _____

Inpatient at _____
Room & Phone _____

Outpatient address _____
Means of contact (e.g., phone): _____

Capable Incapable 1st Issue Renewal # _____

Re-Issue → Explanation: _____

Previous CTO expiry date: ____/____/____

Substitute Decision Maker #1

Substitute Decision Maker #2

_____ Name _____

_____ City _____

_____ Phone 1 _____

_____ Phone 2 _____

_____ Communication Needs _____

_____ Best time to call _____

Part 3 – Send Form 50 (Confirmation of Rights Advice) to:

Fax to: Requestor Other _____

Send Original to: Requestor Other _____

Instructions

After you have completed this request form, attach Form 49 and Community Treatment Plan and fax it to the PPAO Intake Office at



**1-866-822-2333 or
416-314-4484 local**



**and call 1-866-851-1212 or
(Toronto) 416-327-8240**
to confirm transmission.

For inpatients: place this *request form* in the PPAO blue binder, with Form 49 and Community Treatment Plan attached.

For outpatients: note below who the Rights Adviser contacts for the paperwork:

Requestor (Part 1 at left) **OR**

Contact: _____
Phone: _____ **OR**

PPAO to forward it to Rights Adviser.

Notes: _____

For PPAO Office Use only

Intake _____ Date _____ Time _____

R A _____ Name _____

Assigned _____ Date _____ Time _____

Rights Advice Completion Confirmed:

_____ Date _____ Time _____

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