

FORM MHCA 09

DEPARTMENT OF HEALTH

**NOTICE BY HEAD OF HEALTH ESTABLISHMENT AFTER 72-HOUR ASSESSMENT PERIOD INFORMING REVIEW BOARD THAT MENTAL HEALTH CARE USER WARRANTS FURTHER INVOLUNTARY CARE, TREATMENT AND REHABILITATION ON AN OUTPATIENT BASIS
[Section 34(3)(b) of the Act]**

Ihereby inform

(name of head of health establishment)

the Review Board that

(name of mental health care user)

requires further involuntary care, treatment and rehabilitation on an outpatient basis.

I am satisfied that the restrictions and intrusions on the mental health care user's right to movement, privacy and dignity are proportionate to the care, treatment and rehabilitative services contemplated.

The basis of this request for further involuntary care, treatment and rehabilitation on an outpatient basis is that:

(a) The User is suffering from a mental illness or severe/profound mental disability and requires care, treatment and rehabilitation services for his/her health or safety or the health or safety of other people or for the protection of the financial interests or reputation of the User;

(b) The User is currently incapable of making an informed decision on the need for the care, treatment and rehabilitation services

(c) The User is refusing care, treatment and rehabilitation services

Signature:

(Head of health establishment)

Date:

Place:

[Copy to mental health care user and original to Review Board]