

Notification Regarding Appeal Procedures

(Section 33 of *The Mental Health Services Act*)

CANADA
PROVINCE OF SASKATCHEWAN

Notice to:

Name of Patient _____

Nearest Relative _____

Proxy _____

Personal Guardian _____

Official Representative _____

Name of Patient _____

is being detained in _____ on the authority of medical certificates
(name of mental health centre)

dated _____ ;
(dd/mm/yy)

has been ordered to be transferred to _____ ; or
(name of mental health centre)

has become the subject of a community treatment order dated _____
(dd/mm/yy)

Section 34 of *The Mental Health Services Act* creates rights of appeal by a patient, the patient's nearest relative, any proxy or personal guardian, an official representative or any other person who has a sufficient interest.

A review panel has been appointed to investigate those appeals. A person who intends to submit an appeal is advised to write to the chairperson of the review panel. The name and address of the chairperson of the applicable review panel are as follows:

Name _____

Address _____

Date *(dd/mm/yy)*

Signature of attending physician

Distribution

1. Patient
2. Nearest relative
3. Proxy (if any)
4. Personal guardian (if any)
5. Official representative