

Form 11C
Revocation of Community Treatment Order
(Section 57 - *Involuntary Psychiatric Treatment Act*)

I, Dr. _____ (*full name*), am a psychiatrist on the staff of _____ (*name of psychiatric facility*).
_____ (*full name of patient*) is an involuntary patient who is the subject of a community treatment order dated _____ (*dd/mm/yyyy*).

I am cancelling the patient's community treatment order, effective the date of this order, because the services required for the community treatment order are unavailable.

(*signature of witness*)

(*signature of psychiatrist*)

(*witness's name - printed*)

(*psychiatrist's name - printed*)

_____ (*dd/mm/yyyy*)
(*date of signature*)

_____ (*dd/mm/yyyy*)
(*date of signature*)

Notes:

- 1) *When terminating a community treatment order in accordance with Section 57 of the Act, a psychiatrist must:*
 - *notify the person of the termination of the order and of the requirement for the psychiatrist to review the person's condition*
 - *notify the person's substitute decision-maker, the chief executive officer and any other health practitioner or other person who has obligations under the community treatment plan.*
- 2) *A copy of this order should be sent to the Review Board.*
- 3) *Within 72 hours of issuing the notice of termination, the psychiatrist must review the person's condition to determine if the person can continue to live in the community without being subject to an order or if the person or whether a peace officer should be requested to convey the person to a psychiatric facility for an involuntary psychiatric assessment. [sic]*