

Form 7 Certificate of Leave

(Section 43 - *Involuntary Psychiatric Treatment Act*)

I, Dr. _____ (*full name*), a psychiatrist and on the staff of the _____ (*name of psychiatric facility*), a psychiatric facility, am of the opinion that _____ (*full name of patient*), an involuntary patient, should be allowed to live outside the psychiatric facility in accordance with this certificate.

This certificate allows the patient to live outside the psychiatric facility beginning _____ (*dd/mm/yyyy*) and ending on _____ (*dd/mm/yyyy*) - *date no later than 6 months from beginning date*) on the following conditions:

For this certificate of leave to stay in effect, the patient must comply with the medical treatment that is described in this certificate and must attend appointments with the psychiatrist and any health professionals referred to in this certificate.

I confirm that the patient's substitute decision-maker _____ (*full name*) has consented to this certificate of leave being issued to the patient.

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

(signature of psychiatrist)

_____ a.m.
(time of signature) p.m.

(psychiatrist's name - printed)

Notes:

- 1) In accordance with subsection 43(4) of the Act, a copy of this certificate must be given to all of the following:
 - the patient
 - the substitute decision-maker who consented to the certificate of leave
 - the chief executive officer or designate
 - any other health professional involved in the treatment plan
- 2) A copy of this certificate should be sent to the Review Board.
- 3) This certificate is not effective without the consent of the substitute decision-maker.
- 4) In accordance with subsection 44(1) of the Act, the psychiatrist may cancel a certificate of leave without notice for any of the following reasons:
 - breach of a condition
 - if the psychiatrist is of the opinion that the patient's condition may present a danger to the patient or others
 - the patient fails to report as required by the certificate of leave.