

**FORM 17**  
**MENTAL HEALTH ACT**  
[ Section 34.2, R.S.B.C. 1996, c. 288 ]

**NOTIFICATION TO NEAR RELATIVE  
(DISCHARGE OF INVOLUNTARY PATIENT)**

This is to notify \_\_\_\_\_  
*first and last name of near relative (please print)*

of \_\_\_\_\_,  
*address*

being a near relative\* of \_\_\_\_\_  
*first and last name of discharged patient (please print)*

of \_\_\_\_\_,  
*discharged patient's forwarding address (if known)*

that the patient named above was discharged from \_\_\_\_\_  
*name of designated facility*

on \_\_\_\_\_ .  
*date (dd / mm / yyyy)*

\_\_\_\_\_  
*signature of director*

\_\_\_\_\_  
*date signed (dd / mm / yyyy)*

\_\_\_\_\_  
*name of director (please print)*

\* The *Mental Health Act* includes the following persons under the term "near relative": wife, husband, mother, father, grandmother, grandfather, daughter, son, sister, brother, half sister, half brother, friend, caregiver, companion designated by patient, committee of person, and legal guardian.

While not mentioned in the Act, common-law spouse and same-sex partner are ordinarily considered included in the term "near relative".

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**For Office Use Only**

**The near relative named above was notified of the patient's discharge:**

- by phone**
- by fax**
- by mail**
- in person**