

FORM 7
MENTAL HEALTH ACT
[Section 25, R.S.B.C. 1996, c. 288]

APPLICATION FOR REVIEW PANEL HEARING

The information on this form is collected pursuant to section 25 of the *Mental Health Act*. It will be used to document and initiate your application for a review panel hearing. Any questions you have about this form may be addressed to the director or staff of this facility.

INSTRUCTIONS: Please complete this form and submit to the Mental Health Review Board: by fax: 604-660-2403
or by email: MHRBscheduling@gov.bc.ca

PART A – To Be Completed By Patient/Family/Facility/Team

To the director of _____
name of designated facility _____ *ward/unit*

I, _____,
applicant first and last name (please print) _____, request a hearing by a review panel, in the case of

_____,
patient legal first and last name (please print) _____, *current mental health team / site / facility*

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

patient personal health number (PHN) _____ *patient phone number* _____ *patient email address*

Patient's Right to Legal Representation

As the patient you may choose to:

- Attend the Review Panel Hearing without a representative;
- Ask a family member, friend or near relative to represent you;
- Hire a lawyer in private practice to represent you; or
- Request free legal representation from the Mental Health Law Program (MHLP). *If you choose this option, the Mental Health Review Board will submit your request directly to the MHLP, who will contact you to discuss the availability of an advocate at your hearing. **If the MHLP is able to represent you, you understand that you consent to the release of your health records to the MHLP.** For further information, please contact MHLP at 604-685-3425 or toll free 1-888-685-6222.*

PART B – To Be Completed By Facility/Team

The Mental Health Review Board has a statutory obligation to schedule a hearing within 14 days or 28 days after receiving an application. To facilitate scheduling, please provide the following information:

Patient's date of birth: _____ *(dd / mm / yyyy)* Admission date: _____ *(dd / mm / yyyy)*

Date first Form 4 signed: _____ *(dd / mm / yyyy)* Date second Form 4 signed: _____ *(dd / mm / yyyy)*

Date most recent Form 6 signed: _____ *(dd / mm / yyyy)* Date most recent Form 6 expires: _____ *(dd / mm / yyyy)*

treating psychiatrist name _____ *case presenter name**

case presenter's availability for upcoming two-week period

Please provide the contact information of a person at your facility who can assist us in scheduling a review panel hearing for the patient:

contact name _____ *contact phone number* _____ *contact email*

Please direct any inquiries to: 604-660-2325

Mental Health Review Board, #302 - 960 Quayside Drive, New Westminster BC V3M 6G2 | www.mentalhealthreviewboard.gov.bc.ca

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More Instructions for Completing this Application

At a review panel hearing, a review panel makes a decision about whether or not an involuntary patient should continue to be certified. An involuntary patient may apply for a review panel hearing by completing this form.

A patient or someone acting on behalf of the patient completes Part A of the form, and the patient or person acting on behalf of the patient then signs it. A patient may select one of the four options under the heading "Patient's Right to Legal Representation." The patient's facility/team then completes Part B of the form.

An involuntary patient may be in a designated facility (e.g., hospital) or living in the community. An involuntary patient living in the community is referred to as being on leave and must comply with treatment in the community or risk being recalled to a designated facility.

* A case presenter is a health professional (usually the patient's treating psychiatrist) who is knowledgeable about the patient's history and condition and can give evidence and answer questions at a review panel hearing. A case presenter may be the patient's case manager, nurse, or social worker.