

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".

For Office Use Only

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

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