

Instructions for Form 10: Renewal of Community Treatment Order
(Section 52, *Involuntary Psychiatric Treatment Act*)

The actions and decisions to be documented on this form, which forms a part of the *Involuntary Psychiatric Treatment Regulations*, are to be undertaken in a manner consistent with Canada's accepted obligations under the *United Nations Convention on the Rights of Persons with Disabilities* and in accordance with the guiding principles set out in subsection 2(1) of the Act.

When to use this form:

- To renew a Community Treatment Order (Form 9).

When filling out the form:

- The patient must continue to meet all of the criteria under subsection 47(3) of the Act listed on Form 9.
- The date of the original community treatment order is the date Form 9 was signed.
- This form, once completed, must be filed with both of the following:
 - the designated NSH or IWK MHA staff or administrative office responsible for managing IPTA health records
 - the provincial IPTA Review Board administration at IPTAadmin@novascotia.ca.

Notes:

- When a community treatment order is renewed, the patient and the patient's substitute decision-maker must be promptly informed, in writing and in language the patient is likely to best understand, of the reasons for the order, the patient's right to legal counsel, and all other rights and information listed in subsection 47(5) of the Act.
- In accordance with Section 52 of the Act, a community treatment order may be renewed for 180 days at any time before it expires. There is no limit to the number of times a community treatment order may be renewed.
- It is recommended that a community treatment order be renewed at least 72 hours before its expiry date.

Form 10: Renewal of Community Treatment Order
(Section 52, *Involuntary Psychiatric Treatment Act*)

I, Dr. _____ (*full name*), a psychiatrist on the staff of _____ (*name of psychiatric facility*), am the attending psychiatrist of _____ (*full name of patient*), who is the subject of a community treatment order.

I personally examined this patient on the following date and at the following time and location:

Date (<i>dd/mm/yyyy</i>)	Time	Location	Method
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> in person <input type="checkbox"/> video call <input type="checkbox"/> telephone
If by video or telephone, state rationale:			

I have reasonable and probable grounds to believe that the person still fulfills the criteria for the original community treatment order dated ___/___/____ (*dd/mm/yyyy*) and that the community treatment order has demonstrated efficacy.

1. The person has a mental disorder for which the patient is in need of treatment or care and supervision in the community and the treatment and care can be provided in the community
2. The person, as a result of the mental disorder, (*check all that apply*)
 - is threatening or attempting to cause serious harm to themselves or has recently done so
 - has recently caused serious harm to themselves
 - is seriously harming or is threatening serious harm towards another person or has recently done so
 - will suffer serious physical impairment
 - will suffer serious mental deterioration
3. As a result of the mental disorder, the person does not have the capacity to make treatment decisions
4. During the immediately preceding 2-year period, the person (*check all that apply*):
 - has been detained in a psychiatric facility for a total of 60 days or longer

- has been detained in a psychiatric facility on 2 or more separate occasions
 - has previously been the subject of a community treatment order
5. The services that the person requires in order to reside in the community exist in the community, are available to the person, and will be provided to the person
- By checking this box, I confirm I have informed the patient and the patient's substitute decision-maker of the patient's right to retain and instruct legal counsel, and the steps the patient may follow to obtain free legal counsel. I acknowledge that checking this box does not relieve me of the obligation to promptly inform the patient and the patient's substitute decision-maker, in writing and in language that the patient is likely to best understand, of the information set out in subsection 47(5) of the Act.

Therefore, I renew the community treatment order dated ___/___/___ (dd/mm/yyyy), which expires on ___/___/___ (dd/mm/yyyy).

This is the _____ (1st, 2nd, 3rd, etc.) renewal of that community treatment order and expires on ___/___/___ (dd/mm/yyyy—180 days after date this order is signed), unless it is renewed or terminated earlier.

(signature of witness)

(signature of psychiatrist)

(witness's name—printed)

(psychiatrist's name—printed)

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

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

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