

Instructions for Form 13: Notice of Hearing
(Section 70, *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:

- For the Review Board to provide notice of a Review Board hearing.

When filling out the form:

- The Review Board must give at least 3 clear days' written notice of each hearing to all of the following people:
 - every party
 - every person who is entitled to be a party
 - the patient advisor if no one has been authorized to act on behalf of the involuntary patient
 - any person who, in the opinion of the Review Board, has a substantial interest in the subject matter of the application.

Notes:

- In accordance with Section 72 of the Act, every party is entitled to be represented by counsel or an agent in a hearing before the Review Board.
- If a Notice of Hearing is prepared, the patient and the patient's substitute decision-maker should be informed by the Review Board of the patient's right to counsel and the steps the patient may take to obtain legal counsel.
- Patient Rights Advisor Services has a duty to help patients access legal counsel.
- The Review Board must send a written decision within 6 clear days of the hearing to all of the following people:
 - the applicant
 - the patient
 - the patient's representative
 - the patient's substitute decision-maker
 - the patient's attending psychiatrist
 - the chief executive officer or their designate
 - the Minister of Health and Wellness via IPTA Administration at IPTAadmin@novascotia.ca.

- In accordance with Section 79 of the Act, a party may appeal on any question of law from the findings of the Review Board to the Nova Scotia Court of Appeal within 30 days of the date the decision is received from the Review Board.

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Take notice that _____ (*name of applicant*) of _____ (*address of applicant*) has applied to the Review Board to review the file of _____ (*full name of patient*) of _____ (*address of patient*), an involuntary patient being treated at or through _____ (*name of psychiatric facility*) regarding _____ (*decision or order being reviewed*).

The Review Board will hold a hearing for the review of this file on ___/___/___ (*dd/mm/yyyy*) at _____ a.m./p.m. at _____ (*location of hearing*).

The patient, their representative, the other parties and any individual who, in the opinion of the Review Board, has an interest in the matter may make representations at the hearing.

Every party, including the patient and the patient's substitute decision-maker or other representative, is entitled to be represented by legal counsel or an agent at a hearing before the Review Board.

(*date of signature*)

(*signature of Review Board Chair*)

(*Review Board Chair's name—printed*)