Instructions for Form 3: Certificate for Involuntary Psychiatric Assessment—Part 2

(subsection 10(2), 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:

- If the physician determines compelling circumstances exist and a second physician is not readily available to examine the person and execute a second certificate.
- This form, once completed, must be filed with the designated NSH or IWK MHA staff or administrative office responsible for managing IPTA health records.

Notes:

- This form must be accompanied by a Certificate for Involuntary Psychiatric Assessment—Part 1 (Form 2) signed by the same physician.
- A medical examination or involuntary psychiatric assessment may be conducted at any hospital, health centre or location within the community, including, but not limited to, the designated psychiatric facilities named in subsection 3(1) of the regulations.

Form 3: Certificate for Involuntary Psychiatric Assessment—Part 2

(subsection 10(2), Involuntary Psychiatric Treatment Act)

I, Dr. _______ (*full name*), a physician, signed the attached Certificate for Involuntary Psychiatric Assessment—Part 1 for _______(*full name of person*).

Compelling circumstances exist for the involuntary psychiatric assessment of the person **and** a second physician is not readily available to examine the person and complete a second Certificate for Involuntary Psychiatric Assessment—Part 1.

| | (dd/mm/yyyy) | |
|---------------------|--------------|----------------------------|
| (date of signature) | | (signature of physician) |
| a.m./ | o.m. | |
| (time of signature) | | (physician's name—printed) |

This form, once completed, must be filed with the designated NSH or IWK MHA staff or administrative office responsible for managing IPTA health records.