

**Instructions for Form 8: Certificate of Cancellation of Leave**  
(Section 44, *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 cancel a Certificate of Leave (Form 7) and require the patient to return to the inpatient psychiatric facility identified on the Certificate of Leave.

When filling out the form:

- The patient's certificate of leave date is the beginning date on Form 7.
- 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](mailto:IPTAadmin@novascotia.ca).

Notes:

- This form authorizes a peace officer for up to 30 days after the date it is signed to take the patient into custody and to a health facility for an involuntary psychiatric assessment.

**Form 8: Certificate of Cancellation of Leave**  
(Section 44, *Involuntary Psychiatric Treatment Act*)

I, Dr. \_\_\_\_\_ (*full name*), a psychiatrist on the staff of  
\_\_\_\_\_ (*name of psychiatric facility*), am the psychiatrist for  
\_\_\_\_\_ (*full name of patient*), an involuntary patient who is  
currently living outside of the psychiatric facility on a certificate of leave.

I am cancelling the patient's certificate of leave dated \_\_\_/\_\_\_/\_\_\_ (*dd/mm/yyyy*) effective on  
the date of this Certificate of Cancellation of Leave because (***check all that apply***)

- the patient has breached a condition of their certificate of leave
- the patient's condition may present a danger to the patient or others
- the patient has failed to report as required by their certificate of leave

Provide further details (if needed):

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_____ ( <i>dd/mm/yyyy</i> )	_____
( <i>date of signature</i> )	( <i>signature of psychiatrist</i> )
_____ a.m./p.m.	_____
( <i>time of signature</i> )	( <i>psychiatrist's name—printed</i> )

**This form, once completed, must be filed with both of the following:**

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