If you're certified, you may be kept in the hospital and given treatment against your will. **But you still have the right:**

• to know where you are and why you're certified
The reasons for your certification are on your certificate (Form 4)
or renewal certificate (Form 6), which you have the right to see.

• to be examined by a doctor

At least once per certification period, a doctor must examine you to see if you meet the criteria (see bottom flap).

| 1st | 2nd | 1st | 2nd | 3rd & further | certificate | certificate | renewal | renewal | renewal | renewal | PERIODS | 48 hrs | 1 month | 1 month | 3 months | 6 months (can repeat) |

• to ask for a review panel hearing

An independent panel will hear your case and decide if you meet the criteria. To apply, fill out **Form 7**. For representation at your hearing, call the Mental Health Law Program:

604-685-3425 in the Lower Mainland 1-888-685-6222 elsewhere in BC clasbc.net/mental_health_review_board

• to ask for a second medical opinion

If you don't agree with your psychiatric treatment, you can ask another doctor to examine you. To apply, fill out **Form 11**.

to speak with a lawyer

A lawyer can give you legal advice about certification or can ask a judge to review your case. For 30 minutes of free legal advice over the phone, make an appointment with Access Pro Bono:

604-482-3195 ext. 1500 in the Lower Mainland 1-877-762-6664 ext. 1500 elsewhere in BC accessprobono.ca/mental-health-program-telephone-clinic

You have all of these rights on extended leave.

To learn more about your rights, talk to your mental health team or read **Form 13**. Find forms 7, 11, and 13 at www2.gov.bc.ca/gov/content/health/health-forms/mental-health-forms

If you have complaints about your care, contact the Office of the Ombudsperson at 1-800-567-3247 or bcombudsperson.ca.

Criteria for certification

You can be certified only if a doctor has examined you and

believes you meet all tour of these criteria:

J. your ability to react to your environment and associate with

others is seriously impaired because of a mental disorder,

5. you need psychiatric treatment,

3. you need care, supervision, and control to protect you or others

mentally or physically, and or to prevent you from deteriorating substantially, either

4. you can't be admitted as a voluntary patient.

Near relative (person you trust) Phone number Your certification period expires

Phone number

Mental health team or psychiatrist

KNOW YOUR RIGHTS

MENTAL HEALTH ACT s, 3g Japun

bcmentalhealthrights.ca