Yukon
Health and Social Services

Form 16
MENTAL HEALTH ACT
Section 26

TEMPORARY RELEASE OF INVOLUNTARY PATIENT

I N S T R U C T I O N S

This form must be completed by the physician, signed by the patient, and forwarded to the Chief Executive Officer, Whitehorse General Hospital, who must sign the form and keep it on file.

Copies of this form must be provided to the:

- ☐ Chief Executive Officer, Whitehorse General Hospital; and
- ☐ patient.

IN THE MATTER OF the *Mental Health Act*

AND IN THE MATTER OF _____**,** hereinafter called the patient.
Name of person

I, _____, a medical practitioner licensed to practise in the Yukon Territory, authorize the temporary release of the patient, an involuntary patient, for the following purpose(s)

_____

_____

_____

☐ subject to the following conditions:

date and time of release shall be _____ and

date and time of return shall be _____ ;

OR

☐ per the attached physician's order.

Other conditions are _____

_____

_____

_____

_____

The patient has been informed of the temporary release, its purpose and the conditions imposed, and he/she has agreed to those arrangements. The patient has been informed that he/she may be apprehended if he/she does not return at the agreed time.

DATED at _____,

this_____ day of_____ , _____.
month year

_____
SIGNATURE OF ATTENDING PHYSICIAN

_____
PRINTED NAME OF ATTENDING PHYSICIAN

_____
SIGNATURE OF CHIEF EXECUTIVE OFFICER
OF WHITEHORSE GENERAL HOSPITAL

_____
PRINTED NAME OF CHIEF EXECUTIVE OFFICER
OF WHITEHORSE GENERAL HOSPITAL

_____
SIGNATURE OF PATIENT

_____
PRINTED NAME OF PATIENT