

## Process for Completing and Distributing Community Treatment Order Forms

**NOTE:** This information is limited to the required distribution of CTO forms as specified in the *Mental Health Act of Alberta*. It does not reflect all requirements for notification. Further processes to be developed within Zones, Facilities and Communities.

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	Form Name	Completed by	Distributed by	Distributed to	Timing
Form 07	Information	Informant	Informant	1. Provincial Court (for a Judge)	
Form 08	Warrant	Judge	Court	1. Peace Officer	Expires 7 days.
Form 09	Extension of Warrant				Extends warrant a further 7 days (once)
Form 10	Statement of Peace Officer on Apprehension	Peace Officer	Peace Officer	<b>ORIGINAL to:</b> 1. Facility	
Form 12	Application for Review Panel Hearing	Applicant (person subject to CTO, agent, guardian, anyone on their behalf, Board or Delegate) (Bottom signed by person subject to CTO)	Applicant	1. Review Panel Chair	
Form 13	Notice of Hearing Before Review Panel	Chair of Review Panel	Chair of Review Panel	<ol style="list-style-type: none"> <li>1. Person subject to CTO</li> <li>2. Person's agent, guardian or any other person referred to in MHA 28(1) if any ie: Substitute Decision Maker</li> <li>3. One person designated by Person subject to CTO (if applicable)</li> <li>4. Nearest relative unless Person objects</li> <li>5. Any other person the Chair feels may be affected by the application</li> <li>6. Regional Health Authority [AHS Zone Coordinator**]</li> <li>7. AHS Provincial CTO Team</li> <li>8. Last Psychiatrist or "Designated Physician" to issue, amend or renew CTO</li> <li>9. Supervisor of CTO</li> <li>10. Applicant</li> </ol>	On receipt of application will give at least 7 days notice of hearing
Form 17	Decision of Review Panel Regarding Admission Certificates, Renewal Certificates or Community Treatment Orders	Chair of Review Panel	Chair of Review Panel	Every person who received notification of Form 13.	Make a decision within 24 hours of hearing. Inform people of decision within 24 hours of making the decision.
Form 18	Decision of Review Panel Regarding Renewal Certificates & Community Treatment Orders (Deemed Application)	Chair of Review Panel	Chair of Review Panel	Every person who received notification of Form 13.	Make a decision within 24 hours of hearing. Inform people of decision within 24 hours of making the decision.

\* Not specified in the MHA, recommended for flow of CTO process.

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	Form Name	Completed by	Distributed by	Distributed to	Timing
Form 19	Issuance Community Treatment Order	Part 1: Psychiatrist or "Designated Physician"	a) Issuing Psychiatrist / "Designated Physician"	<ol style="list-style-type: none"> <li>Person subject to CTO</li> <li>Substitute Decision Maker under MHA 28(1)</li> <li>Regional Health Authority [AHS Designate*]</li> <li>Any person providing treatment or care</li> </ol>	On issuance*
		Part 2: Physician			
		Part 3: Treatment or Care Provider (If care by RHA, then RHA designate)	b) Regional Health Authority [AHS Zone Coordinator**]	<ol style="list-style-type: none"> <li>Other Regional Health Authorities providing services to the person on the CTO [AHS is the sole RHA but it is recommended to distribute to the AHS contacts in applicable zones, facilities, and communities*]</li> <li>Person supervising CTO (if they are not the Issuing Psychiatrist)</li> <li>Person responsible for providing written statement on Form 26 (issuing psychiatrist)</li> <li>One person designated by Person subject to CTO (if applicable)</li> <li>AHS Provincial CTO Team</li> </ol>	On receipt, promptly
		Part 4: Psychiatrist or physician responsible for supervising CTO;			
Part 5: Person consenting to CTO or Issuing Psychiatrist					
Form 20	Renewal of Community Treatment Order	Part 1: Psychiatrist or "Designated Physician"	a) Issuing Psychiatrist / "Designated Physician"	<ol style="list-style-type: none"> <li>Person subject to CTO</li> <li>Substitute Decision Maker under MHA 28(1)</li> <li>Regional Health Authority [AHS Designate*]</li> <li>Any person providing treatment or care</li> <li>Review Panel: 1<sup>st</sup> renewal and every 2<sup>nd</sup> after that</li> </ol>	
		Part 2: Physician			
		Part 3: Treatment or Care Provider (If care by RHA, then RHA designate)	b) Regional Health Authority [AHS Zone Coordinator**]	<ol style="list-style-type: none"> <li>Other Regional Health Authorities providing services to the person on the CTO [AHS is the sole RHA but it is recommended to distribute to the AHS contacts in applicable zones, facilities, and communities*, include CTO Coordinator for the Zone*]</li> <li>Person supervising CTO (if they are not the Issuing Psychiatrist)</li> <li>Person responsible for providing written statement on Form 26 (issuing psychiatrist)</li> <li>One person designated by Person subject to CTO (if applicable)</li> <li>AHS Provincial CTO Team</li> </ol>	On receipt, promptly
		Part 4: Psychiatrist or physician responsible for supervising CTO;			
		Part 5: Person consenting to CTO or Issuing Psychiatrist			
Form 21	Amendments to Community Treatment Order	A Psychiatrist or "Designated Physician" and depending on the amendment: Supervising Physician OR Treatment or Care Provider (AHS if care provided by AHS)	a) Issuing Psychiatrist / "Designated Physician"	<ol style="list-style-type: none"> <li>Person subject to CTO</li> <li>Substitute Decision Maker under MHA 28(1)</li> <li>Regional Health Authority [AHS Zone Coordinator**]</li> <li>Any person providing treatment or care</li> </ol>	
			b) Regional Health Authority [AHS Zone Coordinator**]	<ol style="list-style-type: none"> <li>Other Regional Health Authorities providing services to the person on the CTO [AHS is the sole RHA but it is recommended to distribute to the AHS contacts in applicable zones, facilities, and communities*, include CTO Coordinator for the Zone*]</li> <li>Person supervising CTO (if they are not the Issuing Psychiatrist)</li> <li>Person responsible for providing written statement on Form 26 (issuing psychiatrist)</li> <li>One person designated by Person subject to CTO (if applicable)</li> <li>AHS Provincial CTO Team</li> </ol>	

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	Form Name	Completed by	Distributed by	Distributed to	Timing
Form 22	Community Treatment Order Cancellation or Expiry  NOTE: Form 22 is used for both Cancellation and Expiry. Note the different persons responsible for completing and distributing the form depending on the use.	<b>CANCELLATION</b> A Psychiatrist or "Designated Physician"	<b>CANCELLATION</b> A Psychiatrist or "Designated Physician"	<b>Along with any recommendations for treatment (MHA 14(5))</b> 1. Person subject to CTO 2. Substitute Decision Maker under MHA 28(1) 3. Regional Health Authority [AHS Designate*] 4. Any person providing treatment or care 5. Family Doctor (if known)	On issuance*
		OR	OR		
		<b>EXPIRY</b> Supervising Physician	<b>EXPIRY</b> Supervising Physician	1. Other Regional Health Authorities providing services to the person on the CTO [AHS is the sole RHA but it is recommended to distribute to the AHS contacts in applicable zones, facilities, and communities*, include CTO Coordinator for the Zone*] 2. Person supervising CTO (if they are not the Issuing Psychiatrist) 3. Person responsible for providing written statement on Form 26 (issuing psychiatrist) 4. One person designated by Person subject to CTO (if applicable) 5. AHS Provincial CTO Team	
Form 23	Community Treatment Order Apprehension Order	A Psychiatrist or "Designated Physician"	a) A Psychiatrist or "Designated Physician"	<b>ORIGINAL to:</b> (may fax and send original by mail) 1. Peace Officer Copy to: 2. Regional Health Authority [AHS Zone Coordinator**]	Expires 30 days
			b) Regional Health Authority [AHS Zone Coordinator**]		
Form 24	Community Treatment Order Examination on Apprehension	Two Physicians (one of who must be a Psychiatrist or "Designated Physician")	a) Two Physicians	1. Issuing Psychiatrist / "Designated Physician"	Examination as soon as practicable, within 72 hours of arrival at facility
			b) Issuing Psychiatrist / "Designated Physician"	2. Regional Health Authority [AHS Zone Coordinator**]	
			c) Regional Health Authority [AHS Zone Coordinator**]	1. Other Regional Health Authorities providing services to the person on the CTO [AHS is the sole RHA but it is recommended to distribute to the AHS contacts in applicable zones, facilities, and communities*, include CTO Coordinator for the Zone*] 2. Person supervising CTO (if they are not the Issuing Psychiatrist) 3. Person responsible for providing written statement on Form 26 (issuing psychiatrist) 4. One person designated by Person subject to CTO (if applicable) 5. AHS Provincial CTO Team	

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	Form Name	Completed by	Distributed by	Distributed to	Timing
Form 25	Community Treatment Order Designation of Physician	Person authorized by Board or AHS; acknowledged by "Designated Physician"	a) Regional Health Authority [AHS Zone Coordinator**]	<ol style="list-style-type: none"> <li>1. Retain Form 25 in records*</li> <li>2. Notification to treatment providers*</li> </ol>	Designation maximum term is 2 years. May be renewed.
Form 26	Community Treatment Order Written Statement  For issued, amended or renewed CTO	Issuing Psychiatrist/ "Designated Physician"	Issuing Psychiatrist / "Designated Physician"	<b>ORIGINAL to:</b> <ol style="list-style-type: none"> <li>1. Person subject to CTO</li> </ol> <b>Copies to:</b> <ol style="list-style-type: none"> <li>2. Substitute Decision Maker under MHA s. 28</li> <li>3. Any person providing treatment or care</li> <li>4. Regional Health Authority [AHS Zone Coordinator**]</li> <li>5. Maintain copy on file*</li> </ol>	
			b) Regional Health Authority [AHS Zone Coordinator**]	<ol style="list-style-type: none"> <li>1. Person supervising CTO (if they are not the Issuing Psychiatrist)</li> <li>2. Other Regional Health Authorities providing services to the person on the CTO [AHS is the sole RHA but it is recommended to distribute to the AHS contacts in applicable zones, facilities, and communities*, include CTO Coordinator for the Zone*]</li> <li>3. One person designated by Person subject to CTO (if applicable)</li> <li>4. AHS Provincial CTO Team</li> </ol>	
Form 27	Community Treatment Order Non-compliance Report	Treatment or Care Provider	a) Treatment or Care Provider	Regional Health Authority [AHS Zone Coordinator**]	To be completed within 24 hours of becoming aware of failure to comply
			b) Regional Health Authority [AHS Zone Coordinator**]	1. CTO Supervising Physician	Copies to be provided within 24 hours from receipt of form

Form modified to include CTO's Jan. 1, 2010

New form Jan. 1, 2010

"Issuing Psychiatrist" means the psychiatrist, or the physician designated in accordance with section 9.7 of the Act, who last issued, renewed, or amended a CTO. (CTO Reg 1)

"Designated Physician": If psychiatrist not available a physician may be designated under MHA 9.7(1). Designated Physician must consult with a psychiatrist prior to issuing, renewing, amending or canceling a CTO. Designation is for 2 years and may be renewed. Use Form 25 (CTO Reg 5)

**DISCLAIMER:** This document is intended as a guide and should not be used as a legal reference or advice. Please consult a lawyer if in need of clarification or legal advice. The information herein is not fully comprehensive; for complete details please refer to Alberta's *Mental Health Act* and the accompanying regulations. AHS is not liable in any way for actions based on the use of information contained herein.

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