



FORM 18 – MENTAL HEALTH ACT, SECTION 43(3)  
**APPLICATION TO WITHHOLD CLINICAL RECORD**

This form is to be completed by the Chief Executive Officer, Whitehorse General Hospital and forwarded to the Capability and Consent Board.

**Copies of this form must be provided to the:**

- ☐ Capability and Consent Board (fax 867-633-6954); and
- ☐ Chief Executive Officer, Whitehorse General Hospital.

**IN THE MATTER OF** the *Mental Health Act*

**AND IN THE MATTER OF** \_\_\_\_\_ hereinafter called the applicant.  
NAME OF PERSON

The applicant has applied to examine his/her clinical record on YYYY/MM/DD.

I am of the opinion that disclosure of all or part of the applicant's record would be likely to:

- ☐ result in serious harm to the treatment or recovery of the applicant while the applicant is a patient; or
- ☐ result in serious physical harm or serious emotional harm to another person who is named in the applicant's record.

I hereby apply to withhold the following portions of the applicant's clinical record (specify portions).

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I believe the following harm would result from disclosure of the record.

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**DATED** at \_\_\_\_\_,

this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Chief Executive Officer of  
Whitehorse General Hospital

\_\_\_\_\_  
Printed name of Chief Executive Officer of  
Whitehorse General Hospital