



FORM 8 – MENTAL HEALTH ACT, SECTION 33(1)(a)  
**WAIVER OF RIGHT TO AN AUTOMATIC HEARING**

The Capability and Consent Board will automatically review all certificates of involuntary admissions and renewals of involuntary admissions. A patient can waive this right if they are capable of making this decision. A lawyer must witness the signing of this form.

**A copy of this form must be sent to the:**

- Capability and Consent Board (fax 867-633-6954).

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

I, \_\_\_\_\_, NAME OF PATIENT

(check all that apply)

was admitted to Whitehorse General Hospital as an involuntary patient on YYYY/MM/DD

had my involuntary admission renewed on YYYY/MM/DD

I understand that the Capability and Consent Board will hold a hearing to review the matter(s) listed above. If I waive my right to a hearing, the Capability and Consent Board will conduct a paper review of the matter. The board will decide whether or not a full hearing is necessary based on the paper review. If I do not waive my right to a hearing, a full hearing will go ahead.

I understand that I must be capable of agreeing to waive my right. This means that I understand and appreciate the consequences of my decision.

**I hereby waive my right under the *Mental Health Act* to an automatic hearing of the matter indicated above.**

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

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

\_\_\_\_\_  
Signature of care recipient or patient

\_\_\_\_\_  
Printed name of care recipient or patient

\_\_\_\_\_  
Signature of witness (member of Law Society of Yukon)

\_\_\_\_\_  
Printed name of witness (member of Law Society of Yukon)