



Notification by an Attending Physician Advising a Patient that a Community Treatment Order is No Longer in Effect

(Subsection 24.5(2) of *The Mental Health Services Act*)

Ministry of Health
M-13.1 REG 1
Form H.5

CANADA
PROVINCE OF SASKATCHEWAN

Notice to:

Name of Patient _____

Nearest Relative _____

Proxy _____

Personal Guardian _____

Official Representative _____

A community treatment order issued on _____
(dd/mm/yy)

pursuant to section 24.3 of *The Mental Health Services Act* with respect to:

Name of Patient _____

expired on _____, has not been renewed, and is no longer in force.
(dd/mm/yy)

Date (dd/mm/yy)

Signature of attending physician

Distribution

1. Patient
2. Nearest relative
3. Proxy (if any)
4. Personal guardian (if any)
5. Official representative