



Department of Health & Community Services
Mental Health Care and Treatment Act
Section 37(2)

PLEASE PRINT LEGIBLY

COPY: Original Administrator

Authorized Patient Pass

Name: _____

Unit: _____

Attending Physician: _____

I, Dr. _____, as attending Physician of _____, grant permission for this patient to be
(please print name)
released on pass from _____ (Date/Time) to _____ (Date/Time).

Physician's Signature

Date

It has been explained to me that I am released from the hospital for the period mentioned above and should I fail to return within the time allowed, an order may be issued for a peace officer to apprehend and return me to the psychiatric unit.

Patient's Signature

Witness

Contact Information while on pass:

Name of Contact: _____
Relationship to Patient: _____
Telephone Number: _____

Regional health authorities acknowledge and respect the privacy of individuals. This personal information is being collected under the Authority of Sections 32 and 33 of the *Personal Health Information Act*, and will be used for plan of care. Please direct any questions about this collection to the Privacy Officer within your region.