Alberta Regulation 166/2020
Child, Youth and Family Enhancement Act
RESIDENTIAL FACILITIES LICENSING
AMENDMENT REGULATION

Filed: September 18, 2020

For information only: Made by the Minister of Children’s Services (M.O. 2020-07) on August 28, 2020 pursuant to section 131(2) of the Child, Youth and Family Enhancement Act.

1 The Residential Facilities Licensing Regulation (AR 161/2004) is amended by this Regulation.

2 Section 4(a) is amended by striking out “in the form set out in the Schedule”.

3 The Schedule is repealed.

4 This Regulation has effect on September 30, 2020.

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Alberta Regulation 167/2020
Child, Youth and Family Enhancement Act
CHILD, YOUTH AND FAMILY ENHANCEMENT
AMENDMENT REGULATION

Filed: September 18, 2020

For information only: Made by the Minister of Children’s Services (M.O. 2020-08) on August 28, 2020 pursuant to section 131(2) of the Child, Youth and Family Enhancement Act.

1 The Child, Youth and Family Enhancement Regulation (AR 160/2004) is amended by this Regulation.

2 Section 2(2) is repealed.

3 Section 6(1) is amended by striking out “in Form 12 of Schedule 1”.
4 Section 10(3) is amended by striking out “in Form 13 of Schedule 1” and substituting “between the director and a supports for permanency recipient”.

5 Section 13(1) is amended by striking out “must be in Form 14 of Schedule 1 and”.

6 Section 14(1) is amended by striking out “in Form 15 of Schedule 1”.

7 Schedule 1 is amended by repealing the following forms:

   Form 1;
   Form 2;
   Form 4;
   Form 7;
   Form 8;
   Form 10;
   Form 11;
   Form 12;
   Form 13;
   Form 14;
   Form 15;
   Form 16;
   Form 17;
   Form 18;
   Form 19;
   Form 20.

8 This Regulation has effect on September 30, 2020.
1 The Protection of Sexually Exploited Children Regulation (AR 194/2007) is amended by this Regulation.

2 Section 4 is repealed.

3 Forms 1 and 2 are repealed.

4 This Regulation has effect on September 30, 2020.

Alberta Regulation 169/2020
Marketing of Agricultural Products Act
ALBERTA BEEF PRODUCERS PLAN AMENDMENT REGULATION

Filed: September 30, 2020

For information only: Made by the Alberta Agricultural Products Marketing Council on June 18, 2020 and approved by the Minister of Agriculture and Forestry on September 28, 2020 pursuant to section 26 of the Marketing of Agricultural Products Act.

1 The Alberta Beef Producers Plan Regulation (AR 286/2009) is amended by this Regulation.

2 Section 1(1) is amended
   
   (a) by repealing clause (a.2) and substituting the following:

      (a.2) “auditor” means a professional accounting firm registered under the Chartered Professional Accountants Act and authorized to perform an audit engagement;

   (b) by repealing clause (f);

   (c) in clause (i) by striking out “Commission directors” and substituting “directors”;

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(d) in clause (r) by striking out “Schedule” and substituting “bylaws”.

3 Section 3 is amended by renumbering it as section 3(1) and by adding the following after subsection (1):

(2) This Plan applies to all of Alberta.

4 The following is added after section 3:

Zones

3.1 For the purposes of this Plan, Alberta is divided into the zones set out in the bylaws.

5 Section 7 is amended

(a) in subsection (3)(b)(i) and (ii) by striking out “Commission director” and substituting “director”;

(b) in subsection (4)

(i) in clause (a) by striking out “Commission director” and substituting “director”;

(ii) in clause (b) by striking out “and, if any, a cattle council”;

(iii) in clause (c) by striking out “Commission director” and substituting “director”;

(iv) in clause (d)

(A) by striking out “Commission directors” and substituting “directors”;

(B) by striking out “vice-chair” and substituting “vice chair”;

(v) by repealing clause (e) and substituting the following:

(e) the term of office of a director;

(e.1) the maximum number of consecutive years that may be served by a director;

(vi) in clause (f) by striking out “Commission directors” and substituting “directors and delegates”.
6 Section 8(2)(b) is amended by striking out “Commission directors” and substituting “directors”.

7 Section 9(1) is amended by striking out “each year” and substituting “each calendar year”.

8 Section 11(1) is amended by striking out “Commission directors” and substituting “directors”.

9 The heading to Part 3 is amended by striking out “Commission Directors” and substituting “Directors”.

10 Section 14 is repealed and the following is substituted:

Commission
14(1) The Commission shall consist of 12 directors.

(2) The directors shall be elected by the delegates at the annual delegate meeting.

(3) The election for directors shall be conducted in accordance with the process set out in the bylaws.

(4) The term of office of a director, including the maximum number of consecutive years that may be served by a director, shall be set out in the bylaws.

11 Section 15 is repealed.

12 Section 16 is amended by striking out “Commission director” and substituting “director or delegate”.

13 Section 17 is repealed and the following is substituted:

Vacancy
17 If a director ceases to hold office before the expiry of that director's term, the Commission may, subject to the approval of the Council, appoint a delegate to fill the position until the conclusion of the next annual delegate meeting.

14 Section 18(3)(c) is amended by striking out “Commission director” and substituting “director”.

- 628 -
15 Section 19 is amended by striking out “Commission director” and substituting “director”.

16 Section 21(1) is amended by striking out “Commission director” and substituting “director”.

17 Section 25 is amended by striking out “June 30, 2020” and substituting “June 30, 2025”.

18 The Schedule is repealed.

Transitional — annual delegate meeting

19 Notwithstanding section 9(1), the Commission is not required to hold an annual delegate meeting in 2020 and the first annual delegate meeting held after the coming into force of this Regulation may be held in 2021.

Transitional — directors

20 Notwithstanding sections 14(1) and 15(2), the Commission directors holding office immediately before this Regulation comes into force shall hold office as directors until the conclusion of the first annual delegate meeting held after this Regulation comes into force.

21(1) Sections 2(b) and 5(b)(ii) have effect at the commencement of the first annual producer meeting held in 2020.

(2) Sections 10 and 11 have effect at the commencement of the annual delegate meeting held after the coming into force of this Regulation.
Alberta Regulation 170/2020

Alberta Public Agencies Governance Act

ALBERTA PUBLIC AGENCIES GOVERNANCE EXEMPTION REGULATION

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 274/2020) on September 30, 2020 pursuant to section 20 of the Alberta Public Agencies Governance Act.

Exemption

1 The Public Trustee appointed under the Public Trustee Act is excluded from the application of the Alberta Public Agencies Governance Act.

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Alberta Regulation 171/2020

Gas Resources Preservation Act

GAS RESOURCES PRESERVATION (EXPIRY DATE EXTENSION) AMENDMENT REGULATION

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 278/2020) on September 30, 2020 pursuant to section 13 of the Gas Resources Preservation Act.

1 The Gas Resources Preservation Regulation (AR 328/2002) is amended by this Regulation.

2 Section 7, as extended by the Regulations Expiry Date Extension Regulation (AR 47/2020), is amended by striking out “October 31, 2020” and substituting “October 31, 2030”.
Alberta Regulation 172/2020

Natural Gas Marketing Act

NATURAL GAS MARKETING (EXPIRY DATE EXTENSION) REGULATION

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 279/2020) on September 30, 2020 pursuant to sections 8, 12, 14 and 27 of the Natural Gas Marketing Act.

1 The Natural Gas Marketing Regulation (AR 358/86) is amended by this Regulation.

2 Section 29, as extended by the Regulations Expiry Date Extension Regulation (AR 47/2020), is amended by striking out “June 30, 2020” and substituting “June 30, 2030”.

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Alberta Regulation 173/2020

Mental Health Act

MENTAL HEALTH PATIENT ADVOCATE REGULATION

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 282/2020) on September 30, 2020 pursuant to section 45 of the Mental Health Act.

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Definitions
1 In this Regulation,
   (a) “Act” means the Mental Health Act;
   (b) “complainant” means a patient who makes a complaint or a person who makes a complaint in respect of a patient;
   (c) “issuing qualified health professional” means the qualified health professional who last issued, renewed or amended a community treatment order or issued an apprehension order;
   (d) “patient” includes a person who
      (i) is or has been a formal patient,
      (ii) is or has been subject to one admission certificate, or
      (iii) is or has been subject to a community treatment order;
   (e) “Patient Advocate” means the Mental Health Patient Advocate appointed under the Act;
   (f) “patient complaint” means a complaint under section 45(1.1)(e) of the Act or section 3 of this Regulation.

Delegation

Delegation
2 The Patient Advocate may in writing delegate to any person holding any office under the Patient Advocate any power or duty conferred or imposed on the Patient Advocate under the Act or the regulations under the Act, except the power of delegation in this section and the power or duty to make any report under the Act or regulations.
Complaints

3 The Patient Advocate shall investigate complaints from or relating to persons

(a) who are or have been subject to one admission certificate, and

(b) who have been formal patients or who have been subject to community treatment orders.

Investigations

Investigation without complaint

4(1) The Patient Advocate may, without receiving a patient complaint, initiate and conduct an investigation into any matter under the Act relating to a patient, with or without the patient’s consent.

(2) The Patient Advocate may, without receiving a patient complaint, initiate and conduct an investigation into

(a) any procedure of a facility relating to the admission of a person detained in the facility under the Act,

(b) any procedure of a facility

(i) for informing a patient of the patient’s rights, or

(ii) for providing information as required by the Act to a patient and to guardians, nearest relatives or designates of a patient,

and

(c) any procedure of a regional health authority or issuing qualified health professional relating to the issuance, amendment or renewal of a community treatment order.

Notice of investigation

5(1) Where the Patient Advocate investigates a matter under section 4(1) or a patient complaint, the Patient Advocate

(a) shall notify the board of the facility in which the patient to whom the matter or patient complaint relates is or was detained, if the patient is or was a patient in a facility, that an investigation has been initiated and of the nature of the matter or patient complaint under investigation,
(b) shall notify in writing

(i) the patient to whom the matter relates, if the Patient Advocate is conducting an investigation under section 4(1), that an investigation has been initiated and of the nature of the matter being investigated,

(ii) the patient to whom the patient complaint relates, if a patient complaint was received, that a patient complaint has been received, of the nature of the patient complaint and of the investigation arising from the patient complaint,

and

(c) shall notify a person named in a patient complaint, other than the patient, of the investigation arising from the patient complaint.

(2) Where the Patient Advocate investigates a matter under section 4(1) or a patient complaint and the patient to whom the matter or patient complaint relates is a patient in a facility, the Patient Advocate shall notify the board of the facility in which the patient is detained of the Patient Advocate’s intention to contact the patient with respect to the investigation.

(3) Where the Patient Advocate investigates a procedure under section 4(2) that relates to a facility, the Patient Advocate shall notify the board of the facility of the investigation.

(4) Where the Patient Advocate investigates a matter under section 4(1), a procedure under section 4(2) or patient complaint that relates to a regional health authority or issuing qualified health professional, the Patient Advocate shall notify the regional health authority or issuing qualified health professional, as the case may be, of the investigation.

(5) If a matter under section 4(1) or patient complaint under investigation relates to a patient who has been transferred from one facility to another, the notice under subsection (1)(a) must be provided to the boards of both facilities.

Investigation procedures

6(1) The Patient Advocate

(a) shall maintain a record relating to every patient complaint and every investigation conducted under this Regulation,

(b) may make any inquiries the Patient Advocate considers necessary to conduct an investigation, and
AR 173/2020 MENTAL HEALTH

(c) shall make any contact with a patient and conduct any investigation of a matter under section 4(1) or a patient complaint that the Patient Advocate considers necessary.

(2) On receipt of a patient complaint or on initiating an investigation under section 4(1), the Patient Advocate shall provide to the complainant or to the patient to whom a matter under investigation relates, as far as is reasonable, information respecting the following:

(a) the rights of the patient under the Act;
(b) how the patient may obtain free legal services;
(c) how to make an application to the review panel;
(d) how to commence an appeal to the Court of Queen’s Bench.

(3) A patient to whom a matter or patient complaint under investigation relates and a person who has received notice of an investigation under section 5(1)(c) have the right to make representations to the Patient Advocate relating to the patient complaint or the matter under investigation.

(4) The Patient Advocate is not required to hold a hearing.

(5) The Patient Advocate may investigate a matter under section 4(1) or a patient complaint as it relates to the period during which the patient was a formal patient, was subject to one admission certificate or was subject to a community treatment order.

Disclosure

7 The Patient Advocate shall not disclose information obtained in the course of an investigation except as required by law or in the performance of the Patient Advocate’s duties under the Act or this Regulation.

Report

8(1) On completion of an investigation, the Patient Advocate shall prepare and send a copy of the report of the investigation to

(a) the board and the regional health authority, and
(b) the issuing qualified health professional to whom the matter or patient complaint investigated relates, if any.

(2) A report that contains recommendations must state the reasons for the recommendations.
(3) If a report is sent to a board, regional health authority or issuing qualified health professional under subsection (1) and, within a reasonable time after the report is sent to the board, regional health authority or issuing qualified health professional, the Patient Advocate is of the opinion that the board, regional health authority or issuing qualified health professional has not taken appropriate action on any recommendation, the Patient Advocate shall send a copy of the report and the board’s, regional health authority’s or issuing qualified health professional’s response, if any, to the Minister.

Refusal to investigate

9(1) The Patient Advocate may refuse to investigate or cease to investigate a matter or a patient complaint under investigation if in the Patient Advocate’s opinion

(a) the subject-matter of the patient complaint is trivial,
(b) the patient complaint is frivolous or vexatious,
(c) having regard to all of the circumstances, no investigation is necessary, or
(d) the subject-matter of the matter or patient complaint under investigation is more appropriately addressed by a different committee, body, person or other entity.

(2) The Patient Advocate may,

(a) with the consent of the complainant, attempt to resolve the patient complaint without conducting an investigation, or
(b) with the consent of the complainant or the patient to whom a matter or patient complaint under investigation relates, refer the matter or patient complaint to a committee, body, person or other entity authorized under another enactment to investigate such matters or patient complaints if the matter or patient complaint falls within the jurisdiction of that committee, body, or person.

Notice of disposition of complaint

10 The Patient Advocate

(a) shall inform a patient of the disposition of any patient complaint that relates to the patient,
(b) may inform a complainant of the disposition of any patient complaint initiated by the complainant, and
(c) may inform a patient of the disposition of any matter investigated under section 4(1) that relates to the patient.

**Request for Documents and Access**

**Request for documents**

11(1) If the Patient Advocate requests in writing

(a) from a facility, board or regional health authority any policy or directive of the facility, board or regional health authority or any other document relating to an investigation, or

(b) from a facility, board, regional health authority or issuing qualified health professional any medical or other record or any information, file or other document relating to a patient who is the subject of an investigation or to whom an investigation relates

the facility, board, regional health authority or issuing qualified health professional shall, within a reasonable time after receipt of the request, provide copies of the materials requested to the Patient Advocate.

11(2) If the Patient Advocate requests in writing from a facility, board, regional health authority or issuing qualified health professional any medical or other record or other information, file or other document relating to a formal patient who the Patient Advocate has been requested to contact under section 14(1)(d) of the Act, the facility, board, regional health authority or issuing qualified health professional shall, within a reasonable time after receipt of the request, provide copies of the materials requested to the Patient Advocate.

**Access to patient**

12 A board shall grant the Patient Advocate access at all reasonable times

(a) to a patient, when the board is notified of the Patient Advocate’s intention to contact the patient in accordance with section 5(2), or

(b) to a formal patient, for the purposes of section 45 of the Act.

**Repeal and Expiry**

**Repeal**

13 The Mental Health Patient Advocate Regulation (AR 148/2004) is repealed.
Expiry

14 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on March 31, 2026.

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Alberta Regulation 174/2020
Mental Health Act
COMMUNITY TREATMENT ORDER
AMENDMENT REGULATION

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 283/2020) on September 30, 2020 pursuant to section 53 of the Mental Health Act.

1 The Community Treatment Order Regulation (AR 337/2009) is amended by this Regulation.

2 Section 1 is amended
   (a) by repealing clause (d) and substituting the following:
      (d) “issuing qualified health professional” means the qualified health professional who last issued, renewed or amended a community treatment order;
   (b) in clause (e) by adding “and Designation” after “Forms”.

3 Section 2 is amended
   (a) by adding “or for the purposes of a renewal of a community treatment order under section 9.3 of the Act” after “Act”;
   (b) by striking out “physician” and substituting “qualified health professional”;
   (c) by striking out “technology”.

4 The following is added after section 2:
Issuance of community treatment order following review panel order

2.1 When an order has been made under section 41(1) of the Act by a review panel for the board to issue a community treatment order in respect of a formal patient, a community treatment order is to be issued in a reasonable amount of time in accordance with section 9.1 of the Act.

5 Section 3 is amended by striking out “physician” and substituting “qualified health professional”.

6 Section 5 is repealed.

7 Section 6(3) is amended by striking out “physician” and substituting “qualified health professional”.

8 Section 7 is amended

(a) in subsection (1) by striking out “psychiatrist” and substituting “qualified health professional”;

(b) in subsection (2)

(i) by repealing clause (a);

(ii) in clause (b) by striking out “psychiatrist” and substituting “qualified health professional”;

(c) by adding the following after subsection (2):

(3) The nearest relative of a person who is subject to a community treatment order is prescribed to be a person to whom a written statement and a copy of an issued, amended or renewed community treatment order must be given under section 14(1.1) of the Act, unless the person subject to the order objects on reasonable grounds.

9 Section 8(1) is amended by striking out “psychiatrist” and substituting “qualified health professional”.

10 Section 9(1) is amended

(a) by striking out “first” and substituting “2nd”;
(b) by striking out “psychiatrist” and substituting “qualified health professional”.

11 Section 10 is amended by striking out “February 28, 2022” and substituting “February 28, 2027”.

12 This Regulation has effect on the coming into force of section 12 of the Mental Health Amendment Act, 2020.
but does not include a permanent disruption caused or likely caused by a neurodegenerative disorder;

(b) “persistent” means stable and unlikely to improve as a result of treatment.

Peace officer’s power under section 12 of the Act

2.2 For the purposes of section 12 of the Act, in the absence of evidence to the contrary, it is presumed that a disorder of thought, mood, perception, orientation or memory that grossly impairs any of the functions or abilities set out in section 1(1)(g)(i) to (iv) of the Act is a disorder in which the resulting impairment is

(a) not persistent,

(b) not caused solely by an acquired or congenital irreversible brain injury, or

(c) not persistent and not caused solely by an acquired or congenital irreversible brain injury.

5 Section 5, as extended by the Regulations Expiry Date Extension Regulation (AR 47/2020), is amended by striking out “November 30, 2020” and substituting “November 30, 2025”.

6(1) Subject to subsection (2), this Regulation has effect on the coming into force of section 12 of the Mental Health Amendment Act, 2020.

(2) Section 4 has effect on the coming into force of section 2(a)(ii) of the Mental Health Amendment Act, 2020.
1  The **Gaming, Liquor and Cannabis Regulation** (AR 143/96) is amended by this Regulation.

2  Section 106 is repealed.

3  This Regulation has effect on November 1, 2020.

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**Alberta Regulation 177/2020**  
**Insurance Act**

**INSURANCE ACT REGULATIONS (EXPIRY DATE EXTENSION) AMENDMENT REGULATION**

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 288/2020) on September 30, 2020 pursuant to sections 16, 498, 511, 555, 599 and 801.1 of the Insurance Act.

1(1) The **Adverse Contractual Action Regulation** (AR 28/2015) is amended by this section.

(2) Section 2, as extended by the **Regulations Expiry Date Extension Regulation** (AR 47/2020), is amended by striking out “April 30, 2020” and substituting “April 30, 2024”.

2(1) The **Automobile Insurance Rate Board Fees Regulation** (AR 179/2005) is amended by this section.

(2) Section 6, as extended by the **Regulations Expiry Date Extension Regulation** (AR 47/2020), is amended by striking out “August 31, 2020” and substituting “April 30, 2024”.

3(1) The **Certificate Expiry, Penalties and Fees Regulation** (AR 125/2001) is amended by this section.

(2) Section 15, as extended by the **Regulations Expiry Date Extension Regulation** (AR 47/2020), is amended by striking out “April 30, 2020” and substituting “April 30, 2024”.

4(1) The **Classes of Insurance Regulation** (AR 144/2011) is amended by this section.
(2) Section 6, as extended by the Regulations Expiry Date Extension Regulation (AR 47/2020), is amended by striking out “April 30, 2020” and substituting “April 30, 2024”.


(2) Section 6, as extended by the Regulations Expiry Date Extension Regulation (AR 47/2020), is amended by striking out “April 30, 2020” and substituting “April 30, 2026”.

6(1) The Insurance Councils Regulation (AR 126/2001) is amended by this section.

(2) Section 37, as extended by the Regulations Expiry Date Extension Regulation (AR 47/2020), is amended by striking out “April 30, 2020” and substituting “April 30, 2026”.

7(1) The Recovery of Administration Costs Regulation (AR 199/2009) is amended by this section.

(2) Section 5, as extended by the Regulations Expiry Date Extension Regulation (AR 47/2020), is amended by striking out “April 30, 2020” and substituting “April 30, 2026”.

8(1) The Replacement of Life Insurance Contracts Regulation (AR 127/2001) is amended by this section.

(2) Section 13, as extended by the Regulations Expiry Date Extension Regulation (AR 47/2020), is amended by striking out “April 30, 2020” and substituting “April 30, 2026”.

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Alberta Regulation 178/2020

Insurance Act

PROVINCIAL COMPANIES
AMENDMENT REGULATION

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 289/2020) on September 30, 2020 pursuant to sections 60 and 123 of the Insurance Act.
1 The *Provincial Companies Regulation* (AR 124/2001) is amended by this Regulation.

2 Section 8(1)(b) is repealed and the following is substituted:

(b) “generally accepted accounting principles” means the generally accepted accounting principles as set out in the CPA Canada Handbook — Accounting by the Chartered Professional Accountants of Canada, as amended from time to time;

3 Section 20.1(1) is amended by striking out “P & C 1” and substituting “P&C Insurance Return”.

4 Section 30, as extended by the *Regulations Expiry Date Extension Regulation* (AR 47/2020), is amended by striking out “April 30, 2020” and substituting “April 30, 2026”.

5 The Schedule is repealed and the following is substituted:

<table>
<thead>
<tr>
<th>Rating Organization</th>
<th>Commercial Paper</th>
<th>Bonds and Debentures</th>
<th>Preferred Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBRS Morningstar</td>
<td>R - 1</td>
<td>A</td>
<td>Pfd - 2</td>
</tr>
<tr>
<td>Standard &amp; Poor’s Financial Services LLC</td>
<td>A - 1</td>
<td>A</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Moody’s Investors Service</td>
<td>P - 1</td>
<td>A</td>
<td>a</td>
</tr>
</tbody>
</table>
Alberta Regulation 179/2020

Insurance Act

RECIPROCAL INSURANCE EXCHANGE
AMENDMENT REGULATION

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 290/2020) on September 30, 2020 pursuant to section 106 of the Insurance Act.

1 The *Reciprocal Insurance Exchange Regulation* (AR 123/2001) is amended by this Regulation.

2 Section 3(a) is amended by striking out “fire insurance” and substituting “property insurance”.

3 Section 5, as extended by the *Regulations Expiry Date Extension Regulation* (AR 47/2020), is amended by striking out “April 30, 2020” and substituting “April 30, 2026”.

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Alberta Regulation 180/2020

Insurance Act

AUTOMOBILE ACCIDENT INSURANCE
BENEFITS AMENDMENT REGULATION

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 291/2020) on September 30, 2020 pursuant to section 573 of the Insurance Act.

1 The *Automobile Accident Insurance Benefits Regulation* (AR 352/72) is amended by this Regulation.

2 Schedule A, Section B, under the heading “Special Provisions, Definitions, and Exclusions of Section B”, provision (2)(b)(i) is repealed and the following is substituted:

(i) sustained by any person who is convicted of an offence under section 320.14 of the *Criminal Code* (Canada) occurring at the time of the accident, or
Alberta Regulation 181/2020
Insurance Act

AUTOMOBILE INSURANCE PREMIUMS AMENDMENT REGULATION

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 292/2020) on September 30, 2020 pursuant to section 608 of the Insurance Act.

1 The Automobile Insurance Premiums Regulation (AR 117/2014) is amended by this Regulation.

2 Schedule 4, Section 2(b) is amended by repealing the table and substituting the following:

<table>
<thead>
<tr>
<th>Description of offence (for convenience of reference only)</th>
<th>Criminal Code Section Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Criminal negligence causing death committed by means of a motor vehicle</td>
<td>220</td>
</tr>
<tr>
<td>2 Criminal negligence causing bodily harm committed by means of a motor vehicle</td>
<td>221</td>
</tr>
<tr>
<td>3 Manslaughter committed by means of a motor vehicle</td>
<td>236</td>
</tr>
<tr>
<td>4 Dangerous operation of a motor vehicle</td>
<td>320.13(1)</td>
</tr>
<tr>
<td>5 Dangerous operation of a motor vehicle causing bodily harm</td>
<td>320.13(2)</td>
</tr>
<tr>
<td>6 Dangerous operation of a motor vehicle causing death</td>
<td>320.13(3)</td>
</tr>
<tr>
<td>7 Failing to stop a motor vehicle while being pursued by peace officer</td>
<td>320.17</td>
</tr>
<tr>
<td>8 Failing to stop at scene of accident</td>
<td>320.16(1)</td>
</tr>
<tr>
<td>9 Failing to stop at scene of accident knowing bodily harm has been caused</td>
<td>320.16(2)</td>
</tr>
<tr>
<td>10 Failing to stop at scene of accident knowing death has been caused or reckless re bodily harm causing death</td>
<td>320.16(3)</td>
</tr>
<tr>
<td>11 Operation while impaired</td>
<td>320.14(1)</td>
</tr>
<tr>
<td>12 Failing or refusing to provide a blood or breath sample on demand</td>
<td>320.15</td>
</tr>
<tr>
<td>13 Impaired driving causing bodily harm</td>
<td>320.14(2)</td>
</tr>
<tr>
<td>14 Impaired driving causing death</td>
<td>320.14(3)</td>
</tr>
<tr>
<td>15 Operating a motor vehicle while prohibited</td>
<td>320.18</td>
</tr>
</tbody>
</table>
Alberta Regulation 182/2020
Insurance Act
ENFORCEMENT AND ADMINISTRATION
AMENDMENT REGULATION

Filed: September 30, 2020

For information only: Made by the Lieutenant Governor in Council (O.C. 293/2020) on September 30, 2020 pursuant to sections 790 and 818 of the Insurance Act.

1 The Enforcement and Administration Regulation (AR 129/2001) is amended by this Regulation.

2 Section 6 is amended by striking out “The Canadian Life and Health Insurance Compensation Corporation” and substituting “Assuris”.

3 Section 8, as extended by the Regulations Expiry Date Extension Regulation (AR 47/2020), is amended by striking out “April 30, 2020” and substituting “April 30, 2026”.

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Alberta Regulation 183/2020
Mental Health Act
MENTAL HEALTH ACT FORMS
AMENDMENT REGULATION

Filed: September 30, 2020

For information only: Made by the Minister of Health (M.O. 31/2020) on September 29, 2020 pursuant to sections 53(2.1), 53(3) and 53(4) of the Mental Health Act.

1 The Mental Health Act Forms Regulation (AR 136/2004) is amended by this Regulation.

2 The title is amended by adding “AND DESIGNATION” after “FORMS”.

3 Section 1(1)(c) is repealed and the following is substituted:
(c) “issuing qualified health professional” means the qualified health professional who last issued, renewed or amended a community treatment order;

4 The following is added after section 3:

Cancellation of admission certificate or renewal certificate

3.1 A cancellation of an admission certificate or renewal certificate under section 31 of the Act must be in Form 2.1.

5 Sections 9 and 11 are amended by adding “or secure location” after “facility”.

6 Section 12 is amended

(a) In subsection (1) by striking out “Part One” and substituting “Part I”;

(b) In subsection (2) by striking out “Part Two” and substituting “Part II”.

7 Section 15 is amended

(a) by repealing subsection (1) and substituting the following:

Application for cancellation and orders to issue community treatment orders

15(1) An application under section 38 of the Act for

(a) the cancellation of an admission certificate, renewal certificate or community treatment order, or

(b) an order to issue a community treatment order

must be in Form 12.

(b) in subsection (3) by striking out “section 38 of the Act must be in Form 17” and substituting the following:

section 38 of the Act

(a) relating to an application for the cancellation of an admission certificate or a renewal certificate must be in Form 17, and

(b) relating to an application for an order to issue a community treatment order must be in Form 17.1.
8 Section 15.1 is amended

(a) by repealing subsection (7);

(b) in subsection (8) by striking out “Form 26” and substituting “Form 25”;

(c) in subsection (9) by striking out “Form 27” and substituting “Form 26”.

9 The following is added after section 15.1:

Designation of facilities

15.2(1) The following places are designated as facilities for the purposes of section 1(1)(d) of the Act:

(a) Alberta Hospital Edmonton;

(b) Centennial Centre for Mental Health and Brain Injury;

(c) Peter Lougheed Centre;

(d) Foothills Medical Centre;

(e) Misericordia Community Hospital;

(f) Royal Alexandra Hospital;

(g) University of Alberta Hospital;

(h) Grey Nuns Community Hospital;

(i) Chinook Regional Hospital;

(j) Medicine Hat Regional Hospital;

(k) Northern Lights Regional Health Centre;

(l) Queen Elizabeth II Hospital;

(m) Rockyview General Hospital;

(n) Claresholm Centre for Mental Health and Addictions;

(o) Red Deer Regional Hospital Centre;

(p) Southern Alberta Forensic Psychiatry Centre;

(q) St. Therese - St. Paul Healthcare Centre;
The following places are designated as facilities for the purposes of section 1(1)(d) of the Act, only for the purposes of section 13 of the Act:

(a) Helen Hunley Forensic Pavilion at Alberta Hospital Edmonton;
(b) Southern Alberta Forensic Psychiatry Centre.

The following places are designated as facilities for the purposes of section 1(1)(d) of the Act, except for the purposes of sections 4(1)(a), 9.6, 10, 12 and 24 of the Act:

(a) Glenrose Rehabilitation Hospital;
(b) Stollery Children’s Hospital.

Section 18, as extended by the Regulations Expiry Date Extension Regulation (AR 47/2020), is amended by striking out “November 30, 2020” and substituting “November 30, 2025”.

The Schedule is repealed and the following is substituted:

Schedule

Form 1

Admission Certificate

Mental Health Act

Section 2

I, (print name of physician or other qualified health professional) of (business address), am

☐ a physician or I have the authority of a physician for the purposes of the Act by way of a declaration made under section 49(2) of the Act.

or

☐ a qualified health professional other than a physician.
I certify that I examined (print name of person examined) of (home address) on (date) at (time) using the following means:

☐ in person at (place of examination)

☐ via video conference at (location of person who was examined)

☐ other (please state method: __________________)

In my opinion the person examined

(a) is suffering from mental disorder,

(b) has the potential to benefit from treatment for the mental disorder,

(c) is, within a reasonable time, likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, and

(d) is unsuitable for admission to a facility other than as a formal patient.

(Note: All 4 criteria above must be met.)

I have formed my opinion

(a) on the following facts observed by me: ___________

(b) on the following facts communicated to me by others: ___________

(Note: Facts must be provided for both (a) and (b) immediately above. The facts provided should specifically address each of the 4 criteria for detention in (a) to (d) above.)

☐ The person is not in a facility and is to be conveyed for examination to (name of facility) at (address of facility).

(Place an X in the box if conveyance is required.)

(date of issue) __________________

(time of issue) __________________

(signature of physician or other qualified health professional) ____________________

(printed name of physician or other qualified health professional) ____________________

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Form 2

Renewal Certificate

Mental Health Act

Section 8

I, (print name of psychiatrist or other qualified health professional) of (business address), am

☐ a psychiatrist or have the authority of a psychiatrist for the purposes of the Act by way of a declaration made under section 49(2) of the Act.

or

☐ a qualified health professional other than a psychiatrist.

I certify that I examined (print name of person examined) on (date) at (time) separately from any other qualified health professional.

In my opinion the person examined

(a) is suffering from mental disorder,

(b) has the potential to benefit from treatment for the mental disorder,

(c) is, within a reasonable time, likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, and

(d) is unsuitable for admission to a facility other than as a formal patient

(Note: All 4 criteria above must be met.)

I have formed my opinion

(a) on the following facts observed by me: ____________

(b) on the following facts communicated to me by others: ____________

(Note: Facts must be provided for both (a) and (b) immediately above. The facts provided should specifically address each of the 4 criteria for detention in (a) to (d) above.)
The person was examined at (name of facility)
(date of issue)
(time of issue)

(signature of psychiatrist or other qualified health professional)
(printed name of psychiatrist or other qualified health professional)

Form 2.1

Cancellation of Admission Certificate or Renewal Certificate

Mental Health Act

Section 31(4)

I, (print name of physician) of (business address), certify that I examined (print name of person examined) on (date) at (time) at (place of examination). In my opinion, the person examined no longer meets one or more of the following criteria under which the person became the subject of an admission certificate or renewal certificate and must be released from (name of facility) on (date):

(a) is suffering from mental disorder,
(b) has the potential to benefit from treatment for the mental disorder,
(c) is, within a reasonable time, likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, and
(d) is unsuitable for admission to a facility other than as a formal patient.

I have formed my opinion

(a) on the following facts observed by me:

(b) on the following facts communicated to me by others:

(Note: (a) and (b) must be completed.)

Dated this ____ day of ____ , 20__

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Form 3

Order to Return a Formal Patient to a Facility

Mental Health Act
Section 20(4) or 21(1)

To all or any peace officers in Alberta:

(name of formal patient), a formal patient, is absent without leave pursuant to the Mental Health Act.

You are hereby ordered to return the formal patient to (name and address of facility).

Admission certificates (or renewal certificates) expire on (date).

Dated this _____ day of __________, 20__.

(signature of representative of board of facility)
(printed name of representative)

If the person is returned to the facility after the expiry of the admission certificate or renewal certificate to which they are subject, under section 21(3) of the Act, the person is deemed to be a person in respect of whom one admission certificate has been issued.

Form 4

Certificate of Transfer into Alberta

Mental Health Act
Section 24(1)

I have reasonable and probable grounds to believe that (full name of person) may come or be brought into Alberta and

(a) is suffering from mental disorder,
(b) is, within a reasonable time, likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, and

(c) is unsuitable for admission to a facility other than as a formal patient.

(Note: All 3 criteria above must be met.)

Pursuant to section 24(1) of the Mental Health Act, I authorize a peace officer or (name of person authorized) to apprehend and convey (full name of person) to a facility for examination.

(date of issue)

(signature of the Minister of Health or person designated by the Minister of Health)

(printed name of Minister of Health or designated person)

Form 5

Transfer of Formal Patient to a Jurisdiction Outside Alberta

Mental Health Act

Section 25

It appears to me □ that (name of formal patient) has come or been brought into Alberta and that their care and treatment is the responsibility of (name of other jurisdiction).

or

□ that it would be in the best interests of (name of formal patient) to be cared for in (name of other jurisdiction).

(Choose one and place an X in the appropriate box.)

Therefore, I authorize that (name of formal patient) be transferred to (name of other jurisdiction).
(date of issue) ________________________________

(signature of the Minister of Health or person designated by the
Minister of Health) ________________________________

(printed name of Minister of Health or designated person) ________________________________

Form 6

Memorandum of Transfer to Another Facility

Mental Health Act

Section 22(1)

Arrangements have been made with the board of (name of facility to which the patient is to be transferred) to transfer (name of formal patient), a formal patient in (name of facility in which patient is presently detained), to (name of facility to which the patient is to be transferred).

Dated this ___ day of ___, 20__.

(signature of representative of board of sending facility) ________________________________

(printed name of representative) ________________________________

Form 7

Information

Mental Health Act

Section 10

This is the information of (name of informant) of (address of informant) who says that they have reasonable and probable grounds to believe that (name of person) of (address of person) is

☐ suffering from mental disorder, and within a reasonable time, likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, or

☐ is subject to a community treatment order and is not complying with the order.
To all or any peace officers in Alberta:

(name of informant) has brought before me an information on oath that
(name of person) of (address of person)

☐ is suffering from mental disorder, and within a reasonable time,
likely to cause harm to others or to suffer negative effects,
including substantial mental or physical deterioration or serious
physical impairment, as a result of or related to the mental
disorder, or

☐ is subject to a community treatment order and is not complying
with the order.

I am satisfied that (name of person)

☐ is within a reasonable time, likely to cause harm to others or to
suffer negative effects, including substantial mental or physical
deterioration or serious physical impairment, or

☐ is subject to a community treatment order and is not complying
with the order,

and that an examination can be arranged in no way other than by
apprehension.

This warrant is to order you to apprehend and convey (name of person)
to a facility or secure location for an examination.

Brief reasons: ________________________________

Dated this ___ day of _____. 20__ at _________________________.

Form 8
Warrant
Mental Health Act
Section 10
To all or any peace officers in Alberta:

(name of Judge of The Provincial Court of Alberta) issued a warrant dated ______________________ to apprehend (name of person).

The warrant has not been executed.

(name of peace officer), (Reg./ID number) of (agency), (detachment/district office),

☐ has appeared before me to apply for an extension of the warrant.

or

☐ has applied for an extension of the warrant by telephone or other means of telecommunication, and it appears on the oath of (name of peace officer) that it is impracticable to appear before me personally and that there are reasonable grounds for dispensing with an information presented personally and in writing.

(Choose one and place an X in the appropriate box.)

This order therefore extends the duration of the warrant for a period of 7 days from the day on which the warrant expires.

Dated at ______________________ on the ___ day of ______________________, 20____ at ___ (time) ___.
Form 10

Statement of Peace Officer on Apprehension

Mental Health Act

Section 12

(name of person apprehended, if known) was apprehended on (date) at (time).

This person was apprehended at (describe place and address).

I have reasonable and probable grounds to believe that

(a) the person apprehended is suffering from mental disorder,

(b) the person apprehended is

☐ within a reasonable time, likely to cause harm to others
or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment as a result of or related to the mental disorder,

or

☐ subject to a community treatment order and is not complying with the community treatment order,

(c) the person apprehended should be examined in the interests of their own safety or the safety of others, and

(d) the circumstances are such that to proceed under section 10 of the Mental Health Act would be dangerous.

(Note: All 4 criteria above must be met.)

The grounds for my belief are ________________________________.
Dated this ___ day of _____, 20__.

(signature of peace officer) __
(printed name of peace officer)
(phone number, including extension number, if any)
(Reg./ID number) ____________
(agency), (detachment/district office)

Form 11
Certificate of Incompetence to
Make Treatment Decisions
Mental Health Act
Section 27

PART I
(To be completed by a physician)

I, (name of physician), am of the opinion that (name of formal patient) is not mentally competent to make treatment decisions.

The reasons for my opinion are as follows: ________________________.

Dated this ___ day of _____, 20__.

(signature of physician) ____________
(printed name of physician)

PART II
(To be completed by the board of a facility)

To: (name of formal patient) of ____________

And: (name of patient’s agent, if any) of ____________

And: (name of patient’s guardian, if any) of ____________

And: (name of nearest relative, unless patient objects on reasonable grounds) of ____________

Take notice that (name of formal patient) is entitled to have the physician’s opinion about their competence to make treatment decisions reviewed by a review panel by sending to the chair of the review panel an Application for Review Panel Hearing, in Form 12.

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Dated this ___ day of ______, 20__.

(signature of representative of board of facility)  

(printed name of representative)

Form 12

Application for Review Panel Hearing

Mental Health Act

Sections 27(3), 29(2), 33 and 38(1) and (1.1)

To: (name of chair of the review panel)  
(business address of chair)

I, (name of applicant) of (address of applicant), bearing a relationship of (self, relative, guardian, agent, physician, other) to (name of patient or person who is subject to a community treatment order), apply

☐ under section 27(3) of the Act for a review of the attached Certificate of Incompetence to Make Treatment Decisions, dated ________ and signed by ________________________.

☐ under section 29(2) of the Act for an order directing that the following treatment (nature of treatment) be administered to (name of formal patient).

☐ under section 33 of the Act for an order transferring (name of patient) back to (name of correctional facility).

☐ under section 38(1) of the Act for cancellation of admission certificates or renewal certificates issued on (date of issue).

☐ under section 38(1) of the Act for the board to issue a community treatment order.

☐ under section 38(1.1) of the Act for cancellation of the community treatment order (issued/amended/renewed) on (date of issue/amendment/renewal).

(Choose one and place an X in the appropriate box.)

Choice of review panel hearing method:

☐ I consent to this review panel hearing being conducted by video conference.
I consent to this review panel hearing being conducted in person.

I consent to this review panel hearing being conducted by telephone.

(Choose all that apply and place an X in the appropriate box(es).)

Dated this ___ day of ______, 20__.  

(signature of applicant)

Notice

Mental Health Act

I (do) (do not) object to my nearest relative being informed of the review panel hearings.

(signature of patient or person who is subject to community treatment order)

(printed name of patient or person who is subject to community treatment order)

Form 13

Notice of Hearing Before Review Panel

Mental Health Act

Section 40

Application received by the review panel (date)

Take notice that a hearing will be held

(Choose one and place an X in the appropriate box.)

☐ under section 27(3) of the Act for a review of the physician’s opinion in the attached Certificate of Incompetence to Make Treatment Decisions relating to (name of formal patient) dated ______ and signed by ____________________.

☐ under section 29(2) of the Act for an order directing that the following treatment (nature of treatment) may be administered to (name of formal patient).
☐ under section 33 of the Act for an order transferring (name of patient) back to a correctional facility.

☐ under section 38(1) of the Act for cancellation of admission certificates or renewal certificates relating to (name of formal patient).

☐ under section 38(1) of the Act for the board to issue a community treatment order relating to (name of patient).

☐ under section 38(1.1) of the Act for cancellation of the community treatment order (issued/amended/renewed) on (date of issue/amendment/renewal) relating to (name of person who is subject to the community treatment order).

☐ under section 39 of the Act for

(Choose one and place an X in the appropriate box.)

☐ cancellation of renewal certificates relating to (name of formal patient).

or

☐ cancellation of the community treatment order relating to (name of person who is subject to the community treatment order).

The review panel will hear the application on (date) at (time) at (place).

Review panel hearing method:

☐ The review panel hearing will be conducted by video conference.

☐ The review panel hearing will be conducted in person.

☐ The review panel hearing will be conducted by telephone.

(date of issue)

(signature of chair of review panel)

(printed name of chair)

(contact information)
Form 14

Decision of Review Panel
Regarding Mental Incompetence
to Make Treatment Decisions

Mental Health Act
Sections 27(3) and 41

The formal patient (does) (does not) object to the nearest relative, (name of nearest relative), receiving notice of the decision.

The review panel has heard and considered the application of (name of formal patient) and has decided

☐ to cancel the attached Certificate of Incompetence to Make Treatment Decisions dated __________ and signed by __.

☐ to refuse to cancel the attached Certificate of Incompetence to Make Treatment Decisions dated __________ and signed by ____________________________.

(Place an X in the appropriate box.)

Date of decision: ____________________________

This decision may be appealed to the Court of Queen’s Bench within 30 days after receipt of this decision.

(signature of chair of review panel) ____________________________

(printed name of chair) ____________________________

Form 15

Decision of Review Panel
Regarding Treatment

Mental Health Act
Sections 29(2) and 41

The formal patient (does) (does not) object to the nearest relative, (name of nearest relative), receiving notice of the decision.

The review panel has heard and considered the application of (name of board representative or physician) and has decided

☐ to make an order authorizing the following treatment (nature of treatment) to be administered to (name of formal patient).
Form 16

Decision of Review Panel Regarding Transfer
Back to a Correctional Facility

Mental Health Act

Sections 33 and 41

The patient (does) (does not) object to the nearest relative, (name of nearest relative), receiving notice of the decision.

The review panel has heard and considered the application of (name of applicant) and has decided

☐ to order that (name of patient) be transferred back to (name of correctional facility).

☐ to refuse to make an order.

☐ to cancel the admission certificates or renewal certificates, if any.

☐ to refuse to cancel the admission certificates or renewal certificates for the following reasons: ________________

(Place an X in the appropriate box(es).)

Date of decision: ______________________________

This decision may be appealed to the Court of Queen’s Bench within 30 days after receipt of this decision.

(signature of chair of review panel) ____________

(printed name of chair) ____________________

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Form 17

Decision of Review Panel Regarding Admission Certificates, Renewal Certificates or Community Treatment Orders

Mental Health Act

Sections 38(1) and (1.1) and 41

(name of formal patient or person who is subject to the community treatment order) (does) (does not) object to the nearest relative, (name of nearest relative), receiving notice of the decision.

The review panel has heard and considered the application of (name of applicant), bearing a relationship of (self, agent, guardian, other) to (name of formal patient or person who is subject to the community treatment order), and has decided

☐ to cancel the admission certificates or renewal certificates relating to the person named above.

☐ to refuse to cancel the admission certificates or renewal certificates relating to the person named above for the following reasons: ______________________________.

☐ to cancel the community treatment order relating to the person named above.

☐ to refuse to cancel the community treatment order relating to the person named above for the following reasons: ______________________________.

☐ to order the board of the facility to issue a community treatment order in respect of the formal patient within a reasonable amount of time.

(Place an X in the appropriate box(es).)

Date of decision: ______________________________

This decision may be appealed to the Court of Queen’s Bench within 30 days after receipt of this decision.

(signature of chair of review panel)

(printed name of chair)

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Form 17.1
Decision of Review Panel Regarding
Order for the Board to Issue a
Community Treatment Order

Mental Health Act
Sections 38(1)(b) and 41

(name of formal patient) (does) (does not) object to the nearest relative, (name of nearest relative), receiving notice of the decision.

The review panel has heard and considered the application of (name of applicant), bearing a relationship of (self, agent, guardian, other) to (name of formal patient), and has decided

☐ to order the board of the facility to issue a community treatment order in respect of the formal patient within a reasonable amount of time.

☐ to refuse to order the board of the facility to issue a community treatment order in respect of the formal patient.

(Place an X in the appropriate box.)

Date of decision: ____________________________

This decision may be appealed to the Court of Queen’s Bench within 30 days after receipt of this decision.

(signature of chair of review panel)

(printed name of chair)

Form 18
Decision of Review Panel Regarding Renewal
Certificates and Community Treatment
Orders (Deemed Application)

Mental Health Act
Sections 39 and 41

(name of formal patient or person who is subject to the community treatment order) (does) (does not) object to the nearest relative, (name of nearest relative), receiving notice of the decision.
The review panel has heard and considered an application deemed by section 39 of the Act to have been made by (name of formal patient or person who is subject to community treatment order) and has decided

☐ to cancel the renewal certificates relating to the person named above.

☐ to refuse to cancel the renewal certificates relating to the person named above for the following reasons:

☐ to cancel the community treatment order relating to the person named above.

☐ to refuse to cancel the community treatment order relating to the person named above for the following reasons:

☐ to order the board of the facility to issue a community treatment order in respect of the formal patient within a reasonable amount of time.

(Place an X in the appropriate box(es).)

Date of decision: ____________________________

This decision may be appealed to the Court of Queen’s Bench within 30 days after receipt of this decision.

(signature of chair of review panel)

(printed name of chair)

Form 19

Issuance of Community Treatment Order

Mental Health Act

Section 9.1

(Either Part I or Part II to be completed by a psychiatrist.)

PART I

Issuing Qualified Health Professional’s Examination

Name of person: ____________________________

Address (if known): ____________________________

Phone (if known): ____________________________

Date of Birth: ________ Personal Health Care Number: ________
I, (print name of psychiatrist or other qualified health professional) of (business address), (phone number, including extension number, if any), am

☐ a psychiatrist or I have the authority of a psychiatrist for the purposes of the Act by way of a declaration made under section 49(2) of the Act

or

☐ a qualified health professional other than a psychiatrist

and I am the issuing qualified health professional of this community treatment order.

I certify that I examined this person on (date) at (time) at (place of examination) with the following results:

1. The person examined

   (a) in my opinion, is suffering from mental disorder,

   (b) has

      ☐ during the immediately preceding 3-year period, on 2 or more occasions, or for a total of at least 30 days,

         ☐ been a formal patient in a facility,

         ☐ been in an approved hospital or been lawfully detained in a custodial institution where there is satisfactory evidence that while there the person would have met the criteria set out in section 2(a) and (c) of the Mental Health Act at the time or those times,

      or

      ☐ both been a formal patient in a facility and been in an approved hospital or lawfully detained in a custodial institution where there is satisfactory evidence that while there the person would have met the criteria set out in section 2(a) and (c) of the Mental Health Act at the time or those times,

      or

      ☐ within the immediately preceding 3-year period, been subject to a community treatment order,

or
☐ in my opinion, while living in the community, exhibited a pattern of recurrent or repetitive behaviour that indicates the person is likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, if the person does not receive continuing treatment or care while living in the community,

or

☐ become the subject of an order made by a review panel for the board to issue a community treatment order,

(c) in my opinion, within a reasonable time, is likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, if the person does not receive continuing treatment or care while living in the community, and

(d) is able to comply with the treatment or care set out in this community treatment order.

2. The facts on which I formed the above opinions are as follows:

__________________________________________________________

3. I am satisfied that the treatment or care set out in Part III of this community treatment order exists in the community, is available to the person and will be provided to the person.

__________________________________________________________

(signature of issuing qualified health professional)  (date and time)

PART II

Second Examination by Qualified Health Professional

Name of person: ____________________________________________
Address (if known): _________________________________________
Phone (if known): __________________________________________
Date of Birth: _______ Personal Health Care Number: _______

I, (print name of psychiatrist or other qualified health professional) of (business address), (phone number, including extension number, if any), am

☐ a psychiatrist or I have the authority of a psychiatrist for the purposes of the Act by way of a declaration made under section 49(2) of the Act.
or

☐ a qualified health professional other than a psychiatrist.

I certify that I examined this person on (date) at (time) at (place of examination) with the following results:

1. The person examined

   (a) in my opinion, is suffering from mental disorder,

   (b) has

      ☐ during the immediately preceding 3-year period, on 2 or more occasions, or for a total of at least 30 days,

      ☐ been a formal patient in a facility,

      ☐ been in an approved hospital or been lawfully detained in a custodial institution where there is satisfactory evidence that while there the person would have met the criteria set out in section 2(a) and (c) of the Mental Health Act at the time or those times,

      or

      ☐ both been a formal patient in a facility and been in an approved hospital or lawfully detained in a custodial institution where there is satisfactory evidence that while there the person would have met the criteria set out in section 2(a) and (c) of the Mental Health Act at the time or those times,

      or

      ☐ within the immediately preceding 3-year period, been subject to a community treatment order,

      or

      ☐ in my opinion, while living in the community, exhibited a pattern of recurrent or repetitive behaviour that indicates the person is likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, if the person does not receive continuing treatment or care while living in the community,
become the subject of an order made by a review panel for the board to issue a community treatment order,

(c) in my opinion, within a reasonable time, is likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, if the person does not receive continuing treatment or care while living in the community, and

(d) is able to comply with the treatment or care set out in this community treatment order.

2. The facts on which I formed the above opinions are as follows:

3. I am satisfied that the treatment or care set out in Part III of this community treatment order exists in the community, is available to the person and will be provided to the person.

(signature of psychiatrist or other qualified health professional)  

(date and time)

PART III

Treatment and Care Plan

Name of person: ________________________________
Address (if known): ____________________________
Phone (if known): ____________________________
Date of Birth: _______  Personal Health Care Number: _______

The person who is subject to this community treatment order must

1. take the following medications (which may be adjusted where indicated by clinical need):

☐ ________________________________________________________________________

or

☐ see attached list.

2. attend the following appointments with, accept telephone or email contact with or home visits from or receive treatment or care from the following provider(s) or the provider’s designate:
Provider Name: ____________________________
Contact Phone Number (including extension number, if any): __________________________
Contact Email (optional): ____________________________
Profession/Role: ____________________________
Description of Treatment or Care: ____________________________
Location (if applicable): ____________________________
Date/Time or Frequency (if applicable): ____________________________

(signature of provider or person authorized by regional health authority)

(Where treatment or care is provided by a regional health authority provider, a person authorized by the regional health authority must sign the Plan before it is issued. Where treatment or care is provided by a provider other than a regional health authority provider, that provider must sign the Plan before it is issued.)

Reporting obligations
In accordance with the Community Treatment Order Regulation, providers of treatment or care to the person who is subject to this community treatment order are required to report any failure by the person who is subject to the community treatment order to comply with the Treatment and Care Plan by

(a) completing Form 26, and
(b) submitting the completed Form 26 to the appropriate regional health authority within 24 hours of the time at which the provider became aware of the failure to comply.

PART IV

Person Responsible for Supervision of Community Treatment Order

Name of person: ____________________________
Address (if known): ____________________________
Phone (if known): ____________________________
Date of Birth: ___________ Personal Health Care Number: ______

The person responsible for the supervision of this community treatment order is

☐ the issuing qualified health professional, or
□ (name of qualified health professional who is responsible for the supervision of community treatment order).

I, (print name of qualified health professional) of (business address), (phone number, including extension number, if any), (email address (optional)), am responsible for the supervision of this community treatment order.

_________________________ ______________________
(signature of supervising qualified health professional) (date)

PART V

Consent

Name of person: ____________________________
Address (if known): ____________________________
Phone (if known): ____________________________
Date of Birth: ___________ Personal Health Care Number: ______

□ Consent by person who is subject to community treatment order

I, _____________________________________________, am the person subject to this community treatment order and I consent to the issuing of this community treatment order.

_________________________ ______________________
(signature) (date)

□ Consent by substitute decision-maker

I, (print name of substitute decision-maker), am the person authorized under section 28(1) of the Mental Health Act to make treatment decisions on behalf of the person who is subject to this community treatment order and I hereby consent to the issuing of this community treatment order.

_________________________ ______________________
(signature of substitute decision-maker) (date)

□ No consent

We, the issuing qualified health professionals, have not obtained consent to the issuing of this community treatment order. We are of the opinion that the person who is subject to this community treatment order has, while living in the community, exhibited a history of not obtaining or continuing with treatment or care that is necessary to prevent the likelihood of harm to others or negative effects to the
person, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, and the issuance of a community treatment order is reasonable in the circumstances and would be less restrictive than retaining the person as a formal patient.

(signature of issuing qualified health professional)

(signature of psychiatrist or other qualified health professional who completed PART II)

Form 20

Renewal of Community Treatment Order

Mental Health Act

Section 9.3

(Either Part I or Part II to be completed by a psychiatrist.)

PART I

Issuing Qualified Health Professional’s Examination

Name of person: ____________________________
Address (if known): ____________________________
Phone (if known): ____________________________
Date of Birth: ________ Personal Health Care Number: ________

I, (print name of psychiatrist or other qualified health professional) of (business address), (phone number including extension number, if any), am

☐ a psychiatrist or I have the authority of a psychiatrist for the purposes of the Act by way of a declaration made under section 49(2) of the Act

or

☐ a qualified health professional other than a psychiatrist

and I am the issuing qualified health professional in relation to the renewal of this community treatment order.

I certify that I examined this person on (date) at (time) at (place of examination) with the following results:

1. The person examined
(a) in my opinion, continues to suffer from mental disorder,

(b) is currently subject to a community treatment order,

(c) in my opinion, within a reasonable time, is likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, if the person does not receive continuing treatment or care while living in the community, and

(d) is able to comply with the treatment or care set out in this community treatment order.

2. The facts on which I formed the above opinions are as follows:

3. I am satisfied that the treatment or care set out in Part III of this renewal exists in the community, is available to the person and will be provided to the person.

(signature of issuing qualified health professional)

PART II

Second Examination by Qualified Health Professional

Name of person: __________________________
Address (if known): ________________________
Phone (if known): ________________________
Date of Birth: ________________ Personal Health Care Number: ________

I, (print name of psychiatrist or other qualified health professional) of (business address), (phone number, including extension number, if any), am

☐ a psychiatrist or I have the authority of a psychiatrist for the purposes of the Act by way of a declaration made under section 49(2) of the Act.

or

☐ a qualified health professional other than a psychiatrist.

I certify that I examined this person on (date) at (time) at (place of examination) with the following results:

1. The person examined
(a) in my opinion, continues to suffer from mental disorder,

(b) is currently subject to a community treatment order,

(c) in my opinion, within a reasonable time, is likely to cause harm to others or to suffer negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, if the person does not receive continuing treatment or care while living in the community, and

(d) is able to comply with the treatment or care set out in this community treatment order.

2. The facts on which I formed the above opinions are as follows:

3. I am satisfied that the treatment or care set out in Part III of this renewal exists in the community, is available to the person and will be provided to the person.

(signature of psychiatrist or other qualified health professional)  (date and time)

PART III

Treatment and Care Plan

Name of person: ____________________________
Address (if known): ____________________________
Phone (if known): ____________________________
Date of Birth: _______ Personal Health Care Number: _______

The person who is subject to this community treatment order must

1. take the following medications (which may be adjusted where indicated by clinical need):
   □ ____________________________
   or
   □ see attached list.

2. attend the following appointments with, accept telephone or email contact or home visits from or receive treatment or care from the following provider(s) or the provider’s designate:

Provider Name: ____________________________
Contact Phone Number (including extension number, if any):
Contact Email (optional): ____________________________
Profession/Role: 

Description of Treatment or Care: 

Location (if applicable): 

Date/Time or Frequency (if applicable): 

(signature of provider or person authorized by regional health authority) 

(Where treatment or care is provided by a regional health authority provider, a person authorized by the regional health authority must sign the Plan before it is issued. Where treatment or care is provided by a provider other than a regional health authority provider, that provider must sign the Plan before it is issued.)

**Reporting obligations**

In accordance with the *Community Treatment Order Regulation*, providers of treatment or care to the person who is subject to this community treatment order are required to report any failure by the person who is subject to the community treatment order to comply with the Treatment and Care Plan by

(a) completing Form 26, and 

(b) submitting the completed Form 26 to the appropriate regional health authority within 24 hours of the time at which the provider became aware of the failure to comply.

**PART IV**

**Person Responsible for Supervision of Community Treatment Order**

Name of person: 

Address (if known): 

Phone (if known): 

Date of Birth: _______ Personal Health Care Number: _______

The person responsible for the supervision of this community treatment order is

☐ the issuing qualified health professional, or

☐ (name of qualified health professional who is responsible for the supervision of community treatment order).
I, (print name of qualified health professional), of (business address), (phone number, including extension number, if any), (contact email (optional)), am responsible for the supervision of this community treatment order.

(signature of supervising qualified health professional) (date)

PART V

Consent

Name of person: ____________________________________________
Address (if known): _________________________________________
Phone (if known): ___________________________________________
Date of Birth: __________ Personal Health Care Number: ________

☐ Consent by person who is subject to community treatment order

I, ________________________________________, am the person subject to this community treatment order and I consent to the renewal of this community treatment order.

(signature) (date)

☐ Consent by substitute decision-maker

I, (print name of substitute decision-maker) , am the person authorized under section 28(1) of the Mental Health Act to make treatment decisions on behalf of the person who is subject to this community treatment order and I hereby consent to the renewal of this community treatment order.

(signature of substitute decision-maker) (date)

☐ No consent

We, the issuing qualified health professionals, have not obtained consent to the renewal of this community treatment order. We are of the opinion that the person who is subject to this community treatment order has, while living in the community, exhibited a history of not obtaining or continuing with treatment or care that is necessary to prevent the likelihood of harm to others, or negative effects to the person, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder, and the renewal of the community treatment order is reasonable in the circumstances and would be less restrictive than retaining the person as a formal patient.
Form 21

Community Treatment Order

Amendments to Community Treatment Order

Mental Health Act

Section 9.4

Name of person: ____________________________
Address (if known): ____________________________
Phone (if known): ____________________________
Date of birth: ______ Personal Health Care Number: ______

I, (print name of qualified health professional), of (business address), (phone number, including extension number, if any), (email address (optional)), am responsible for the supervision of this community treatment order.

I amend the community treatment order for this person by

□ amending the name of the person responsible for supervision of the community treatment order as follows:

Effective on the date below I, (print name of qualified health professional), of (business address), (phone number, including extension number, if any), (email address (optional)), am responsible for the supervision of this community treatment order.

_________________________ ________________
(signature of supervising (effective date)
qualified health professional)

□ amending the treatment and care plan as follows:

The person who is subject to this community treatment order must

1. take the following medications (which may be adjusted according to clinical need):

□ ____________________________

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or

☐ see attached list.

2. attend the following appointments with, accept telephone contact, email contact or home visits from or receive treatment or care from the following provider(s) or the designate(s) of the provider(s):

Provider Name: ________________________________
Contact Phone Number (including extension number, if any): ______________________________________
Contact Email (optional): __________________________
Profession/Role: __________________________________
Description of Treatment or Care: _______________________
Location (if applicable): __________________________
Date/Time or Frequency (if applicable): ________________

(signature of provider or person (date) authorized by regional health authority)

(Where treatment or care is provided by a regional health authority provider, a person authorized by the regional health authority must sign the Plan before it is issued. Where treatment or care is provided by a provider other than a regional health authority provider, that provider must sign the Plan before it is issued.)

3. the person who is subject to the community treatment order is no longer required to _____________________________.

I have explained the above amendment(s) to

☐ the person who is subject to this community treatment order.

or

☐ the substitute decision-maker for the person who is subject to this community treatment order.

(signature of issuing qualified (date)
health professional)

Reporting obligations
In accordance with the Community Treatment Order Regulation, providers of treatment or care to the person who is subject to this community treatment order are required to report any failure by the person who is subject to the community treatment order to
comply with the Treatment and Care Plan by
(a) completing Form 26, and
(b) submitting the completed Form 26 to the appropriate regional health authority within 24 hours of the time at which the provider became aware of the failure to comply.

Form 22
Community Treatment Order
Cancellation or Expiry
Mental Health Act
Section 9.5

Name of person: ____________________________
Address (if known): ____________________________
Phone (if known): ____________________________
Date of Birth: ________ Personal Health Care Number: ________

(Either Part I or Part II is to be completed.)

PART I
Cancellation

I, (name of psychiatrist or authorized person), of (business address), (phone number, including extension number, if any), am a psychiatrist or I have the authority of a psychiatrist for the purposes of the Act by way of a declaration made under section 49(2) of the Act.

☐ I cancel this person’s community treatment order because this person no longer meets the criteria specified in section 9.1(1)(b) to (d) of the Mental Health Act.

Continued treatment recommendation (if applicable):

I recommend continued treatment and care as follows:

______________________________
(signature of psychiatrist or authorized person) (date and time)

______________________________
(printed name of psychiatrist or authorized person)
PART II

Expiry

☐ This person’s community treatment order has expired.
Continued treatment recommendation (if applicable):

I recommend continued treatment and care as follows:

______________________________________________________

(signature of qualified health professional) (date and time)

(printed name of qualified health professional)

Notice:
You are no longer subject to a community treatment order effective on the date and time written above. However, this form may contain information about treatment and care that your health care provider is recommending you continue to receive.

Form 23

Community Treatment Order

Apprehension Order

Mental Health Act

Section 9.6

To all or any peace officers in Alberta:

Name of person:
Address (if known):
Phone (if known):
Date of birth:

I, (name of qualified health professional), of (business address), (phone number, including extension number, if any), have reasonable grounds to believe that (name of person who is subject to community treatment order) has failed to comply with their community treatment order. The reasons for my belief are as follows:

______________________________________________________

I am satisfied that efforts that are reasonable in the circumstances have been made to
(a) inform the person who is named in this order that the person has failed to comply with the person’s community treatment order,

(b) inform the person of the possibility that I may issue an order for apprehension and assessment of the person if the person continues to fail to comply with the community treatment order, and of the possible consequences of that assessment, and

(c) provide reasonable assistance to the person to comply with the community treatment order

and that the person continues to fail to comply with their community treatment order.

This authorizes you to

(a) apprehend the person who is named in this order and to convey the person to (name of facility) for an examination,

(b) take reasonable measures, including the entering of premises and the use of physical restraint, to apprehend the person who is named in this order and to take the person into custody for the purpose of conveying the person to the facility, and

(c) while the person is being conveyed to the facility, to care for, observe, detain and control the person.

(signature of qualified health professional) (date and time)

This apprehension order expires 30 days after the date of issue.

Form 24

Community Treatment Order

Examination on Apprehension

Mental Health Act

Section 9.6

Name of person: ____________________________
Address (if known): ____________________________
Phone (if known): ____________________________
Date of birth: _______ Personal Health Care Number: _______
I, (print name of psychiatrist or other qualified health professional) of (business address), (phone number, including extension number, if any), am

☐ a psychiatrist or I have the authority of a psychiatrist for the purposes of the Act by way of a declaration made under section 49(2) of the Act.

or

☐ a qualified health professional other than a psychiatrist.

I certify that I examined this person on (date) at (time) at (place of examination) and have determined that

☐ the person’s community treatment order should be cancelled and the person should be released without being subject to a community treatment order (also complete Form 22),

or

☐ the person’s community treatment order should be continued and amendments to it are not necessary,

or

☐ the person’s community treatment order should be continued but amendments to it are necessary (also complete Form 21)

or

☐ the person’s community treatment order should be cancelled and admission certificates issued in accordance with sections 2 and 6 of the Mental Health Act (also complete Form 1).

__________________________    __________________________
(signature of psychiatrist or other qualified health professional)    (date and time)

Form 25

Community Treatment Order

Written Statement

Mental Health Act

Section 14(1.1)(a)

TO:

_Name of person_

Address (if known):

Phone (if known):  

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Date of Birth: _______ Personal Health Care Number: _______

☐ You are now subject to a community treatment order (attach Form 19) pursuant to section 9.1 of the Mental Health Act. The reason for issuance of the community treatment order is ________.

☐ The attached community treatment order has been renewed (attach Form 20) pursuant to section 9.3 of the Mental Health Act. The reason for the renewal of the community treatment order is ________.

☐ Your community treatment order has been amended (attach Form 21) pursuant to section 9.4 of the Mental Health Act. The reason for the amendment of the community treatment order is ________.

__________________________  __________________________
(signature of issuing qualified health professional)  (date)

__________________________
(printed name of issuing qualified health professional)

__________________________
(phone number, including extension number, if any)

**Important Information:**
You have a right to apply to a review panel for cancellation of this community treatment order.

You may apply for cancellation of this community treatment order by filing an application with the chair of the review panel. An application may be filed by you, your agent, your guardian or another person on your behalf.

**Name of chair of appropriate review panel**

**Contact information of appropriate review panel**

**Form 26**

**Community Treatment Order**

**Non-compliance Report**

**Mental Health Act**

**Section 9.1(2)(f)**

Name of person: ____________________________
Address (if known): ____________________________
Phone (if known): __________________________
Date of Birth: _______ Personal Health Care Number: _______

The person who is subject to this community treatment order has failed to comply with the following requirements of the treatment or care plan on the dates specified:
Date: _______________  Treatment or Care: __________________________
Date: _______________  Treatment or Care: __________________________

(signature of treatment or care provider)  (date)
(print name of treatment or care provider)
(phone number, including extension number, if any)

**Reporting obligations**
In accordance with the *Community Treatment Order Regulation*, providers of treatment or care to the person who is subject to this community treatment order are required to report any failure by the person who is subject to the community treatment order to comply with the Treatment and Care Plan by
(a) completing Form 26, and
(b) submitting the completed Form 26 to the appropriate regional health authority within 24 hours of the time at which the provider became aware of the failure to comply.

12 This Regulation has effect on the coming into force of section 12 of the *Mental Health Amendment Act, 2020*.

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**Alberta Regulation 184/2020**

**Mental Health Act**

**MENTAL HEALTH ACT REVIEW PANEL AMENDMENT REGULATION**

Filed: September 30, 2020

For information only: Made by the Minister of Health (M.O. 33/2020) on September 29, 2020 pursuant to sections 53(4)(a) and (b) of the Mental Health Act.

1 The *Mental Health Act Review Panel Regulation (AR 14/2009)* is amended by this Regulation.
2 Section 2 is amended by adding the following after clause (h):

(i) an evaluation of the panel’s activities;

(j) an analysis of key trends, roster member utilization and the financial efficacy of the review panel;

(k) other information as requested by the Minister.

3 Section 3 is amended

(a) in clause (a) by striking out “the Public Service Subsistence, Travel and Moving Expenses Regulation under the Public Service Act” and substituting “any directive issued by the Treasury Board respecting travel, meal and hospitality expenses, as though the member of the review panel were an employee as defined in the Public Service Act”;

(b) by repealing clause (b) and substituting the following:

   (b) if the member is referred to in section 34(4)(a) or (b) of the Act, remuneration for time spent on the business of the review panel on or in respect of each day on which a hearing is conducted, or on or in respect of which no hearing is conducted, after a scheduled hearing is cancelled with less than 24 hours’ notice, of

      (i) $790 for up to and including 4 hours spent on the business of the review panel, including conducting the hearing and travelling to and from the hearing location, with time conducting the hearing accounted for first,

      (ii) $197 for each additional hour, on a prorated basis, spent on the business of the review panel other than travel time, beyond the time accounted for under subclause (i), and

      (iii) $98.50 for each additional hour, on a prorated basis, spent on travel time beyond the travel time accounted for under subclause (i),

(c) by repealing clause (c);

(d) by repealing clause (d) and substituting the following:
(d) if the member is referred to in section 34(4)(d) of the Act,

(i) remuneration for time spent on the business of the review panel on or in respect of a day on which a hearing is conducted, in accordance with section 1 of Part A of Schedule 1 to the Committee Remuneration Order (Order in Council numbered O.C. 466/2007), and

(ii) remuneration for the day on or in respect of which a hearing had been scheduled, but cancelled with less than 24 hours’ notice, if the member did not conduct another hearing that day, in accordance with section 1 of Part A of Schedule 1 to the Committee Remuneration Order (Order in Council numbered O.C. 466/2007),

and

(e) for any business of the review panel other than business of the review panel described in clause (b) or (d),

(i) for a member referred to in section 34(4)(a) or (b) of the Act, $197 per hour, and

(ii) for a member referred to in section 34(4)(d) of the Act, remuneration in accordance with section 1 of Part A of Schedule 1 to the Committee Remuneration Order (Order in Council numbered O.C. 466/2007).