

FORM 16

**NOTICE OF CHANGE TO VOLUNTARY STATUS
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.13(9))**

To: The Administrator

Take notice that _____, an
(Name of Involuntary Patient)

involuntary patient detained at _____,
(Name of Psychiatric Facility)

whose authorized period of detention has not expired is continued as a voluntary patient as

of the _____ day of _____, 20 _____.

Dated this _____ day of _____, 20 _____.

Signature of Attending Psychiatrist

Name of Attending Psychiatrist (printed)

Address of Attending Psychiatrist (printed)