

Sub-Delegation of Authority Mental Health Act (MHA)

This form may be used to document the sub-delegation of powers and duties listed in the table of delegations entitled the "Mental Health Act Delegation of Authority of the Board"

The authority for these delegations comes from the MHA Section 48(3) which indicates "A board may delegate to any employees or other persons on the staff of the facility any of its powers and duties under this Act or the regulations".

Send completed form to appropriate clinical and administrative teams, including Zone Executive for tracking of sub-delegations.

Delegator (print name)		Position/Title
Sub-delegation		
☐ I sub-delegate all of the powers and duties that have been delegated to my position <i>OR</i>		
☐ I sub-delegate the following powers and duties		
☐ I revoke the sub-delegation of all the powers and duties that have been delegated to my position OR		
☐ I revoke the sub-delegation of the following powers and duties		
MHA or Regulation Section	Powers/Duties	
☐ Authorization begins and e	ands on a certain year/mo	onth/date <i>OR</i>
☐ Authorization begins and ends on a certain year/month/date		
Authorization Begins (yyyy-Mon-dd)		Date Authorization Ends (yyyy-Mon-dd)
Delegator (signature)		Date (yyyy-Mon-dd)
Sub-delegate (print name)		Position/Title
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Sub-delegate (signature)		Date (yyyy-Mon-dd)