

FORM 17

**APPLICATION FOR INQUIRY WITH RESPECT TO
DISCLOSURE OF ALL OR PART OF A CLINICAL RECORD
(Mental Health Act, R.S.N.B. 1973, c.M-10, s.16.1(3))**

TO: The Chairman of the Review Board

Whereas _____ of _____
(Name of Person) (Address)

has asked to examine the person's clinical record in _____,
(Name of Psychiatric Facility)

I, _____, administrator of the psychiatric facility, apply to the
(Name of Administrator)

review board for an inquiry into whether the disclosure of all or part of the clinical record is likely to

result in serious harm to the treatment or recovery of the person while the person is a patient or is

likely to result in serious physical or psychological harm to another person.

Dated this _____ day of _____, 20 _____.

Signature of Administrator

NOTE: This application must be made within seven days after the request to examine the clinical record.