

Protected C (when completed)

This information is collected under the authority of sections 20(b), 27(1)(f), and 46 of the *Health Information Act* (HIA), section 4(c) of the *Protection of Privacy Act* (POPA Act) and the *Mental Health Services Protection Act* (MHSPA) and will be used for the purpose of assessing exemption requests as permitted under section 24.1 of the MHSPA. Should you have any questions about the collection, use, or disclosure of this information, you may contact Mental Health and Addiction at 780-427-8740 (310-000 toll free) or Telus House – 13th Floor, 10020 100 St. NW, Edmonton AB, T5J 0N3.

An individual or a service provider can request a service provider or other person be granted an exemption to one or more requirements under the *Mental Health Services Protection Act* (MHSPA), its regulation or its standards if the Minister or their delegate determines that the exemption is necessary in consideration of any of the following:

- the medical condition or treatment of the individual
- scientific or research purpose; or
- the public interest.

Select criteria of which the exemption is related to:

- ☐ Medical: the medical condition or treatment of an individual
- ☐ Scientific or Research: scientific or research purposes
- ☐ Public Interest: in the interest of the public

## A. Applicant Information

Applicant's Full Name

Name of Service Provider/Business/Agency (if applicable)

Street Address

City or Town

Province

Postal Code

Phone

Email Address

Applicant's Role in Relation to the Exemption Request

## B. Exemption Request Information

Is there imminent risk to one or more individuals' safety or wellbeing related to this exemption request? ☐ Yes ☐ No

### Related Exemption Request Service Type:

- ☐ Residential Addiction Treatment Services ☐ Supervised Consumption Services
- ☐ Narcotic Transition Services ☐ Psychedelic Drug Treatment Services

Please identify the section(s) of the *Mental Health Services Protection Act*, the *Mental Health Services Regulation* and/or the associated standards for which you are requesting an exemption, if known.

What is the legal name of the individual with whom this exemption is in respect of?

What is their email or mailing address as they will receive a copy of the exemption decision?

Requested Date for Exemption to Commence yyyy-mm-dd

Duration of Exemption Request

C. Rationale for Exemption

Please explain why the exemption is being requested, and include, as appropriate, any operational or logistical barriers to compliance, cultural or clinical justifications, unique program delivery models, and/or impacts on service quality, safety, or accessibility.

What are the risks to the individual if the exemption is not approved?

Risk Mitigation and Alternatives

Please describe how potential issues or hazards will be mitigated if the exemption is granted, including, but no limited to, alternate procedures and monitoring protocols.

## D. Consent

Has the individual to whom this exemption applies provided informed consent for this application to be submitted on their behalf?

☐ Yes    ☐ No

If the applicant is not the service provider, has the service provider reviewed and consented to the submission of this exemption application?

☐ Yes    ☐ No

## E. Certification and Signature

☐ I certify that the information I have provided is true and correct to the best of my knowledge.

X

Applicant Signature

Please attach any of the following documents, as appropriate, to support the exemption request:

- a safety plan to mitigate any said potential issues or hazards, including, for example:
  - periodic checkups with the client/patient
  - how the service provider/regulated member will confirm the ongoing safety of the client/patient
  - identify potential issues that may arise
  - how the service provider/regulated member will respond to issues
- A response plan if an emergency or critical incident were to occur because of the exemption.
- Supporting documentation relevant to the request, including the professional opinion, advice, or assessment of a regulated member.
- Other appropriate documents to support the request for exemption.

A service provider should be prepared to substantiate that the services meet all other regulatory requirements except that for which it is requesting an exemption.

If required, additional documentation may be requested after the application is submitted.

Note:

- Should an exemption be granted, it may be conditional, time-limited, suspended, amended, or revoked if conditions are not upheld.
- An acknowledgement of this application, as well as the decision letter will be sent via email to the applicant, the individual with whom this exemption is in respect of and the licensed service provider.

Please email [amh.cam@gov.ab.ca](mailto:amh.cam@gov.ab.ca) or call 780-427-8740 (310-0000 toll free) if you have any questions.

Please submit the application form and required documents by using the secure document portal. There are instructions on the next page of this form.

## **Document Portal**

[Alberta Compliance and Monitoring | Submit Documents](#)

### **How to Submit Your Documents**

To submit an Exemption Request:

#### **1. Go to the Portal**

Visit: [Alberta Compliance and Monitoring | Submit Documents](#)

#### **2. Complete These Required Fields**

- Select: "I want to submit documents for the mental health and addiction program" and **choose the services that the exemption is related to.**

*Note: You will need to apply for each of the services you are requesting an exemption for.*

- Enter your **Service Provider Name** (exactly as shown on your licence) or if you are an individual, please note N/A.
- Enter the related **Facility Name** or if you are an individual, please note N/A.
- Add any comments or notes to describe the documents.

#### **3. Upload Your Document(s)**

Accepted formats: PDF, JPEG, PNG, WORD.

Steps:

- Under File #, 1 click on **Choose File to Upload.**
- Repeat this step for each of the documents to be uploaded.

*Note, if there are more than 5 documents, you will need to complete a second submission.*

#### **4. Review the Information and Submit**

- Review the information on the webpage submission to make sure it is correct.
- Click **Submit Documents**
- Click **OK** to confirm
- Click **OK** again to view confirmation page

#### **5. Need to Submit More?**

- Click **Submit additional documents** to repeat the process.