



# Independent Rights Advice Service

## IRAS Online Portal – User Manual for Mental Health Facilities (Portal Navigation)

Updated August 2026

### Step 1 – Sign into the Portal

Go to [portal.irasbc.ca](https://portal.irasbc.ca) and you will arrive at the portal login page below:

IRAS Independent Rights Advice Service

### Portal Login, Choose Account Type

Login under the appropriate account to access the relevant portal

#### Direct Booking

Direct Booking for Individuals on [Extended Leave](#)

Direct Booking

#### Mental Health Facility

Access Facility Portal

Login as Facility

#### Rights Advisor

Access Rights Advisor Portal

Login as Rights Advisor

Login as Admin / Intake Coordinator

Logout

Choose the **Facility login** option to get **access** to your Facilities Portal.

## Mental Health Facility

### Login

Facility - Unit

Choose One

Access Code

Access Code

[Forgot Access Code?](#)

Login

If you don't have an access code, please talk to your facility team member responsible for this access code or Contact CMHA

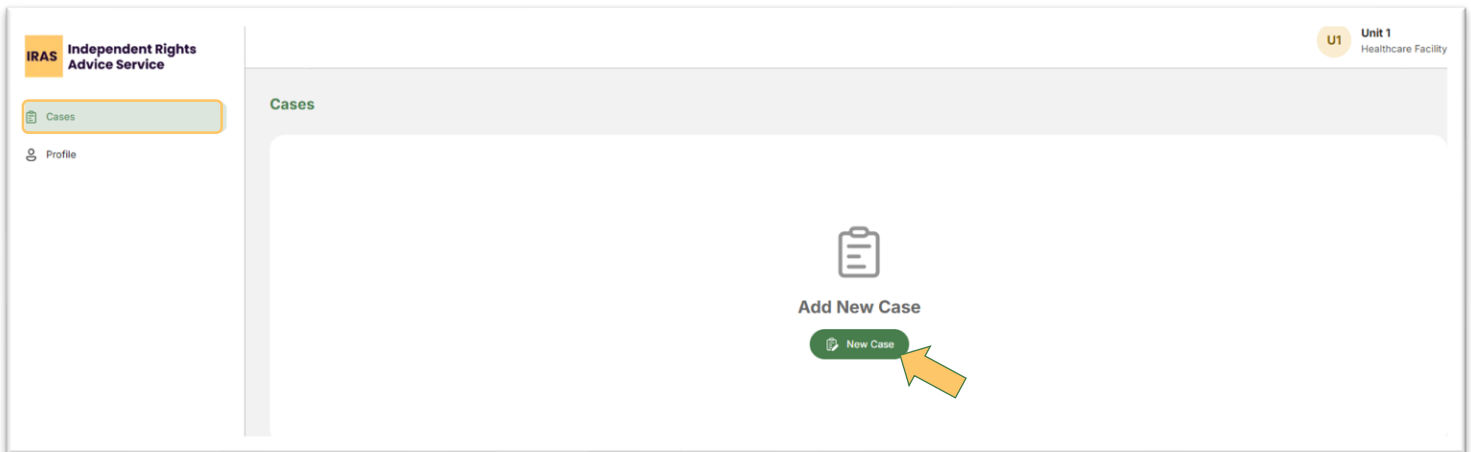
Enter your **Unit** and your **Access Code** and click **Login**.

**Note:** If you do not have an access code, click on **“Forgot Access Code”** and the current code will be sent to the email associated with the unit. If you still need assistance, please check with a member of your staff team or contact the Independent Rights Advice Service by calling **604-681-4070** or emailing [intake@irasbc.ca](mailto:intake@irasbc.ca).

**\*Please double check there are no spaces before or after the access code.**

## Step 2 – Submitting the Request for Rights Advice Form

To fill out a Request for Rights Advice Form, click on **New Case** button.



**Fill out the information. Once the form is complete, click “Submit”**

Facility details will auto-populate based on your login and you will need to select your unit. This information is editable in your **Profile** tab. See pages 5-6.

 The screenshot shows the 'Request Received Information' form in the IRAS portal. The form is titled 'SECTION 1: TO BE COMPLETED BY / WITH PERSON'. It includes a 'Personal Information' section with fields for 'First Name', 'Last Name', 'Pronouns' (a dropdown menu), 'Personal Email (Optional)', 'Personal Health Number (PHN)', and 'Date of Birth'. There is also a checkbox for 'PHN Not Applicable'. Below this is a 'Meeting Format' section with a note: 'Most meetings with a Rights Advisor are by videoconference or phone. The facility/team will provide access to a private meeting space and communications equipment.' The sidebar on the left shows 'Cases' and 'Profile' tabs, and the top right corner shows the user profile 'U1 Unit 1 Healthcare Facility'.

**IRAS Independent Rights Advice Service**

Unit 1 Healthcare Facility

Cases

Profile

**Patient Status**

Involuntary Patient:

- ☒ Medical Certificate (Form 4.1/4.2)
- ☐ Renewal Certificate (Form 6)
- ☐ Renewal Certificate while on Leave (Form 6)
- ☐ Leave Authorization (Form 20)
- ☐ Recall from Leave (Form 21)

Clear selection

Patient under Age 16 Admitted on Request of Parent or Guardian

- ☐ Request for Admission (Form 1)
- ☐ Renewal Certificate (Form 3)

Notes for Scheduling Meeting

\* Add any scheduling notes for the intake coordinator

Logout

Back Submit

**\*Include a preferred meeting time (and day, if relevant) so we can best ensure the meeting works for the unit schedule.**

## Step 3 – Completing the Process

The next screen confirms that your form has been submitted, displays the **Case ID**, and provides the option to generate and download a PDF copy of the **Request for Rights Advice Form** to attach to the patient's file. The meeting will be scheduled by our scheduling team, and an email with the meeting link will be sent to the unit email.

When you click '**Generate PDF**', the Request for Rights Advice form will be generated.

**IRAS Independent Rights Advice Service**

PurpleTurtle Healthcare Facility

Cases

Profile

**Patient Status**

Involuntary Patient:

- ☒ Medical Certificate (Form 4.1/4.2)
- ☐ Renewal Certificate (Form 6)
- ☐ Renewal Certificate while on Leave (Form 6)
- ☐ Leave Authorization (Form 20)
- ☐ Recall from Leave (Form 21)

Clear selection

Patient under Age 16 Admitted on Request of Parent or Guardian

- ☐ Request for Admission (Form 1)
- ☐ Renewal Certificate (Form 3)

Notes for Scheduling Meeting

\* Add any scheduling notes for the intake coordinator

Logout

Back Submit

**Form Submitted Successfully.**

Cases ID: 41

Done Generate PDF

## IRAS Independent Rights Advice Service

### REQUEST FOR RIGHTS ADVICE IN FACILITY

**Instructions:** The facility/team should submit this form through the Rights Advice Service online portal. Fax submission is a backup if there are technical issues with the online portal. For assistance, the Rights Advice Service can be reached by phone. The hours of operation for the Rights Advice Service are on their website at: [irasbc.ca](https://irasbc.ca).

#### SECTION 1: TO BE COMPLETED BY / WITH PERSON

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| First Name<br>Fill in First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Last Name<br>Fill in Last Name                      | Pronouns<br>No Pronoun                      |
| Personal Email (optional - to receive meeting invitation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Personal Health Number (if available)<br>1111111111 | Date of Birth (DD / MMM / YYYY)<br>08/04/25 |
| <b>Meeting Format</b><br>Most meetings with a Rights Advisor are by videoconference or phone. The facility/team will provide access to a private meeting space and communications equipment.<br>I prefer to meet by: <input checked="" type="radio"/> Videoconference <b>or</b> <input type="radio"/> Phone (teleconference)                                                                                                                                                                                                                                                                                   |                                                     |                                             |
| <b>Meeting Attendees</b><br>Rights Advice meetings are private but you can choose if you want someone to attend with you. This could be a family member, a friend, or any other support person. You can ask a facility staff member to help you to contact them. Please check if the person(s) can attend the meeting before listing them below.<br><input checked="" type="radio"/> I choose to attend the meeting alone.<br><input type="radio"/> I choose to have the following person(s) attend the meeting with me. To help with scheduling, please include any notes on when they are available to meet. |                                                     |                                             |
| Name or Role/Relationship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Email (optional - to receive meeting invitation)    | Notes on Availability (optional)            |
| Name or Role/Relationship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Email (optional - to receive meeting invitation)    | Notes on Availability (optional)            |
| <b>Additional Supports</b><br>In-person Rights Advice is available in some locations for people who have difficulty communicating by videoconference or phone. In-person meetings may take longer to set up since they are only available during limited dates and hours. A member of your treatment team can tell you if in-person meetings are available in your location.<br><input type="radio"/> I need an in-person Rights Advice meeting (communication or accessibility need).                                                                                                                         |                                                     |                                             |
| Interpretation Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Deaf or Hard of Hearing Services                    |                                             |

## Step 4 – Downloading the Forms

Following next steps related to the Rights Advice Meeting, the Rights Advisor will complete Section 3 of the form, which will then be automatically emailed to the primary contact listed by the facility.

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Rights Advice Case Closed - Download Your Resolution PDF - Case ID: 41

To access a record of the completed Request for Rights Advice form, we invite you to visit our website and download the PDF document. Please follow these simple steps:

- Case ID: 41
- Next steps:
- Follow this one-time use link: [Download PDF](#)
- Select Mental Health Facility Account Type
- Select your Facility/Unit and enter the access code
- Click "Submit" to login
- Look for the option to download the PDF file

**Please note:** This is a one-time use download button. CMHA cannot reissue this PDF form once opened.

Click on the **"Download PDF"** link to access the completed form for the patient's file. This is a one-time use link. However, if another copy of this form is required, please contact us at [intake@irasbc.ca](mailto:intake@irasbc.ca).

| SECTION 2: TO BE COMPLETED BY FACILITY / TEAM                                                               |                                               |                                                                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>This form must be submitted as soon as possible after the request for Rights Advice is made.</b>         |                                               |                                                                                                                                                                                                                                                           |  |
| Facility<br><b>Haven Community Hospital</b>                                                                 |                                               | Date Sent (DD / MM / YYYY)<br><b>18/06/2026</b>                                                                                                                                                                                                           |  |
| Unit (if applicable)<br><b>Unit 1</b>                                                                       | Phone<br><b>111-111-1111</b>                  |                                                                                                                                                                                                                                                           |  |
| Address<br><b>1234 Rainbow Street</b>                                                                       |                                               | City / Town<br><b>Vancouver</b>                                                                                                                                                                                                                           |  |
| Name/Position of Primary Contact Person(s) (can assist in scheduling the meeting)<br><b>Sophia, Manager</b> |                                               | Date of Involuntary Admission or Admission by Parent/Guardian (DD / MM / YYYY)<br><b>14/06/2026</b>                                                                                                                                                       |  |
| Email (copy of meeting invitation and completed form sent to this email)<br><b>contact@unit.facility.ca</b> |                                               | Notes for Scheduling a Meeting<br><b>Prefers after 10am</b>                                                                                                                                                                                               |  |
| <b>SECTION 3: TO BE COMPLETED BY RIGHTS ADVISOR</b>                                                         |                                               |                                                                                                                                                                                                                                                           |  |
| Rights Advisor Name<br><b>Dee</b>                                                                           |                                               | Meeting Format<br><input checked="" type="radio"/> Videoconference<br><input type="radio"/> Phone<br><input type="radio"/> In-person<br><input type="radio"/> Declined service<br><input type="radio"/> Did not attend<br><input type="radio"/> Cancelled |  |
| Date Request Received (DD / MM / YYYY)<br><b>17/06/2026</b>                                                 | Time Received (24HR HH:MM)<br><b>11:13 AM</b> | Notes<br><b>If Sophia is unavailable, please contact [alternate contact, email, phone]</b>                                                                                                                                                                |  |
| Meeting Date (DD / MM / YYYY)<br><b>18/06/2026</b>                                                          | Meeting Time (24HR HH:MM)<br><b>12:00 PM</b>  |                                                                                                                                                                                                                                                           |  |

Your personal information is being collected under section 26(c) of the Freedom of Information and Protection of Privacy Act to set up a meeting with a Rights Advisor

## Upcoming Meetings Section

A list of your unit's upcoming rights meetings can be accessed in the "Meeting" section.


**Independent Rights Advice Service**


**skyblue**  
Healthcare Facility

 Cases

 **Meetings**

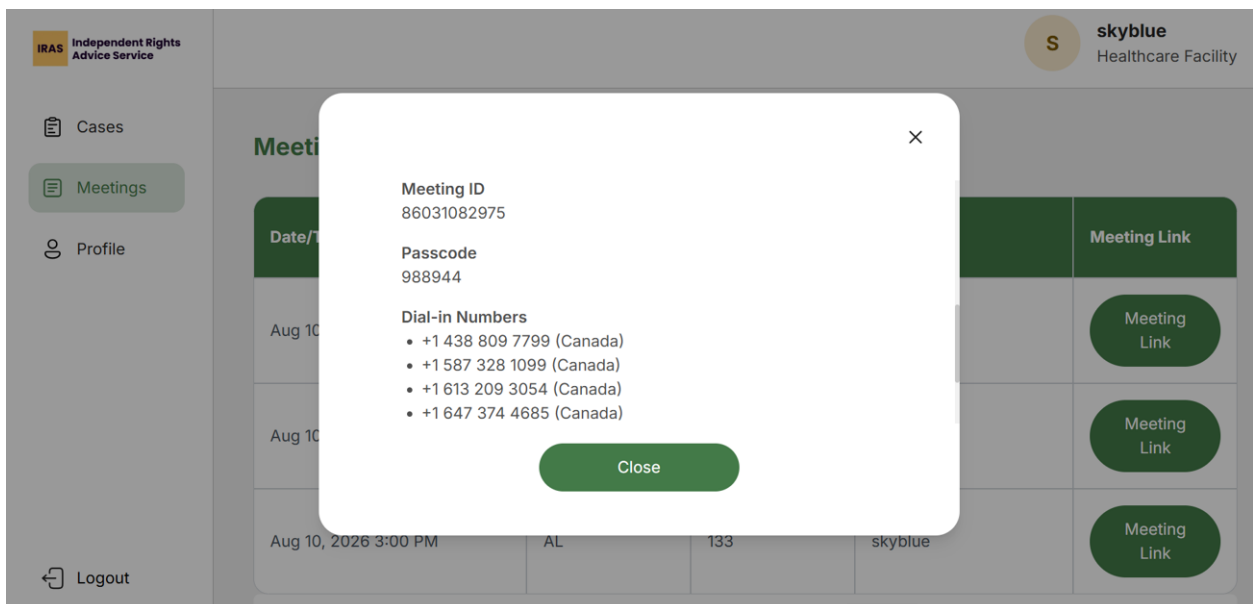
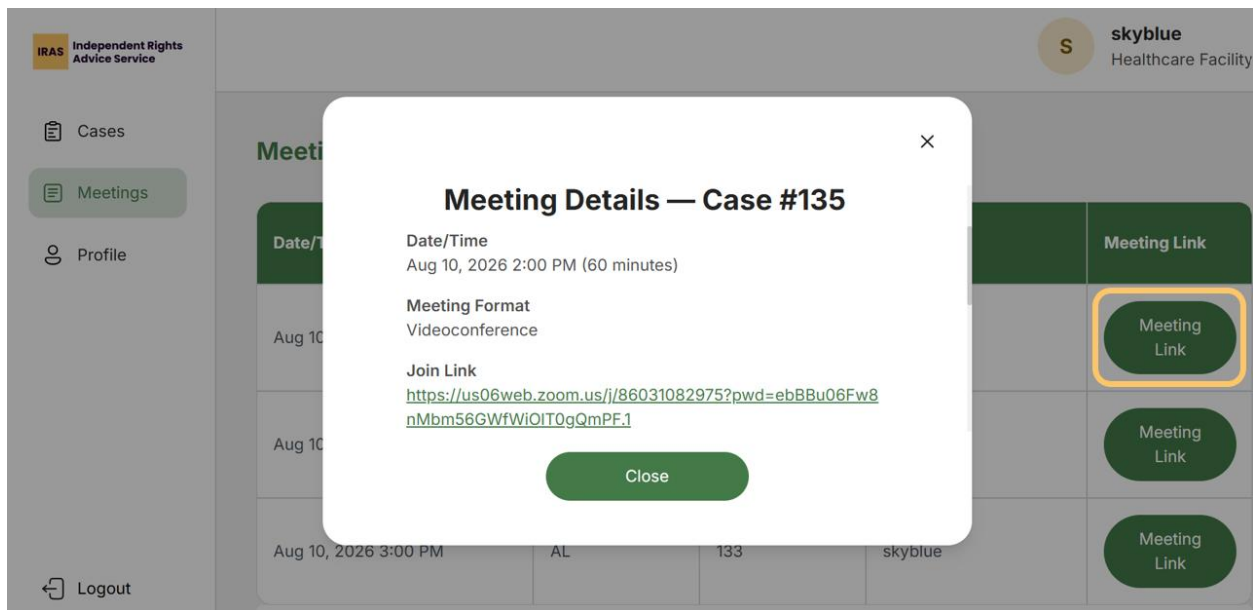
 Profile

 Logout

### Meetings

| Date/Time ↑↓         | Patient Initials ↑↓ | Case Number ↑↓ | Unit ↑↓ | Meeting Link                 |
|----------------------|---------------------|----------------|---------|------------------------------|
| Aug 10, 2026 1:15 PM | TT                  | 134            | skyblue | <a href="#">Meeting Link</a> |
| Aug 10, 2026 2:00 PM | AL                  | 135            | skyblue | <a href="#">Meeting Link</a> |
| Aug 10, 2026 3:00 PM | AL                  | 133            | skyblue | <a href="#">Meeting Link</a> |

Navigate to the Meetings section on the left-hand side menu of the portal. There, you can view a list of the upcoming meetings for your unit. Clicking on “Meeting Link” will bring up a zoom link for the rights meeting as well as a list of dial-in numbers if the meeting will be conducted by phone.



## Additional – Managing Facilities and Unit Details

### Facility Information, navigate to the profile section in the left side menu:

You can click the green **Edit Profile** button and change the information if necessary. Then click **Save** to make changes.

**Note:** Please enter the agreed-upon central email address designated for Rights Advice Meetings at your facility/unit.

IRAS

Independent Rights Advice Service

Cases

Profile

Unit 1  
Healthcare Facility

Profile

Facility or Community Mental Health Program

Haven

Email

contact@unit.facility.ca

Address

12345 Rainbow St

Region

Vancouver

City/Town

Vancouver

Phone Number

111-111-1111

Extension

N/A

Edit Profile

IRAS

Independent Rights Advice Service

Cases

Profile

Unit 1  
Healthcare Facility

Edit Profile

Facility or Community Mental Health Program

Haven

Email

contact@unit.facility.ca

Please use a shared email address or alias rather than a personal email to ensure continuity of communication.

Address

12345 Rainbow St

Region

Vancouver

City/Town

Vancouver

Authority

Vancouver Coastal Health Authority

Phone Number

111-111-111

Extension

00000

Name of Primary Contact Person

Position of Primary Contact Person

Provincial Manager

Cancel

Save

Edit Mode: On

Cases

Profile

Logout

## Available Units

Add Unit

Invite Unit

Edit Units

1- ER Emergency

**Address:** 1234 Rainbow St  
**City/Town:** Vancouver  
**Phone:** (111) 111-1112  
**Email:** contact@unit.facility.ca  
**Contact Person:** Sophia



## 2- Unit 1

**Address:** 1 Way  
**City/Town:** Vancouver  
**Phone:** (111) 111-1111  
**Email:** contact@unit.facility.ca  
**Contact Person:** Sophia / Provincial Manager



## 3- Unit 2

**Address:** 12345 Rainbow St  
**City/Town:** Vancouver  
**Phone:** (111) 111-1111  
**Email:** contact@unit.facility.ca  
**Contact Person:** Sophia /



**Editing Unit:** To edit units, click 'Edit,' then select the **green** clipboard icon to modify the information. Once you've made your changes, click 'Save' and then 'Done' to complete the process.

## Emergency Units

When adding or editing a unit, use the Emergency checkbox if the unit is an emergency room. Units marked as emergency unit will have a designated flag in the system, allowing the scheduling tool to prioritize and book same-day or next-available appointments. Please ensure the checkbox is selected for any emergency unit.

1- ER Emergency

**Address:** 1234 Rainbow St  
**City/Town:** Vancouver  
**Phone:** (111) 111-1112  
**Email:** contact\_email@unit.facility.ca  
**Contact Person:**

## Adding Units: With An Access Code

**If you already have an existing access code:** navigate to the profile section, scroll down to available units and click the green '**Add Unit**' button, enter all required information, and include a central unit email address where the links will be sent. If it is an emergency unit, select the emergency checkbox.

The screenshot shows a modal window titled "Add New Unit" with a close button (X) in the top right corner. The form contains the following fields and controls:

- Unit Name:** A text input field with the placeholder "Enter unit name".
- Emergency Unit:** A checkbox labeled "Emergency Unit".
- Address:** A text input field with the placeholder "Enter unit address".
- City/Town:** A text input field with the placeholder "Enter city or town".
- Phone Number:** A text input field with the placeholder "(555) 555-5555".
- Extension:** A text input field with the placeholder "Enter extension".
- Fax Number:** A text input field.

At the bottom of the form are two buttons: a "Cancel" button and a green "Add Unit" button.

## Adding a Unit Manually Without an Existing Access Code:

If you do not have an existing unit access code, follow these steps to add a unit in the portal:

1. **Email Request:** From the shared email address that will serve as the unit's email in the portal (used to receive meeting invites and closed case PDFs), send a request to **intake@irasbc.ca**. Include the **unit name** in your email.
2. **Receive Link:** The scheduling team will send a **link** from **no-reply@irasbc.ca**.
3. **Complete Unit Profile:** Click the link or use the "**Complete Unit Profile**" option in the portal. Fill in all required unit information.
4. **Submit:** Once all information is entered, select **Submit**.

5. **Access Code:** The access code will be sent to the email linked to the unit.


**Independent Rights  
Advice Service**

Hello,

You have been invited to create and complete the profile for the unit **Add Unit** under **Purple Turtle**.

Please use the button below to access the one-time link and complete your unit profile:

**Complete Unit Profile**

If the button doesn't work, copy and paste this link into your browser:  
<https://portal-staging.irasbc.ca/unit-invite/1cffe88910dba76da89f14200be71a635d21246f7d706457c8619fb9c9ead2d9>

**Important:** This link expires in 7 days and can only be used once. After completing your profile, you will receive your unit access code via email.

If you have any questions or need assistance, please contact:  
[intake@irasbc.ca](mailto:intake@irasbc.ca)

### Complete Unit Profile

Facility: Purple Turtle

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**Unit Name**

☐ Emergency Unit

**Address**

**City/Town**

**Phone Number** **Extension**

**Fax Number**

**Email**

**Name of Primary Contact Person**

**Position of Primary Contact Person**

Submit