



fraserhealth

Regional CONFIRMATION OF SUBSTITUTE DECISION MAKER



ADD1102738B

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PATIENT SURNAME	FIRST NAME	Other names	DOB(d/m/yyyy)	CARE CARD #
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The adult patient named above is assessed as being incapable of giving or refusing consent to health care. Under the *Health Care (Consent) and Care Facility (Admission) Act*, the health care provider must obtain consent from a legally authorized substitute decision maker. You are being asked to confirm your authority to be this patient's decision maker as outlined below.

Section 1: Decision Maker Statement

(a) Substitute Decision Maker:

I am authorized to make health care consent decisions for this patient in my capacity as:

- Personal Guardian (Committee of Person) - Provide *copy of Court Order*
- Representative with authority to consent - Provide *copy of Representation Agreement*

OR

(b) Temporary Substitute Decision Maker (TSDM):

I qualify to be chosen as Temporary Substitute Decision Maker because I am this patient's:

- spouse* child parent brother or sister grandparent
- grandchild related by birth or adoption close friend related by marriage
- I have been authorized by the Public Guardian & Trustee

**Includes common-law or same-sex partner in marriage-like relationship*

I confirm that I am at least 19 years of age, I have been in contact with the patient during the past 12 months and that I have no dispute with the patient. I am willing and able to act as the decision maker for the patient in accordance with the *Health Care (Consent) and Care Facility (Admission) Act*.

Name (print): _____ Signature: _____ Date (d/m/yyyy): _____

Address: _____

Phone (home): _____ (work): _____ (cell): _____

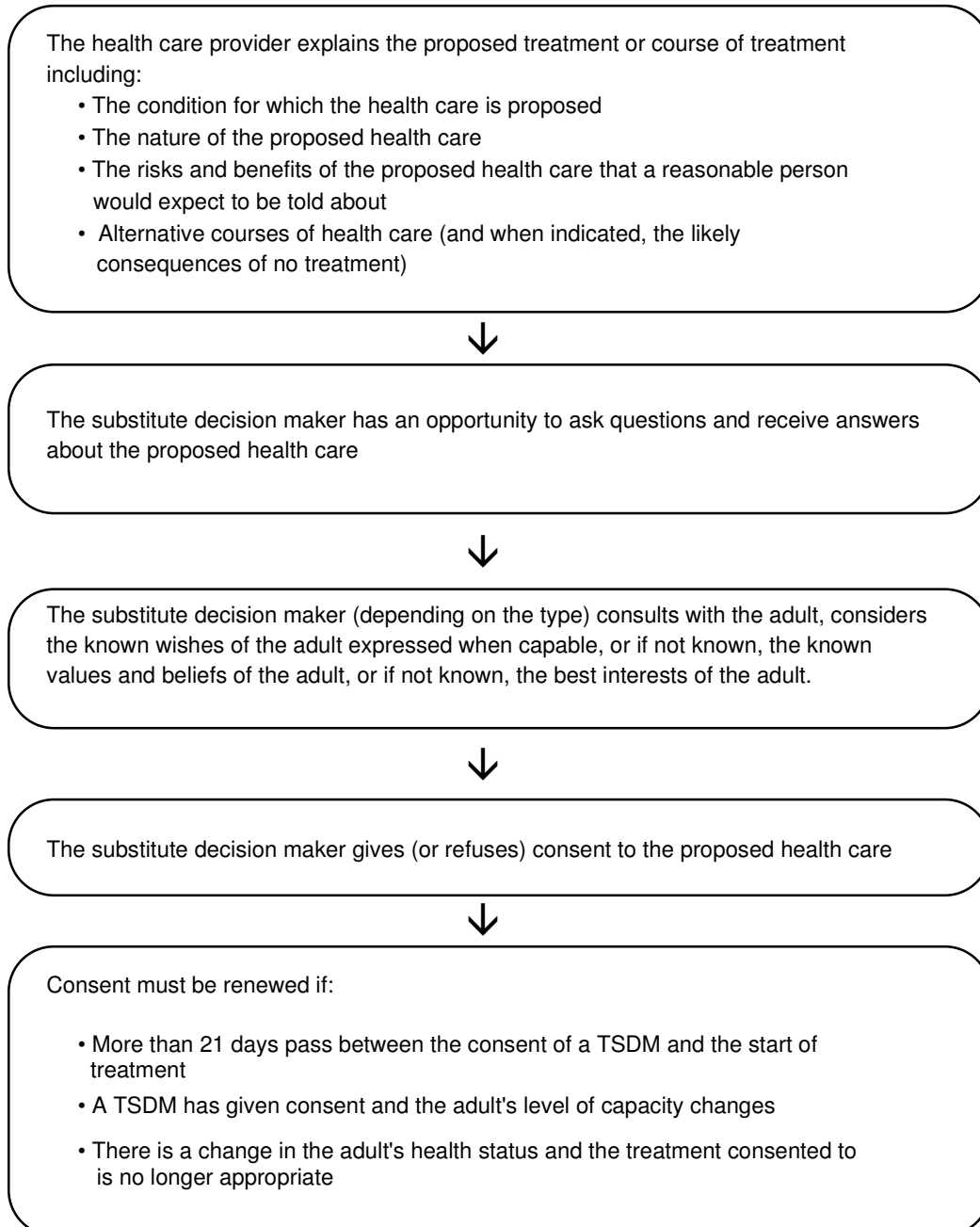
Section 2: Provider Statement

I confirm the selection of the above substitute decision maker/TSDM for the above named patient.

Name (print): _____ Signature: _____ Date (d/m/yyyy): _____

Note: Original to be filed in the Greensleeve of the patient's Health Record, along with copy of applicable Court Order or Representation Agreement. Copy given to Patient and Substitute Decision Maker/TSDM

Obtaining Consent from the Substitute Decision Maker of an Incapable Adult



Note: Health care providers must stop or withdraw treatment if consent is subsequently withdrawn or refused.

Note: If an adult has an **Advance Directive** as well as a Representative, the Advance Directive may override the need for consent from the Representative if the Representative Agreement expressly states that the consent of the Representative is not required. In addition, if an adult has provided instructions in an Advance Directive with respect to any matter over which the representative does not have decision-making authority, a health care provider should follow the instructions in the Advance Directive.