fraserhealth

# Regional CONFIRMATION OF SUBSTITUTE DECISION MAKER



| 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**

Printshop # 256783

**Obtaining Consent from the Substitute Decision Maker of an Incapable Adult**

The health care provider explains the proposed treatment or course of treatment including:

- The condition for which the health care is proposed
- The nature of the proposed health care
- The risks and benefits of the proposed health care that a reasonable person would expect to be told about
- Alternative courses of health care (and when indicated, the likely consequences of no treatment)

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The substitute decision maker has an opportunity to ask questions and receive answers about the proposed health care

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The substitute decision maker (depending on the type) consults with the adult, considers the known wishes of the adult expressed when capable, or if not known, the known values and beliefs of the adult, or if not known, the best interests of the adult.

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The substitute decision maker gives (or refuses) consent to the proposed health care

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Consent must be renewed if:

- More than 21 days pass between the consent of a TSDM and the start of treatment
- A TSDM has given consent and the adult's level of capacity changes
- There is a change in the adult's health status and the treatment consented to is no longer appropriate

**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.