

# EM/ANB Inc.

Substitute Decision-Maker Declaration (v.2, 2019)



Where no other person has been legally designated in writing, pursuant to s.25(1) (d) – (m) of the *Personal Health Information Privacy and Access Act*, if an individual is incapable of consenting to the collection, use or disclosure of personal health information by a custodian, the following persons may, on the individual's behalf and in the place of the individual, act as a substitute decision-maker (SDM) for that individual by giving, withholding or withdrawing the consent:

1. the individual's spouse or common law partner;
2. the individual's adult\* child;
3. the individual's parent or guardian;
4. the individual's adult\* sibling;
5. the individual's adult\* grandchild;
6. the individual's adult\* uncle or aunt;
7. the individual's adult\* nephew or niece;
8. any other adult\* next of kin of the individual;
9. the individual's health care provider; and
10. the Public Trustee.

*\*19 years of age or older*

\_\_\_\_\_ (the "Patient") is incapable of providing consent to the collection, use or disclosure of his/her personal health information. I, \_\_\_\_\_ (*print name of SDM*) agree to act as the Patient's SDM. I certify as follows (*all boxes must be checked and blank spaces completed to qualify as SDM*):

- I am the Patient's \_\_\_\_\_ (*print relationship to Patient*) as noted in category # \_\_\_\_ (*as listed above*),
- I have been in personal contact with the Patient over the preceding twelve-month period,
- I am willing to assume the responsibility for consenting or refusing consent to release of information for the Patient,
- There is no one legally designated in writing to assume this responsibility, and I know of no person in the same category or in a higher ranking category as listed above who is able and willing to make release of information decisions for the Patient.

I have read and understand all of the above. I acknowledge and agree that the statements contained in this form are true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Administrative Use Only

Received by: \_\_\_\_\_

Date: \_\_\_\_\_