



# Capital Health

Legal Services

Access to Personal Health Information

## Declaration of Substitute Decision Maker ("SDM")

(Pursuant to Section 71 - *Hospitals Act*)

Pursuant to s.71 of the *Hospitals Act*, if a patient is unable to consent to the release of their information, a patient's SDM shall be the person ranking in the highest priority based on the following order:

1. a person who has been authorized to give consent under the *Medical Consent Act* or a delegate authorized under the *Personal Directives Act*;
2. the patient's guardian appointed by a court of competent jurisdiction;
3. the spouse of the patient;
4. an adult child of the patient;
5. a parent of the patient;
6. a person who stands in loco parentis to the patient;
7. an adult sibling of the patient;
8. a grandparent of the patient;
9. an adult grandchild of the patient;
10. an adult aunt or uncle of the patient;
11. an adult niece or nephew of the patient;
12. any other adult next of kin of the patient; or
13. the Public Trustee.

\_\_\_\_\_ (the "Patient") is not capable of consenting to the release of his/her 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 \_\_\_\_\_ (*relationship with 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,
- ☐ 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 of Substitute Decision Maker

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

