

Making a Personal Directive

Information and Sample Form

Introduction

Planning for the future is important. You should think about who you would want to make decisions for you if you are not capable (temporarily or permanently) to make them yourself. You should think about what kinds of decisions should be made for you and how they should be made.

To get ready for the future, think about preparing:

- (1) An **Enduring Power of Attorney** that allows you to appoint someone to look after your money, property and financial affairs when you are not mentally capable of making financial and property decisions, or if you wish them to assist you with your financial affairs when you are still capable. It is only in effect when you are alive.
- (2) A **Personal Directive** that allows you to set out how personal care decisions, including health care decisions, are to be made for you when you are not mentally capable of making those decisions. It is only in effect when you are alive and mentally incapable of speaking for yourself.
- (3) A **Will** that allows you to set out how you want your personal, property and financial assets handled after you die. A Will takes effect when you die.

This document provides information about Personal Directives only. For information about Enduring Powers of Attorney and Wills, speak with a lawyer, tax advisor or financial planner.

Getting Started

It is important for everyone to have a Personal Directive. We can lose our mental capability temporarily or permanently. We can lose our mental capability slowly, such as with Alzheimer's Disease, or very suddenly, as a result of a car accident. Preparing a Personal Directive gives you a voice in the care you will receive if you cannot make your own decisions at the time. It also helps those who will have to make personal care decisions for you. It may be the best gift you can give to your loved ones who may have to make difficult decisions for you in the future.

It is important to talk about these issues with the people you trust—your family, friends, health care providers and spiritual advisors. Filling out a Personal Directive can be a way of sorting out your values, fears, hopes and wishes about how you want to live. It may take some time and help from others but it can be a very positive journey. In picking up this form, you have made the first step.

The Government has prepared related materials that you may wish to read before you prepare a Personal Directive. These materials are available at www.gov.ns.ca/just/pda.

These materials include:

- Planning for Your Future Personal Care Choices – this is a brochure that provides general information about Personal Directives
- Personal Directives in Nova Scotia – this is a booklet that provides general, but detailed, information about Personal Directives
- Making a Personal Directive: Information and Sample Form [this is the document you are reading now] – the document walks you through how to fill out the sample Personal Directive form and highlights choices for you to consider
- Naming a Delegate Only in a Personal Directive: Information and Sample Short Form – the document walks you through how to fill out a Personal Directive when the only thing you want to do is name one person to make decisions for you

A Personal Directive is a legal document under the Personal Directives Act that allows you to:

- name a person [called a “delegate”] you trust to make personal care decisions for you when you are not capable of making these decisions;
- write down instructions or other information about what or how personal care decisions should be made for you when you are not capable of making these decisions; or
- do both of the above (name a delegate and set out instructions/information).

Personal care decisions are decisions that relate to such things as health care, nutrition, hydration, shelter, residence, clothing, hygiene, comfort, recreation, social activities and support services. They do NOT include financial decisions. To appoint a person to make financial decisions you will need to prepare an Enduring Power of Attorney.

Your Personal Directive needs to be written, dated, signed by you and witnessed by an adult. If you are not physically able to complete the form, you may direct another person to fill it out for you. **You do not have to use the attached form (or the Naming a Delegate Only form), but you may wish to look at it and the materials referenced above because they highlight issues you should think about when writing a Personal Directive.**

Your Personal Directive is only in effect when you are not capable of making decisions for yourself. You may be incapable temporarily or permanently.

You do not need a lawyer to write a Personal Directive, but you may wish to speak with a lawyer about it when you are discussing other planning tools (such as an Enduring Power of Attorney and a Will).

Each section in the attached Personal Directive form is optional. It is your choice whether to fill in a given section. You may choose to fill in only one section, or you may choose to fill in many sections. Please initial beside each item to confirm this is your choice. Your witness should also initial beside the item.

Instructions for Completing a Personal Directive Sample Form

Name

I, _____, make this Personal Directive.
Name of Maker

Print your name here. You are the maker of this Personal Directive and will be referred to as the maker for the rest of the form.

To make a valid Personal Directive you must be capable of understanding the nature and effect of your Personal Directive. That means that you understand what you have put in your Personal Directive and the consequences of your choices. There is no age requirement for writing a Personal Directive.

1. Consultation when assessing capacity(optional)

Your Personal Directive only takes effect when you are not capable of making your own care decision (when you are not able to understand the nature of the decision to be made and the consequences of your choice). Your health care provider will determine whether you demonstrate an understanding of the proposed care, the risks and benefits, the alternatives, etc. This happens every time services are provided to a patient/client and is part of obtaining informed consent.

Determining capacity can be complex and sometimes it may be helpful for the health care provider to speak with someone who knows you well. You may identify someone by name (for example, Jane Smith), title or position (for example, my parish priest) with whom you would like your health care provider to speak.

2. Revoking (Cancelling) Other Personal Directives (optional)

If you have never written a Personal Directive before, go to section 3.

Section 2 allows you to revoke (cancel) previous Personal Directives.

The Personal Directives Act allows you to have more than one Personal Directive so long as they deal with different types of decisions. For this reason, there are two options for revoking or cancelling previous Personal Directives. This section allows you to:

- (1) revoke all previous Personal Directives or
- (2) revoke only certain previous Personal Directives, allowing the other(s) to remain in effect. Enter the date and a brief description of the previous Personal Directive(s) that is being revoked.

Initial the appropriate option to indicate you agree with this revocation. Initial beside only one of the options.

It is a good idea to review your Personal Directive every year, whenever you or your delegate have a significant change in your health, or when you experience a significant event in your life such as the death of a loved one, a marriage or a divorce.

3. Authorization to Act as Delegate (optional)

A delegate is someone you name to make personal care decisions (including health care decisions) for you when you are not capable to make these decisions. The delegate must be at least 19 years old (unless they are your spouse). They do not have to live in Nova Scotia as long as they can be contacted.

There are two options under section 3. Choose only one of the options if you decide to complete this section.

- (1) You may name one person to act as your delegate and make any personal care decision that you are not capable to make.

You may choose to name an alternate delegate to make decisions when the delegate named before is unable or unwilling to make a decision. If you choose not to name an alternate delegate, it is advisable to place a line through the space provided for naming an alternate delegate.

- (2) You may choose different people to act as your delegates for different decisions. Each person named will be able to make decisions only for the type of decisions identified in your Personal Directive.

You may choose to name an alternate delegate to make decisions when each delegate named before is unable or unwilling to make a decision. If you choose not to name an alternate delegate, it is advisable that you place a line through the space provided for naming an alternate delegate.

Your delegate should be someone who:

- knows you very well
- is trustworthy
- is willing to respect your views and values
- is able to make difficult decisions in stressful circumstances and who you trust to speak for you

Sometimes a spouse or family member is the best choice. Sometimes they may not be the best choice because they may be too emotionally involved. Only you know what is best for your particular circumstances. Talk over your wishes with your delegate(s) and make sure they will respect your wishes, even if your wishes conflict with your delegate's wishes.

If your delegate does not know your wishes, they will make decisions based on your values and beliefs. If they don't know your values and beliefs, they will make decisions that are in your best interests. When deciding what is in your best interests, the delegate needs to consider whether consenting or refusing consent will improve or deteriorate your condition; whether it is the least restrictive option; and what are the risks and benefits of consenting or refusing to consent.

If you decide not to name a delegate and you do not provide specific instructions under section 5 of the sample form about the decision to be made, a person authorized under the Personal Directives Act may be asked to make the decision on your behalf. These people

are called statutory decision-makers and they may only make decisions about your health care, placement in a continuing care home, and home care services. The people in the list below are potential “statutory decision-makers”. A care provider will start at the top and work their way down the list until they find an adult who has been in contact with you over the previous year and is willing to make the decision.

- spouse (includes married, common law, registered domestic partners)
- child
- parent
- person who stands in the place of a parent
- sibling
- grandparent
- grandchild
- aunt or uncle
- niece or nephew
- other relative

If there is no one from that list available or willing to make the decision, the Public Trustee’s office will be contacted. A stranger may not be the person you wish to make your decisions.

Your statutory decision-maker will make decisions based on your values and beliefs. If they don’t know your values and beliefs, they will make decisions that are in your best interests. When deciding what is in your best interests, the statutory decision-maker needs to consider whether consenting or refusing consent will improve or deteriorate your condition; whether it is the least restrictive option; and what are the risks and benefits of consenting or refusing to consent.

If you choose to name a delegate, go to section 5.

If you choose not to name a delegate, go to section 4.

4. No Delegate Authorized (optional)

You may decide that you do not want to name a delegate but you do want your care providers to follow specific instructions. By completing section 4, you are telling care providers that your instructions should speak for themselves and the care providers can rely on them without needing to get the consent of another person. You will write down your instructions in the next section of the sample form (section 5). Talk about your instructions with your care providers, including health care providers, to ensure your instructions reflect your wishes and to ensure they understand what you want.

It is important to know that it is very difficult to write down instructions that cover every situation. If your instructions are not relevant to the decision to be made or if they are not clear, the care provider may need to talk with a statutory decision-maker and ask them to make the decision on your behalf. In these circumstances, the statutory decision-maker would be guided by what you wrote down and make the decision they think you would have wanted.

5. Specific Instructions (optional)

You may write down specific instructions that you want your delegate to follow, or if you have not named a delegate, that you want your care providers to follow. For example, you may decide to write down instructions about a medical treatment you would or would not want in certain circumstances. For instructions relating to health care, you should talk with your health care provider so they can provide you with accurate information about health conditions and treatment options. It is important to be informed before you decide what instructions to write down. At the end of these Instructions for Completing a Personal Directive (Long Form), there is a list of words that relate to personal care choices (including health care). These may help you think about some of the possible choices you may want to consider.

When you write down your instructions, it is very important that you express them clearly and identify the situations where you expect the instructions to be followed. Your delegate or care providers can only follow instructions that are clear (everyone would agree on what you mean) and that apply to your circumstances at the time the decision is made. Some examples of what you might want to express in this section include:

- My faith affiliation is such that I would not want a blood transfusion under any circumstances
- If I have a severe stroke [see information that follows these Instructions] and cannot maintain an acceptable quality of life [you need to say what ‘acceptable quality of life’ means to you here or in section 6] I do not want anyone to attempt to or continue to resuscitate me if I have no pulse and am not breathing
- If I can give a family member an organ and still maintain an acceptable quality of life [you need to say what ‘acceptable quality of life’ means to you here or in section 6] then I want to donate the organ while I am still alive

Remember that you can fill out both section 5 (specific instructions) and section 6 (other information). If your instructions are unclear or do not apply to the situation, your delegate or statutory decision-maker will make decisions based on your values and beliefs. If they don't know your values and beliefs, they will make decisions they believe are in your best interests.

6. Other Information (optional)

You may write down general information that you think will help your delegate or statutory decision-maker when it comes time to make personal care decisions (including health care) on your behalf. You can write down specific instructions (under section 5) and general information under this section of the Personal Directive.

It is impossible to anticipate every situation. It may be most useful if you express your basic personal values and beliefs about your life and future care and leave the specific decisions up to your delegate or statutory decision-maker. You should think about your religious beliefs, cultural preferences or other information that will help guide your delegate or statutory decision-maker when they make decisions for you in the future. What you write down should reflect YOUR personal values, beliefs and wishes, and should identify what is important to YOU. Talk to your delegate and loved ones about this. Some examples of what you might want to express in your Personal Directive include:

- what you would consider to be an acceptable quality of life (think about such things as:
*recognize family and friends *communicate *feed myself *take care of myself
*be conscious and aware of my surroundings and people *live in my own home
*breathe on my own without assistance from a ventilator)
- your views about admission to a continuing care home if necessary
- whether you prefer to stay at home as long as this does not cause undue stress on your family and caregivers
- your values and beliefs about sexual activity
- your values and beliefs about what you eat
- your preferences around social activities
- whether you want everything possible done to maintain life
- whether your religious beliefs are important to you and because of this you have certain wishes
- if you are nearing death, what you would want or not want to happen
- whether you would want to die at home if possible

Your wishes will be respected as long as they apply to the situation and they are possible to comply with. For example, it may not be possible to comply with your wish to never live in a continuing care home if your physical care needs become too much for your family and home care services. Current administrative processes will be followed consistently whether you are making the decision yourself or if the preference is expressed in a Personal Directive.

Health care decisions are complex and it is helpful to think of them in two general contexts:

- (1) situations where you have a condition that you will recover from and
- (2) situations where you have a condition that is life threatening or irreversible and unacceptable to you.

You may want to list your health care wishes under these two general contexts. For example, you may want to say something like:

“If I have a condition that is reversible or where I can achieve an acceptable quality of life [and you have described what ‘acceptable quality of life’ means to you], I want the following: e.g., all necessary health care including life saving treatment; or all necessary health care except...”

“If I have a condition that will cause me to die soon or a condition (including substantial brain damage or brain disease) where there is little reasonable hope that I will regain a quality of life acceptable to me [and you have described what ‘acceptable quality of life’ means to you], I want the following: e.g., resuscitation; comfort measures only; specific treatments if recommended by my health care providers e.g., antibiotics, kidney dialysis; transfer to a hospital if necessary; all necessary health care to prolong my life...”

At the end of these Instructions there are descriptions of some of the more common health conditions and treatments that many people think about when planning for their future health care decisions and making their Personal Directive. Talk to your health care provider about your current health condition and future treatment options.

7. Instructions about Statutory Decision-makers (optional)

You may decide that you do not want to name a delegate and that you are comfortable with having your nearest relative act as your statutory decision-maker, but there is a relative(s) in the following list that you would NOT want to make decisions for you. If so, you can put that information in your Personal Directive.

- spouse (includes married, common law, registered domestic partners)
- child
- parent
- person who stands in the place of a parent
- sibling
- grandparent
- grandchild
- aunt or uncle
- niece or nephew
- other relative

8. Consultation when Delegate Making Decision (optional)

If you fill out this section, you must name a delegate.

Sometimes there may be more than one person that you want to be involved in making a decision about your personal care (including health care). Where you name a delegate, only your delegate can make the decision on your behalf, but you can direct your delegate to talk with certain people (e.g., family, friends, spiritual advisor) before making a final decision. This can be helpful to inform your delegate and help them make the decision on your behalf.

9. Notification (optional)

You can decide if you want certain people told, or not told, when your Personal Directive becomes effective (when a care provider has determined that you are not capable of making a personal care decision (including health care)). When this happens your care provider will look to your Personal Directive to see who should make the decision for you or to see if you have provided instructions about the decision.

You should list the people you want to be told when you have been determined to be incapable of making a personal care decision. You may want to list people who are close to you and who will support you. This may include your family, spiritual advisor, Power of Attorney that you have appointed, lawyer and others. It is helpful to list their contact information.

There may be people who you do not want to be involved in your life when you become incapable of making personal care decisions. You should list their names.

10. Compensation for Personal Care Services (optional)

If you want to name as your delegate the person who provides you with personal care services for pay, then you must specifically authorize the details of your payment agreement in your Personal Directive. It is advisable that you speak with a lawyer if you want to complete this section.

11. Remuneration for Delegate (optional)

Generally, delegates can only be reimbursed for reasonable out-of-pocket costs associated with being a delegate, but they cannot be paid for taking on the role of a delegate. However, if you want to pay your delegate for acting as your delegate, then you must specifically set out the details of this payment in your Personal Directive. It is advisable that you speak with a lawyer if you want to complete this section.

12. Signatures (mandatory)

If your Personal Directive is not signed and witnessed properly, it will not be valid.

You must sign and date the Personal Directive in the presence of a witness. If you are physically unable to sign the Personal Directive but you are mentally capable, you can direct another person to sign for you in front of you and the witness. The person who signs for you can't be your delegate or their spouse.

Who witnesses your signature is important. The following persons may NOT witness the signing of a Personal Directive:

- A person you named as your delegate.
- The spouse of your delegate. A spouse includes married, common law (partners living together for 1 year or more) and registered domestic partners.
- A person who signs the Personal Directive on your behalf.
- The spouse of a person who signs the Personal Directive on behalf of the maker. A spouse includes married, common law (partners living together for 1 year or more) and registered domestic partners.

Suggestions for after you complete your Personal Directive

- Keep the original at home in a special place and tell trusted family and friends where it is.
- Give a copy to:
 - your delegate
 - trusted family members and friends
 - your physician and other people who will be providing care to you.
- Take a copy with you:
 - If you are traveling. Many provinces and U.S. states will honour your wishes. Some will follow the rules in place in their province or U.S. state. If you plan to travel you should check the procedure in that location.
 - If you are admitted to a hospital or continuing care home.
- List the people you have given copies of your Personal Directive to and keep this list with your Personal Directive. If you change or cancel your Personal Directive, let these people know.

Copies of my Personal Directive have been given to:

| Name | Relationship | Contact Info |
|------|--------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Note: This information is provided to help you understand the Personal Directives Act. It is not legal advice or medical advice. Consult a professional if you need help to understand your options and the implications of your choices.

Information to think about when planning for future personal care decisions

Some general information and descriptions of common health conditions and health interventions that you may want to think about when planning for future care decisions are provided below. You may want to discuss some of the health interventions with your doctor before completing your Personal Directive.

Personal Care Terms

Clothing relates to decisions about what you want to wear. For example, you may want to wear clothing that has religious or cultural significance, or you may want to look a certain way.

Comfort measures focus on care not cure. Some examples of comfort measures are: nursing care, medication for managing symptoms including pain, oxygen for shortness of breath, fluids for dehydration except by intravenous therapy, mouth care, positioning, warmth, emotional and spiritual support, and other measures to relieve pain and suffering. Comfort measures do not include treatment aimed at cure of the illness.

Continuing care homes are homes under the authority of the Departments of Health or Community Services (for example, nursing homes and group homes).

Nutrition relates to the food or drink you may wish to have. You may want to receive a certain type of diet (for example, vegetarian); you may want to receive food consistent with your cultural or religious beliefs (for example, Kosher or Halal). Nutrition can become a health care issue (for example, if you become diabetic).

Shelter is about where you live. You may wish to indicate your preferences about where you would like to live, especially if you cannot be cared for at home. Do you prefer a specific continuing care home? Do you prefer a geographical location?

Support services means services that help a person with daily activities such as housekeeping, preparing meals, laundry, toileting, dressing, feeding, mobility and transportation (for example, for grocery shopping and going to appointments).

Health Conditions

Stroke is a potentially life threatening event in which parts of the brain are deprived of blood carrying oxygen. Strokes are commonly caused by either blockage of a blood vessel (usually in the form of a clot) or by breaking of a blood vessel that results in bleeding in or around the brain. The impact of a stroke on you physically and mentally can range from mild to severe. Stroke may affect your ability to walk resulting in the need for a cane, or a wheelchair or confinement to bed or a chair. Depending on the part of the brain affected, stroke may affect your ability to communicate (e.g., speaking and/or understanding.) You may have the supports at home to meet your needs or you may need to live in a continuing care home. How well you recover from a stroke will depend on many factors.

Dementia is a term used to describe the symptoms of many illnesses that cause a loss of memory, judgment, ability to think clearly, recognize people and communicate, as well as changes in

behaviour and mood. These symptoms may be temporary and related to another condition, or they may gradually get worse over time. Symptoms can range from mild to severe.

You might be forgetful at times but able to have meaningful conversations; you might sometimes not recognize your family and friends, but usually be able to carry on conversations; you might not recognize your family and friends and be unable to have a conversation. In the most advanced stages of dementia you will need 24 hour care.

The most common form of dementia is Alzheimer's Disease.

Permanent coma is a state of unconsciousness where there is no reasonable expectation of regaining consciousness. You would need to be in bed and receive nourishment through a feeding tube. You would need 24 hour care.

Health Interventions

Antibiotics are drugs that may be provided to treat an infection. For example, a person with a terminal illness (such as bone cancer) may develop pneumonia. Left untreated, it can lead to death. A person may choose to die of pneumonia rather than the terminal illness.

Blood transfusions are where blood is infused into your body through an intravenous line (a needle in your vein).

Chemotherapy is a term used specifically to refer to drugs given to treat cancer.

Defibrillation is where the heart is given an electric shock. Sometimes this is used as part of CPR to start the heart. Other times it is used to make an irregular heart beat become regular.

Intravenous therapy (IV) means that a needle is inserted into a vein, usually in your hand, arm or foot. This needle is connected to a tube that can carry fluids and medications directly into your blood stream.

Intubation is where a tube is inserted down your airway so that you can breathe. If you are unable to breath on your own, intubation may result in the use of a ventilator or breathing machine. Some people may want to be resuscitated, but may not want to be intubated. A definition of 'resuscitation' is included below.

Kidney dialysis cleans the blood of toxins by machine (hemodialysis) or by fluid passed through the abdomen (peritoneal dialysis). It is needed when the person's kidneys are not working.

Radiation is a concentrated x-ray beam directed at a certain spot (e.g., a cancerous growth).

Resuscitation (cardiopulmonary resuscitation [CPR]) is used to re-start the heart if it stops beating. It includes chest compression, drugs, electric shocks and artificial breathing. Television shows give the impression that CPR is highly successful, when in actual fact, survival rates are about 0–20% depending on the person's condition.

Surgery could include minor surgery (such as having wisdom teeth removed or feeding tube inserted) or major surgery (such as having a gall bladder removed).

Tube feeding gives liquid nutrition through a tube into your body. A person who cannot eat or drink needs a feeding tube to get nourishment. The tube is inserted into the stomach either through the nose or a small hole cut into the abdomen.

I, _____, make this Personal Directive.
Name of Maker

This Personal Directive is made pursuant to the Personal Directives Act and takes effect if I am not capable of making a decision regarding my personal care.

I have placed my initials and my witness has placed his/her initials next to the sections in this document that I want to be part of my Personal Directive.

1. Consultation when assessing capacity (optional)

Witness' Initials

Your Initials

The person making the assessment of my capacity is to consult with the following person when making the assessment.

Name: _____
Print Name, Title or Position of Individual

Address: _____
Street Address

City/Town Province

Phone: _____ Email: _____
Home Business

2. Revoking (Cancelling) Other Directions (optional)

Witness' Initials

Your Initials

I revoke (cancel) all previous instructions, personal directives, and authorizations, including those made pursuant to the Medical Consent Act.

OR

Witness' Initials

Your Initials

I revoke (cancel) only the following instructions, personal directives or authorizations:

Date: _____

Description:

3. Authorization to Act as Delegate (optional)

Witness' Initials

Your Initials

I authorize the following person to act as my delegate to make personal care decisions on my behalf for all personal matters, of a non-financial nature, that relate to me.

Name: _____
Print Name of Delegate

Address: _____
Street Address

City/Town Province

Phone: _____ Email: _____
Home Business

If my delegate is unable, unwilling or unavailable to make a personal care decision, I authorize the following person to act as my alternate delegate.

Name: _____
Print Name of Alternate Delegate

Address: _____
Street Address

City/Town Province

Phone: _____ Email: _____
Home Business

OR

Witness' Initials

Your Initials

I want to authorize more than one delegate to make different personal care decisions on my behalf. I authorize the following individuals to act as my delegates and alternate delegates (if the delegate is unable, unwilling or unavailable to make a personal care decision) to make personal care decisions on my behalf for all the following personal care matters, of a non-financial nature, that relate to me:

health care

Name of Delegate and contact information

Name of Alternate Delegate and contact information

home care services

Name of Delegate and contact information

Name of Alternate Delegate and contact information

accommodation,
including placement
in a continuing-care
home

Name of Delegate and contact information

Name of Alternate Delegate
and contact information

with whom I may
live and associate

Name of Delegate and contact information

Name of Alternate Delegate
and contact information

participation in
social activities

Name of Delegate and contact information

Name of Alternate Delegate
and contact information

participation in
educational activities

Name of Delegate and contact information

Name of Alternate Delegate
and contact information

participation in
employment activities

Name of Delegate and contact information

Name of Alternate Delegate
and contact information

other personal care
matters as follows:

Name of Delegate and contact information

Name of Alternate Delegate
and contact information

4. No Delegate Authorized (optional)

Witness' Your
Initials Initials

I **DO NOT** wish to authorize a delegate, but have provided instructions in section 5 for persons who intend to provide personal care services to me.

5. Specific Instructions (optional)

I instruct my delegate(s) to carry out the following specific instructions when making decisions about my personal care:

additional page attached? Yes No

Witness' Initials

Your Initials

If I have not designated a delegate(s), or if my delegate(s) and alternate delegate(s) are unable, unwilling or unavailable to make a personal care decision, I instruct all persons who intend to provide personal care services to me to follow the following instructions that are relevant to the decisions to be made:

additional page attached? Yes No

6. Other Information (optional)

Witness' Initials

Your Initials

I provide the following information to help my delegate(s) or statutory decision-maker understand my values, beliefs and wishes when making decisions about my personal care:

additional page attached? Yes No

7. Instructions about Statutory Decision-makers (optional)

Witness' Initials

Your Initials

I **DO NOT** wish to authorize a delegate and am comfortable with a relative authorized under section 14 of the Personal Directives Act making decisions on my behalf about health care, home care and placement in a continuing care home, except I **DO NOT** want the following relative(s) making decisions on my behalf:

| Name | Relationship |
|------|--------------|
|------|--------------|

8. Consultation when Delegate Making Decisions (optional)

Witness' Initials

Your Initials

My delegate(s) is to consult with the following person(s) when making decisions about my personal care.

Name: _____
Print Name of Delegate

Address: _____
Street Address

City/Town Province

Phone: _____ Email: _____
Home Business

9. Notification (optional)

Witness' Initials

Your Initials

If it is determined that I lack capacity to make a personal care decision, I instruct the person making the determination to notify me, the delegate(s) I have authorized in this Personal Directive, if any, and the following people:

Witness' Initials

Your Initials

If is determined that I lack capacity to make a personal care decision, the following people are not to be notified of the determination:

10. Compensation for Personal Care Services (optional)

Witness' Initials

Your Initials

My delegate, _____, is authorized to receive compensation for providing me with personal care services on the following terms:

Name of Delegate

11. Remuneration for Delegate (optional)

Witness' Initials Your Initials

My delegate, _____, is authorized
Name of Delegate

to receive remuneration for exercising his/her authority under this personal directive on the following terms:

12. Signatures (mandatory)

Signed by me in the presence of my witness at _____, in the Province of
Location
Nova Scotia, this _____ day of _____, _____.
Day Month Year

Printed Name of Witness

Printed Name of Maker

Relationship to Maker

Signature of Maker in the presence of the Witness

Signature of Witness in the presence of the Maker

Street Address

Street Address

City/Town

City/Town

Province

Province

Home Phone Number Business Phone Number

Home Phone Number Business Phone Number

Email

Email

OR (where Maker physically unable to sign)

Signed on behalf of the Maker, _____, in the presence of the
Name of Maker

Maker **and** in the presence of the witness at _____, in the Province of
Location

Nova Scotia, this _____ day of _____, _____.
Day Month Year

Print Name of Person signing on behalf of Maker

Print Name of Witness

Relationship to Maker

Signature of Person signing on behalf of Maker
in the presence of the Maker

Signature of Witness in the presence of the Maker

Street Address

Street Address

City/Town

City/Town

Province

Province

Home Phone Number Business Phone Number

Home Phone Number Business Phone Number

Email

Email

Notes