

PERSONAL DIRECTIVE

THIS PERSONAL DIRECTIVE is given by me, _____ [*insert name of person making the directive*] of the City/Town of _____, in the Province of Alberta, on the ____ day of _____.

1. Revocation

I revoke any prior Personal Directive, Living Will or equivalent document made by me.

2. Appointment of Health Care Agent and Alternate

(a) I appoint _____ [*insert name of agent*] of _____, Alberta, to act as my health care agent pursuant to the *Personal Directives Act* (my "Agent").

OR

[If you are appointing two or more people to act jointly as your agent, use this paragraph instead.]

(a) I appoint _____ [*insert name of agent*] of _____, Alberta and _____ [*insert name of agent*] of _____, Alberta to act together as my joint health care agents (my "Agents"). This means they must act together on my behalf.

OR

[If you are appointing two or more people to act as joint and several agents, use this paragraph instead.]

(a) I appoint _____ [*insert name of agent*] of _____, Alberta and _____ [*insert name of agent*] of _____, Alberta to act together as my joint and several health care agents (my "Agents"). This means either may act alone without the necessity of obtaining any formal written direction or approval from the other. If one of my Agents has acted alone he/she must provide details of his/her actions to my other Agents.

[The following paragraph only applies if you are appointing more than one agent. Delete this paragraph if not appropriate.]

(b) In the situation where only one of the aforesaid Agents is able to act as my Agent, he or she shall have the authority to act or continue to act alone, as my sole Agent.

(c) On the death, refusal or inability of my Agent so to act or continue to act, I appoint _____ [*insert name of agent*] of _____, Alberta, to act as my alternate health care agent.

3. Coming Into Effect

(a) This Personal Directive will be in effect only if and only for as long as I am unable to make or communicate my own health care or personal care decisions due to lack of capacity.

(b) I will be deemed to lack capacity to make or communicate health care or personal care decisions when my Agent signs a written declaration to that effect after consulting with a physician or a psychologist who has completed a declaration as required by the Regulations to the *Personal Directives Act* (Alberta).

(c) If my Agent is unable or unwilling to make the determination regarding my capacity, or cannot be contacted after every reasonable effort has been made to do so, then a written declaration signed by two (2) physicians familiar with my circumstances will be sufficient proof of my incapacity.

(d) It is my wish that my Agent contact the persons listed in the attached Schedule "A" as soon as possible, in the event that this Personal Directive comes into effect. I will update Schedule "A" from time to time to keep it as current as possible. This contact shall be by ordinary mail to the addresses in Schedule "A" and no further attempts at contact are necessary.

4. Method of Making Decisions

- (a) Except where it is inconsistent with the *Personal Directives Act* (Alberta), my Agent shall act in accordance with the provisions of this Personal Directive, provided, however, that if I am able to communicate my instructions, either verbally or non-verbally, then this Personal Directive will have no effect and my Agent shall follow my instructions.
- (b) If I have not given instructions in this Personal Directive with respect to a particular matter, my Agent shall make decisions for me that I would have made for myself, based on my Agent's knowledge of my wishes, beliefs and values.
- (c) If my Agent does not know my wishes, beliefs or values with respect to a particular matter, he/she shall make the decision that he/she believes is in my best interests.

[The following paragraphs are only applicable if you have appointed more than one person as your agent. Delete these paragraphs if they do not apply.]

- (d) Where my Agents are unable to agree on a decision, the decision of _____ *[insert name of agent who will make the decision]* shall be deemed to be the final decision.

OR

- (d) Where my Agents are unable to agree on a decision, the decision of a majority of my Agents shall be deemed to be the final decision. Any Agent who does not agree with the majority decision does not have to accept responsibility for that decision.
- (e) I direct that _____ *[insert name of designated agent]* shall communicate decisions on behalf of my Agents.

THIS IS A 21-PAGE PACKAGE.