

Instruction Sheet for Supported Decision-making Authorization Form

Albertans who are capable of making personal decisions but need some assistance can designate a family member or friend to help them make and communicate decisions. The adult can give their supporter legal permission to access relevant personal non-financial information by completing and signing a Supported Decision-making Authorization.

Purpose of the Instruction Sheet

This document will help you decide whether a supported decision-making authorization is right for you. This document will also help you complete the form correctly.

What is a Supported Decision-making Authorization?

It is a legal document that allows you to name up to three people to help you think through the decision-making process, access relevant information or communicate important personal non-financial decisions.

What benefits are there to writing a Supported Decision-making Authorization?

It is completely voluntary. You only complete one if you feel a supported decision-making arrangement would help you think through the decision-making process, access relevant information or communicate key decisions. It allows your supporter to access relevant personal non-financial information that might otherwise be protected by privacy laws.

What are personal decisions?

Personal decisions may include matters related to: health care and the treatment of an illness, where you would like to live and any legal matters you may encounter, etc. Personal matters do not include financial decisions. If you need support to help you make decisions about your money or finances, there are other legal tools (such as a **Power of Attorney**) that can help.

Is this the only form that can be used to authorize a supporter?

Yes. There is only one form that can be used for supported decision-making arrangements in order to make it easier for you and for health care providers to recognize it as a legal document.

What should I do before I fill out the form?

It is a good idea to read the attached pamphlet on supported decision-making before you start. You might also want to discuss supported decision-making with your family and friends and other people you trust before you complete a Supported Decision-making Authorization. The Office of the Public Guardian has a toll-free line 1-877-427-4525 if you would like more information on supported decision-making.

What information do I need to fill out the form?

You will need to know the name and address of your supporter(s) and you will need to have someone present who can witness your signature and initials.



How do I fill out the Supported Decision-making Authorization Form?

First, write in your name and the date you would like the authorization to come into effect.

1. Termination of Previous Supported Decision-making Authorization

If you already have a Supported Decision-making Authorization in place, this section allows you to terminate or replace it with a new one. If you have never written a Supported Decision-making Authorization form, proceed to section 2.

2. Appointment of Supporter(s)

You have the option to designate one to three supporters. You are not required to have more than one supporter. List the name of your supporter(s) and initial each name. Think about a person or people whom you trust and whether this person(s) can help you make decisions. You will need to have your witness initial each name as well.

3. Decisions respecting personal matters for which supporter(s) has authority

You can identify which personal matters are included in the authorization and which supporter(s) has authority over each matter. This will allow you to be clear when different supporter(s) are named for different personal matters. You and your witness must initial each area of personal decision-making for which the supporter(s) has authority.

4. Authority of supporter(s)

For this section, you need to think about what authority you want your supporter to have and how they can best support your decision-making and communication needs. Because you are capable of making decisions, you will always have the final say. The supporter's role is to assist you, but it is important to know that by granting a supporter access to your personal information, it will authorize health care staff (health information custodians and others) who have personal and health information about you to disclose that information to your supporter for the purposes of helping them assist you in making decisions.

By consenting to full disclosure of your personal and health information to your supporter, you consent that you are aware that they may have access to sensitive information about you and you will not have control over how they use or protect that information. However, you may terminate (end) your consent at any time by completing Form 2 (attached). Note: there may be a period of delay between you terminating your consent and the supporter being denied access to your information.

5. Effective dates of supported decision-making authorization

This section lets you determine the date on which the authorization will come into effect. This could mean on the date that you complete the authorization or at a date in the future.

The end date can be filled in if you want to limit the time your supporter will assist you. If you want the supporter to assist you for an extended or undetermined period of time, you do not need to add an end date. You can terminate the authorization at any time by filling out Form 2 (attached) if you no longer want the person to act as a supporter.

6. Consent of Supporters

This optional section allows the person you name as supporter(s) to consent to their role. The more your supporter(s) knows ahead of time, the better informed they will be to carry out your wishes. Please note that your supporter(s) must be at least 18 years of age or older.

7. Signature

Your signature is required. You must sign and date your Supported Decision-making Authorization in front of a witness. Your witness cannot be one of your supporters. You and your witness must include your addresses and the location where you signed the document. Note: Your witness should also initial anywhere you have initialed.

Please keep your signed and witnessed original form in a safe place that others can access when needed. Many people freely choose to give a copy of their authorization to their designated supporters, physicians and service providers so they can be informed ahead of time and can be aware of what is expected of them. For more information, visit our website at www.seniors.alberta.ca/opg or contact our office toll free at 1-877-427-4525.