

Naming a Delegate Only in a Personal Directive

Information and Sample Short Form



Introduction

Planning for the future is important. Preparing a Personal Directive is one way you can prepare for the future. Personal Directives address making personal care decisions for you when you are alive and not capable of making them yourself. Personal care decisions relate to such things as health care, nutrition, hydration, shelter, residence, clothing, hygiene, comfort, recreation, social activities and support services. They do not address issues about your money or property.

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; or
- set out 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).

This information sheet, and the attached “Personal Directive (Naming a Delegate Only)” sample form, address only one of the things you can do in a Personal Directive: naming **one** person (a “delegate”) to make **all** of your personal care decisions for you when you are not capable of making these decisions. If you want to do more than that or something different, there is another sample form available that talks about all of the things you can do in a Personal Directive.

More information about Personal Directives may be found in the brochure called “Planning for Your Future Personal Care Choices” and “Making a Personal Directive: Information and Sample Form.” These materials address such things as the value of having a Personal Directive; naming more than one delegate; setting out instructions or other information; determining when you are incapable of making a decision; duties of your delegate; what happens if you do not name a delegate; involving others in helping your delegate make decisions for you; whether you can pay a delegate; and much more. All of these materials are available on the Nova Scotia Government website at www.gov.ns.ca/just/pda .

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 sample 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.

Instructions for Making a Personal Directive (Naming a Delegate Only) 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. Revoking (Cancelling) Other Personal Directives (optional)

If you have never written a Personal Directive before, go to section 2.

Section 1 allows you to revoke (cancel) previous Personal Directives. If you have other Personal Directives that you do not wish to cancel, you should review the document called “Making a Personal Directive: Information and Sample Form”, available at www.gov.ns.ca/just/pda .

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.

2. 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 of making 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.

You may name one person to act as your delegate and make any personal care decision that you are not capable of making. 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 recommended you place a line through the space provided for naming an alternate delegate.

If you want to choose different people to act as your delegates for different decisions you should review the document called “Making a Personal Directive: Information and Sample Form”, available at www.gov.ns.ca/just/pda .

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 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.

For information about what happens if you do not name a delegate, you are encouraged to review the booklet "Personal Directives in Nova Scotia", available at www.gov.ns.ca/just/pda .

3. 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 cannot 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.

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. Revoking (Cancelling) Other Directions (optional)

Witness' Your
Initials Initials

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

2. Authorization to Act as Delegate (optional)

Witness' Your
Initials 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

3. Signatures (mandatory)

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