

**Substitute Decision Maker - Identification
(Statutory Decision Maker)**

Pursuant to sections: 2(j) of the *Personal Directive Act*; 38(1) of the *Involuntary Psychiatric Treatment Act*; 54(2) of the *Hospitals Act*

1. Give personal information

Name of Person: _____ HCN: _____

2. Identify Substitute Decision Maker

Please complete the following table indicating, according to rank order, the identity of any potential Statutory Decision Maker(s) and provide an explanation for why the higher ranking person according to the legislated hierarchy is unable / unwilling to act as the decision maker for the proposed health care, placement or treatment. The Public Trustee is statutory decision maker of *last resort*.

Relationship	Name	If not, document why
Spouse		
Child		
Parent		
Person standing in loco parentis		
Sibling		
Grandparent		
Grandchild		
Aunt or uncle		
Niece or nephew		
Other relative		
Public Trustee		

3. Sign form

The information I have provided is true to the best of my knowledge. Information has been provided by:

Name / other source: _____

Completed by (print): _____ Title: _____

Organization/Agency: _____ Phone: _____

Health Care Provider/Administrator Signature: _____ Date: _____