



LIEN SANTÉ
NB
HEALTH LINK

SERVICES DE SANTÉ NB
MEDAVIE
HEALTH SERVICES NB

Substitute Decision Maker Declaration

(v.2, 2023)

Where no other person has been legally designated in writing, pursuant to s.25(1) (d) – (m) of the *Personal Health Information Privacy and Access Act*, if an individual is incapable of consenting to the collection, use or disclosure of personal health information by a custodian, the following persons may, on the individual's behalf and in the place of the individual, act as a substitute decision-maker (SDM) for that individual by giving, withholding or withdrawing the consent:

1. the individual's spouse or common law partner;
2. the individual's adult* child;
3. the individual's parent or guardian;
4. the individual's adult* sibling;
5. the individual's adult* grandchild;
6. the individual's adult* uncle or aunt;
7. the individual's adult* nephew or niece;
8. any other adult* next of kin of the individual;
9. the individual's health care provider; and
10. the Public Trustee.

*19 years of age or older

_____ (the "Patient") is incapable of providing consent to the collection, use or disclosure of their personal health information. I, _____ (name of SDM) agree to act as the Patient's SDM.

I certify as follows (all boxes must be checked and blank spaces completed to qualify as SDM):

- I am the Patient's _____ (relationship to Patient) as noted in category # ____ (as listed above),
- I have been in personal contact with the Patient over the preceding twelve-month period,
- I am willing to assume the responsibility for consenting or refusing consent to release of information for the Patient,
- There is no one legally designated in writing to assume this responsibility, and I know of no person in the same category or in a higher-ranking category as listed above who is able and willing to make release of information decisions for the Patient.

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I have read and understand all the above. I acknowledge and agree that the statements contained in this form are true to the best of my knowledge.

You may attach a proof of identification to your declaration in lieu of a signature below. You may provide a copy of a piece of ID to your request to confirm your identity. Accepted identification may include driver's license or health/Medicare card. Do not provide your credit card or social insurance card as proof of identity.

Signature

Date