

Personal Directive

This document is made with the wish that it be honored in all Provinces and Territories in Canada and is meant to fulfill the legal requisite of an **Advance Health Care Directive, Health Care Directive, Personal Directive, Authorization to Give Medical Consent, Continuing Power of Attorney for Personal Care, and Representation Agreement for Health Care.**

To my family, my physician, my cleric, my lawyer, or any medical facility or person who may become responsible for my health, welfare or affairs, let it be known that:

This is the **Personal and Medical Directive** of (full name) _____ who resides at (full address) _____.

A. I CANCEL all former Personal Directives, Living Wills, or Advance Health Care Directives previously made by me.

B. I hereby indemnify and hold harmless my Agent and anyone who acts in good faith at the request of my Agent to fulfill my wishes expressed in this document.

C. I APPOINT my (relation) _____ (full name) _____ who resides at (full address) _____ (phone) _____ (email) _____ to be my **Agent** and to make personal and health care decisions on my behalf if, and when, I no longer have the mental or physical capacity to make such decisions myself.

D. If my appointed Agent is unwilling or unable to act on my behalf, then I appoint the first person on the following list who is able and willing to serve as my Agent.

(Name)	(Address)	(Phone)	(Email)
_____	_____	_____	_____
(Name)	(Address)	(Phone)	(Email)
_____	_____	_____	_____

****If you do **not** want to name an alternate, write "none."

E. This directive will be **IN EFFECT** when, and only when, I am unable to make or communicate my own decisions by speaking, writing or gesturing.

F. If my spouse has been designated as an Agent or Alternative Agent in this document and if after the making of this document my spouse and I become legally separated or divorced, any legal rights or powers granted to my spouse by this document shall be revoked.

G. Any reference to Agent in this document shall also apply to an Alternative Agent.

H. I grant to my Agent the absolute power and authority to make all decisions affecting my health and welfare, and request that my Agent and all to whom he/she shall give directions in these matters follow my wishes and instructions as given herein to the best of my Agent's interpretation of my wishes. In particular, but not restricted to, I grant to my Agent the power and authority to: sign documents including releases, permissions, or waivers; to review and disclose medical records; to hire and discharge caregivers; to authorize admission to or release from medical facilities; and to consent to, refuse or withdraw consent to any form of health care.

Initials (person) _____

Initials (witness) _____

I. It is **MY INTENTION** to provide the following information to help my agent(s) understand my wishes, beliefs and values when making decisions about my personal matters:

J. In the hopes that I may be able to help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. (State which specific organ(s) or tissue(s) or whole body you wish to donate).

K. If it becomes necessary to appoint a Guardian of my person then I nominate my Agent who is appointed in this document to be my Guardian.

*** If you DO NOT want the person (agent) you name to be able to do one or more of the above activities, draw a line through the statement and put your initials at the end of the line.

M. I understand that this personal directive exists indefinitely from the date I execute this document unless I establish a shorter time or cancel the personal directive. If I am unable to make health care decisions for myself when this personal directive expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

(IF APPLICABLE) This personal directive ends on the following date: _____.

I declare when signing here that I am of sound mind, and that I understand the content of this document and the power it gives to my Agent, and I declare that this document represents my wishes.

N. Signed by me in the presence of my witness at _____, in the
(location)
Province of Alberta, this _____ of _____,
(Day) (Month) (Year).

(Signature of Person Making Directive)

Signed in the presence of:

(Signature of Witness in presence of the maker)

(Address of Witness)

(Print name of Witness)

(Telephone Number)

(Email address)