Referral for the Public Guardian to act as Specific Decision-Maker for an Adult

Office of the Public Guardian and Trustee

Protected B (when completed)

The personal information collected through the Office of the Public Guardian and Trustee is to determine eligibility for surrogate decision-making. This collection is authorized by Section 4 (c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Office of the Public Guardian and Trustee at OPGT.Privacy@gov.ab.ca or 780-427-2744

***Adult Guardianship and Trusteeship Act*: Public Guardian as a Specific Decision-Maker**

The *Adult Guardianship and Trusteeship Act* (AGTA) outlines that if a physician, nurse practitioner or dentist (for dental only) has determined that an adult does not have capacity to make health care decisions or a decision about temporary admission to or discharge from a residential facility, and does not have a guardian or nearest relative to make the decision, the health care provider may select the Public Guardian to act as a specific decision maker [see AGTA section 87-100 and AGTA Regulation s18-26 for further details]

It is required that the referral source has made reasonable efforts to contact all other substitute decision-makers in accordance to the ranked list prior to making a referral to the Office of the Public Guardian and Trustee.

Health care providers and specific decision-makers must, together, complete Specific Decision-Making (Schedule 1) (Form 6) when utilizing specific decision-making.

Failure to complete this referral adequately will impact the time in which the request is completed.

Have you contacted all other substitute decision-makers?

- ◯ Yes, please ensure these persons have been identified in Patient History: Family and/or Next of Kin
- ◯ No, please provide an explanation below:

Referral Source Information

Person(s) Making Referral

Referral Hospital and Unit

Referral Telephone

Referral Fax

Referral Email Address

Treating Physician

Physician Telephone Number

Patient Information

Patient First Name

Patient Last Name

Admission Date

Date of Birth

Patient's current diagnosis

Does the adult have an agent in a Personal Directive?
If yes, please ensure all requested documentation is submitted

◯ Yes ◯ No

Does the adult have a guardian?
If yes, the referral cannot be accepted

☐ Yes ☐ No

Has the adult, or another person, requested reassessment of capacity to make the decision requested?

☐ Yes ☐ No

Has the adult, or another person made a Court application to have the adult's capacity to make the decision reviewed and/or the decision of the specific decision-maker reviewed?

☐ Yes ☐ No

Patient History

Diagnosis, if history is different than the current diagnosis

Relevant Admissions History, If Any

Family and/or Next of Kin

First Name

Last Name

Phone

Relationship to Adult

If additional family and/or Next of Kin include contact information below

Have they been contacted? ◯ Yes ◯ No

Provide outcome of contact or reason for no contact

Specific Decision to be Made

Please select health care, or temporary admission or discharge from a residential facility

(Complete only one section- must match drop down)

Specific Decision Required

Health Care (if applicable)

Proposed Health Care Treatment

Dosage, Frequency, and Route

Treatment for

Please describe previous treatment history for this patient and its effectiveness or ineffectiveness, as well as any known allergies

Temporary admission to a residential facility (if applicable)
(Important: do not request temporary admission decisions if there is no identified placement or accommodation)

Please Provide the Following Additional Placement Details

Name and Type of Proposed Placement

Have less intrusive options been trialed? (Return home with support, homecare)

Why is the proposed placement most appropriate for the adult's care needs? (Please provide details related to assessments)

Discharge From a Residential Facility (if applicable)

Reason for Discharge

Patient to be Discharged to

Required Accompanying Documentation

Completed Specific Decision-Making (Part 1) (Form 6) ☐

Agent/Personal Directive Referral ☐

Personal Directive and Enactment documents must be submitted to consider the following scenarios:

Scenario 1 – **Agent Unwilling to Act**

- Written statement from the Agent confirming unwillingness

- Statement must include:
  - Agent's name
  - The specific decision or action
  - Confirmation the Agent is unwilling to act for all decisions or this specific decision
  - Unsigned electronic statements must be verified as coming directly from the Agent

*Please note, this does not include situations where the Agent disagrees with recommendations but is otherwise participating and making decisions.

Scenario 2 - **Agent Lacks Capacity**

- Supporting documentation (e.g., Agent's guardianship order, enacted PD/EPOA)

- Please contact the OPGT for all other situations.

Scenario 3 – **Agent Lack of Authority**

- Personal Directive demonstrating the decision falls outside the Agent's authority

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Scenario 4 – **Agent is Unreachable**

- Minimum of three contact attempts

- Attempts must:
  - Occur at different times of day
  - Use different methods where available (e.g., phone, email)

- Referral must state:
  - Time period over which attempts were made
  - Why this timeframe was reasonable given the decision required

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Scenario 5 – **Agent is deceased**

- Copy of the death certificate or funeral

- Director's certificate respecting the previous [agent]

Additional Information

The information provided herein and all attachments hereto are, to the best of my knowledge, accurate and up to date as of the time of the completion of this referral.

Signature Date