

MY PERSONAL DIRECTIVE

This form, once completed and signed, is a legal document that gives decision-making power on personal care to the people named in the document. If you want some help to fill out this personal directive form, the Legal Information Society of Nova Scotia offers an *Instruction Guide*. A *Personal Directives Reflection Guide* helps people think through the decisions this form records. You can find these forms at legalinfo.org by searching for “personal directives reflection guide”.

This personal directive is for: _____

DELEGATES

Naming a delegate or delegates

I name the following person or people to act as my delegates to make personal care decisions for me. [Insert the name, address, phone, email of each delegate].

Dividing decisions among delegates

I have named more than one delegate. Decision-making authority and responsibility is to be divided between them as follows:

[insert which decisions each delegate will be responsible for]

Naming Alternate Delegate

If my delegate cannot act as my delegate, then I name the following people to act as my delegates. Insert the name, address, phone number, email, and area of decision-making for each alternate delegate:

Giving delegates power to choose a replacement delegate

The following delegates and alternate delegates may sub-delegate their decision-making authority.

Allowing a former spouse to be a delegate after divorce

If my spouse is no longer my spouse after I complete this personal directive:

- I wish my spouse to continue to act as a delegate.
- I do not wish my spouse to continue to act as a delegate.

Paying delegates to care for you

- I have named a delegate who is not my spouse or relative, and I wish to pay them for personal care services.
- I have named a delegate who is not my spouse or relative, and I do **not** wish to pay them for personal care services.

If you wish to pay your delegate or delegates (who are not your spouse or relative) for personal care services, list their name or names:

Paying delegates to make decisions

Pick one of the following:

I want to pay one or more delegates for making decisions under this personal care directive.

I do **not** want to pay any delegates for making decisions under this personal care directive.

If you want to pay your delegates making decisions under this personal care directive, list the name or names:

Repaying your delegates' costs

Pick one of the following:

I want to pay my delegates for costs while acting as my delegates.

I do **not** want to pay my delegates for costs while acting as my delegates.

If you want to pay your delegates making decisions under this personal care directive, list the name or names:

Excluding decision makers

Do NOT ask the following people to make any personal care decisions for me:

INSTRUCTIONS, WISHES, VALUES, AND BELIEFS

Instructions and wishes about personal care

I want my delegate or health care providers to carry out the following instructions or wishes:

Values and beliefs relevant to personal care

The following information is to help my delegate, statutory decision maker, or health care providers to understand my values and beliefs about my personal care:

CONSULTING AND NOTIFYING OTHERS

Who the delegate must talk to when making personal care decisions

My delegate must talk with the following people when making decisions about my personal care (if possible) (give the name, address, phone number, and email address for every person to be contacted):

Consultation when assessing capacity

The person who assesses my capacity must talk to the following people (if possible) (give the name, address, phone number, and email address for each person):

Telling people about your loss of capacity

- I wish to give instructions about who must be told if I lose capacity.
- I wish to give instructions about who must **not** be told if I lose capacity.
- I have no instructions about who must and must not be told if I lose capacity.

Please tell the following people if I lose capacity (give the name, address, phone, and email address of each person):

Please do not tell the following people if I lose capacity (you don't need to give their address or other contact information):

Revoking previous personal directives, instructions, and authorizations

[Initial (you and witness)]: _____ I revoke (cancel) all previous personal directives, instructions, and authorizations.

Signatures

Printed name of person completing the personal directive:

Signature of person completing the personal directive:

Date: _____

I witnessed the above person signing this page:

Printed name of witness: _____

Signature of witness: _____

Date: _____

Witness address and telephone number:

*The witness cannot be a delegate, the spouse of a delegate, the person who signs the personal directive for you or their spouse. A "spouse" includes married, common law (partners living together for 1 year or more), and registered domestic partners.

Revoking previous personal directives, instructions, and authorizations

[Initial (you and witness)]: _____ I revoke (cancel) all previous personal directives, instructions, and authorizations.

Signatures

Signed for, and in the presence of, _____, and in the presence of the witness.

Signature of person signing for the person completing this personal directive:

Printed name of person signing for the person completing this personal directive:

Signature of person signing for the person completing this personal directive:

Relationship to the person completing this personal directive:

Address and telephone number of person signing:

I witnessed the above person signing this page:

Printed name of witness: _____

Signature of witness: _____

Date: _____

Witness address and telephone number:

*The witness cannot be a delegate, the spouse of a delegate, the person who signs the personal directive for you or their spouse. A "spouse" includes married, common law (partners living together for 1 year or more), and registered domestic partners.