

# COMBINED ADVANCED DIRECTIVE AND SECTION 9 REPRESENTATION AGREEMENT

Pursuant to the *Health Care (Consent) and Care Facility (Admission) Act*  
and the *Representation Agreement Act*

This Combined Advance Directive and Section 9 Representation Agreement may be made by an adult who wants to have an advance directive and a section 9 representation agreement in one document.

1. This Combined Advance Directive and Section 9 Representation Agreement is made by

\_\_\_\_\_ *Full Legal Name of Adult*  
of \_\_\_\_\_ *Address of Adult*  
\_\_\_\_\_ *Date of Birth* \_\_\_\_\_ *(Optional) Personal Health Number [BC Care Card]*

## SECTION 9 REPRESENTATION AGREEMENT

2. Revocation of Previous Agreements

I revoke all previous Representation Agreements made by me.

**(Note:** *Revocation is effective when written notice of the revocation has been given to each representative, each alternative representative, and any monitor named in the representation agreement that is to be revoked.*)

3. Appointment of Representative(s)

*(Check one)*

I name the following person to be my Representative:

\_\_\_\_\_ *Full Legal Name of Representative*  
of \_\_\_\_\_ *Address of Representative*

**OR**

I name the following persons to be my Representatives:

\_\_\_\_\_ *Full Legal Name of Representative*  
of \_\_\_\_\_ *Address of Representative*

**AND**

\_\_\_\_\_ *Full Legal Name of Representative*  
of \_\_\_\_\_ *Address of Representative*

*[You may appoint two or more persons.]*

**DRAFT**

4. [Complete the following if you have named two or more Representatives.]

My Representatives must act:

(Check one)

Unanimously [Representatives must act together]

Severally [Representatives can act separately]

5. Alternate Representative

If my Representative [, or any one of them,] [include if more than one representative is named] is unwilling to act, dies or is for any other reason unable to act, then I appoint

\_\_\_\_\_ Name of Alternate

of \_\_\_\_\_ Address of Alternate

to be my Alternate Representative and if so acting has all the authority granted to my Representative in this Representation Agreement.

6. Authority

Pursuant to section 9 of the *Representation Agreement Act*, I authorize my Representative to, while I am incapable of making decisions about the following, do anything that the Representative considers necessary in relation to my:

(Check one or both)

personal care

health care, including giving or refusing consent to health care (**Note:** s.9(3) of the *Representation Agreement Act* states that this authority includes giving or refusing consent to health care necessary to preserve life.)

7. Health Care Instructions in Advance Directive

A health care provider may act in accordance with the health care instructions set out in my advance directive without the consent of my representative.

**(Optional)**

8. Conditions and Restrictions

The authority given to the Representative is subject to the following conditions or restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Optional)**

9. Instructions and Wishes

My representative must make decisions based on the following instructions or wishes:

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**ADVANCE DIRECTIVE**

10. Revocation of Previous Advance Directives

I revoke all previous Advance Directives made by me.

11. Consent to health care and refusal of consent to health care

If I need health care and I am incapable of giving or refusing consent to health care, **I give the following instructions:**

*[Note: If a health care decision is required for which a health care provider must obtain consent, and the health care decision is not specifically addressed in this advance directive, the decision will be made by a substitute decision maker.]*

I consent to the following health care:

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I refuse consent to the following health care:

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12. Acknowledgments

I understand that as a result of making this Advance Directive:

- a. *I will not be provided with the health care for which I refuse consent in this Advance Directive, and*
- b. *No one will be chosen to make decisions on my behalf in respect of the health care matters for which I consent or refuse consent in this Advance Directive.*

13. Signatures of Adult and Witnesses

\_\_\_\_\_  
Adult's Signature

\_\_\_\_\_  
Date

**The following persons may not be a witness:**

- a. A person named in the combined advance directive and section 9 representation agreement as a representative or alternate representative;
- b. A spouse, child or parent of a person named in the combined advance directive and section 9 representation agreement as a representative or alternate representative;
- c. An employee or agent of a person named in the combined advance directive and section 9 representation agreement as a representative or alternate representative;
- d. A person who provides personal care, health care or financial services to the adult for compensation, other than a lawyer or notary public;
- e. A spouse child, parent, employee or agent of a person described in paragraph (d);
- f. A person who is under 19 years of age;
- g. person who does not understand the type of communication used by the adult unless the person receives interpretive assistance to understand that type of communication.

**Note: Only one witness is required if the witness is a lawyer or notary public.**

**Witness No. 1**

(Witness No. 1 must sign in the presence of the Adult and Witness No. 2):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**Witness No. 2**

(Witness No. 2 must sign in the presence of the Adult and Witness No.1):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

14. Signature of Representative(s)

**Representative No. 1**

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*Representative's Signature*

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*Date*

**Representative No. 2**

[if more than one representative is named]

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*Representative's Signature*

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*Date*

**Notice to Witnesses**

*Section 30 of the Representation Agreement Act provides for a number of reasons to object to the making and use of a representation agreement.*

*If you believe that you have grounds to make an objection at this time, you should not witness the agreement, and report your objection to the Public Guardian and Trustee.*

CONSULTATION DRAFT