

British Columbia Representation Agreement for Health Care and Personal Care

This document provides a legal way for you to name someone to make health care and personal care decisions for you when you are unable to speak for yourself. Under British Columbia legislation enacted in 2011, a lawyer or notary public is not required for an adult to make a Representation Agreement. The use of this form is voluntary and made under *Section 9* of British Columbia's *Representation Agreement Act*.

This Representation Agreement is made by me, the Adult (witnesses to Adult's signature – use page 2)

| | |
|---|--|
| Print full legal name of the Adult making this agreement | Date signed (YYYY/MM/DD) |
| Full address of the Adult | |
| Signature of the Adult (signed and dated in the presence of 2 witnesses – see page 2) | Email and/or phone number of the Adult |

Revocation of Previous Representation Agreements

I revoke all previous Representation Agreements granting authority under the British Columbia *Representation Agreement Act* (Section 7 and/or 9). Initials of the Adult making the Representation Agreement: _____

Representative(s)

The Representative and the Alternate Representative must be at least 19 years old and must not be someone who provides personal care or health care services to the Adult for compensation. They must not be an employee of a facility in which the Adult resides and through which the Adult receives health care or personal care, unless the individual is a child, parent or spouse of the Adult. An Alternate Representative (optional) is a back-up if the Representative is unable or unwilling to act.

I name the following person to be **my Representative**:

My Representative knows my wishes for care and has a copy of this Representation Agreement.

| | |
|--|---|
| Print full legal name of Representative | Email and/or phone number of Representative |
| Full address of Representative | |
| Signature of Representative (witness not required) | Date signed (YYYY/MM/DD) |

I name the following person to be **my Alternate Representative**:

My Alternate Representative knows my wishes for care and has a copy of this Representation Agreement.

| | |
|--|---|
| Print full legal name of Alternate Representative | Email and/or phone number of Alternate Representative |
| Full address of Alternate Representative | |
| Signature of Alternate Representative (witness not required) | Date signed (YYYY/MM/DD) |

Pursuant to Section 9 (1) (a) of the *Representation Agreement Act*, I authorize my Representative to do anything they consider necessary in relation to my health care and personal care (activities of daily living).

Initials of the Adult making the Representation Agreement: _____

Information for Witnesses of the Adult's Signature

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

- A person named in the Representation Agreement as a Representative or Alternate Representative;
- A spouse, child or parent of a person named in the Representation Agreement as a Representative or Alternate Representative;
- An employee or agent of a person named in the Representation Agreement as a Representative or Alternate Representative, unless the person named as a Representative or Alternate Representative is a lawyer, a member in good standing of the Society of Notaries Public of British Columbia, or the Public Guardian and Trustee of British Columbia;
- A person who is under 19 years of age;
- A 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.

Witness No. 1 – must sign in the presence of the Adult and Witness No. 2

| | |
|-------------------------------|---|
| Signature of Witness No. 1 | Date signed (YYYY/MM/DD) |
| Print name | If this Representation Agreement is witnessed by a lawyer or a member of the Society of Notaries Public of British Columbia, only one witness is required. Check relevant box below: <input type="checkbox"/> Lawyer <input type="checkbox"/> Member of the Society of Notaries Public of B.C. |
| Full address of Witness No. 1 | |

Witness No. 2 – must sign in the presence of the Adult and Witness No. 1. Two witnesses are required unless Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of B.C.

| | |
|----------------------------|-------------------------------|
| Signature of Witness No. 2 | Date signed (YYYY/MM/DD) |
| Print name | Full address of Witness No. 2 |

This Representation Agreement **becomes effective on the date** it is completed.

Make sure this completed document is easy to locate – whether you are at home or travelling. Give a copy to your Representative and Alternate Representative. You may want to photograph or scan the completed document and email it to yourself, your Representative and your Alternate Representative (include the words “*Representation Agreement*” in the subject line).

Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how a Representation Agreement may be made. In addition, it does not constitute legal advice. For further information, please consult the *Representation Agreement Act* and Representation Agreement Regulation or obtain legal advice.

More information about the *Representation Agreement Act* can be found in the **My Voice Workbook**:

<https://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf>

Find out more about Advance Care Planning on the Comox Valley Advance Care Planning website:

<http://www.AdvanceCarePlanningCV.ca>