TEMPORARY SUBSTITUTE DECISION MAKER

Your decision maker(s) is someone, or a group of people, you choose who act **temporarily** as your substitute decision maker(s) if you are ever unable to express your healthcare preferences yourself. In other instances, you may need a decision maker to support you in expressing your wishes and preferences.

A Substitute Decision Maker is entitled by law to make healthcare decisions on behalf of a person when that person lacks the capacity to make decisions for him or herself.

If you want to specify someone as your decision maker, you must complete a representation agreement (RA) and sign it in front of two witnesses.

Do you have a formal Representation Agreement in place? Yes ☐ No ☐

**If yes, please include a copy of your RA in your GreenSleeve folder.*

My Representative(s) is/are: _____

If you do not have an RA in place, A **Temporary Substitute Decision Maker (TSDM)** is chosen by your doctor from a list set out in BC law. Your health care provider will choose the first person qualified and available on the list, in the order listed below. The order of the list may not be changed.

Ensure your TSDM understands your instructions and wishes.

I understand that if I complete a Representation Agreement (RA), a TSDM will NOT be chosen from this list.

I also understand that this list will only be used to choose a Substitute decision Maker if I have no representative, or if my representative is unavailable.

_____	_____	_____
Your Name (print)	Signature	Date

Ranked list set out under law

1. Spouse (includes common-law. Length of time living together does not matter.	
Name:	Phone:

2. Adult Children (birth order doesn't matter, they are equally ranked)	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

3. Parents (equally ranked, may include adoptive)	
Name:	Phone:
Name:	Phone:

4. Siblings (birth order doesn't matter, they are equally ranked)	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

5. Grand Parents (equally ranked, may include adoptive)	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

6. Grandchildren (equally ranked)	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

7. Anyone else related by birth or adoption (equally ranked)	
Name:	Phone:
Name:	Phone:
Name:	Phone:

8. Close Friend(s) (equally ranked)	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

9. Person immediately related by marriage (equally ranked)	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone: