



Name (last, first)				
Birthdate (yyyy-Mon-dd)	Gender	_	M F	
PHN/ULI				

## **Consent to Treatment Plan or Procedure**

(Policy PRR-01)

,						
Instructions: If the person provid text and have them			m on t	his con	sent form, stril	keout the
Patient Name						
Details of Treatment Plan or Procedu	Ire (write in	full without abbreviations)	)			
I confirm that the nature, benefits, ris (as detailed above) and related matters information I have been given, and I	have bee consent to me/service	n explained to me. I and the treatment plan of the treatment plan of the will perform this treatment.	am sat or proc atment	isfied wedere.  plan or	rith and unders	stand the th the
I understand that I may, at any time, any other related matter.	withdraw	consent to this treatm	nent pl	an or pı	rocedure (as de	etailed above) Or
Name of person(s) providing consent  Phone #	Specify role of person(s) providing consent  ☐ Patient (adult) ☐ Parent (with legal authority to consent)  ☐ Patient (mature minor) ☐ Co-decision Maker  ☐ Agent ☐ Guardian/Legal Representative					
Thone #	☐ Agen☐ Spec	ι ific Decision Maker <i>(r</i> e			•	
Signature of person providing consent		Date	ate (yyyy-Mon-dd)		Time	
Signature of Co-decision Maker (if applicable)			Date (yyyy-Mon-dd)		Time	
<b>Note</b> : When an individual other than directive, or other document authorize						rsonal
Witness Statement						
I observed the person providing cons		he consent form (Witn	ess mu	1		• ,
Witness name (print)	Signature Dat		Date ()	vyyy-Mon-dd)	Time	
Most Responsible Health Practi	tioner Sta	tement				
I have explained the treatment plan of understands the nature, benefits, risk			_	consent	. In my opinio	n, this person
Name	Signature				Date (yyyy-Mon-dd)	
If the person obtaining consent has been delegated to do so by the Most Responsible Health Practitioner, specify role □ Physician □ Resident						

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Name (last, first)	
Birthdate (yyyy-Mon-dd)	Gender □ M □ F
PHN/ULI	

## **Consent to Treatment Plan or Procedure**

(Policy PRR-U1)				
Telephone Fax Consent				
Consent was given via ☐ Telepho	one	☐ Fax/Scan		
Name of Most Responsible Health Practitioner		Signature	Date (yyyy-Mon-dd)	Time
Witness Name (to telephone call)		Signature	Date (yyyy-Mon-dd)	Time
Interpreter			·	
Obtaining Consent from a Non-Englis I acknowledge that I have interpreted the the content of this consent form to the person understands the information.	e infor	mation given to me about		
Interpreter name (print)	ignatu	re or "by telephone"	Date (yyyy-Mon-dd)	Time
Withdrawal of Consent				
☐ I withdraw my consent for the <b>entire</b> the risks and consequences of this will be a likely	ithdrav	val. cific portions of the treatme		
Name of person withdrawing consent	Sign	nature Date (yyyy-Mon-dd)		Time
Note: Health practitioner who has docu				

## **Definitions**

Legal Representative: acting on behalf of a Minor Patient under the age of 18 years who is not determined to be a Mature Minor (Guardian; divorced parent with custody; person appointed by Guardian to act on behalf of Guardian where Guardian is temporarily absent; any other person authorized by law to consent).

Agent: an adult appointed in an enacted personal directive in accordance with the Personal Directives Act.

Guardian: an adult appointed in a Guardianship Order to act on behalf of an adult patient.

Specific Decision Maker: an adult relative selected to act on behalf of a patient when a patient lacks capacity and an Alternate Decision Maker is not already identified (Guardian or Agent). There is a specific process and form (AGTA Form 6) to follow for selecting a Specific Decision Maker in accordance with the Alberta Guardianship and Trusteeship Act.

Co-Decision Maker: appointed by court order to assist an adult whose ability to make decisions is severely impaired, but who can still make decisions with good support. The Adult and Co-Decision Maker are required to make decisions together and both sign the appropriate consent form when written (signed) consent is required or the Most Responsible Health Practitioner has determined the need for written (signed) consent.

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