Patient/Resident/Client Advocate Agreement

Frequently Asked Questions and Answers

What is a Patient/Resident/Client Advocate?

When you receive health services, you may enlist the help of a trusted friend or family member to support you and/or act on your behalf. This person is your patient/resident/client advocate and can be present during your interactions with a healthcare provider.

What does a Patient/Resident/Client Advocate do?

- They can support you in communicating your symptoms and/or concerns to your healthcare provider(s).
- They are a second set of eyes and ears for you and can help you understand what is happening, take notes or directions and ask questions on your behalf.
- They can help make or cancel appointments.

I want a Patient/Resident/Client Advocate. What do I need to do?

- If you would like to select an advocate, consider choosing someone while you are well, rather than waiting until you have a specific health concern.
- Choose someone you trust; someone you can talk with openly and honestly. Someone you know will support you and your healthcare wishes.
- Choose someone who can keep your information confidential.
- Decide what qualities you need in an advocate e.g. good listener, clearly explains things, courteous, respectful, assertive, etc.
- Be clear about the type of support you want from your patient/resident/client advocate.
- Meet with them and go over the responsibilities involved in this role and ask them if they are willing and able to do these tasks.
- Complete the patient advocate agreement.
- Record your healthcare wishes on a healthcare directive.

Can my Patient/Resident/Client Advocate accompany or visit me?

- Your advocate will generally be required to follow visitor guidelines in place at the time of their planned visit. It is important to understand that a patient/resident/client advocate is different from a designated caregiver (someone who is involved in your day-to-day care). During times of limited or restricted access to healthcare facilities, you may be asked to identify a select number of designated caregivers who may visit. If these individuals are not the same as your advocate, their access in-person may be limited.
- Discuss visitor guidelines with your care team.

How does this agreement relate to privacy legislation?

This agreement meets the requirements in sections 60 (1) Personal Health Information Act and 79 (a) Freedom of Information and Protection of Privacy Act allowing the advocate to have access to personal health information and personal information.

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Instructions:

- Discuss the information and responsibility with your chosen advocate(s) before you complete this agreement.
- Understand that an advocate is different from a designated caregiver (someone who is directly involved in your care). Access for your advocate may vary during periods when access to health-care facilities is restricted.
- Complete and sign the agreement.
- Review this agreement from time to time as your wishes may change.
- Have your patient/resident/client advocate sign this agreement. Each advocate should have (and keep) their own copy.
- Give a copy to your healthcare provider.
- Keep your copy in a safe place and/or carry a copy with you. Let a trusted loved one know where you keep your copy.
- If you are admitted to hospital, have a copy of your Advocate Agreement brought to you/kept with you. If you have an Emergency Response Information Kit (E.R.I.K.), keep the agreement in your kit.

I give permission for my Patient/Resident/Client Advocate to do the following (check as many as you wish):

- ☐ Access and review my medical health records during my current care (as per the Personal Health Information Act).
- ☐ Arrange medical appointments for me.
- ☐ Attend appointments, tests, treatments with me (where visitor guidelines permit).
- ☐ Be present when the healthcare provider speaks with me.
- ☐ Be present in the room after an exam to write down information and instructions.
- ☐ Review healthcare provider's handwritten information to be sure I can read and understand it.
- ☐ Ask questions of my healthcare providers about my healthcare and test results.
- ☐ Check, confirm and keep track of my medications.
- ☐ Get information on my behalf to support my healthcare decisions.
- ☐ Review with me my choices for healthcare provider, tests and treatments.
- ☐ Communicate my needs and requests to healthcare providers.
- ☐ Confirm that my treatment is being done to the correct body part.
- ☐ Other – (please explain) _____

Disclaimer: The information in this agreement is provided as an information resource only. It is intended to help you but is not a substitute for professional medical or legal advice. By signing this agreement you are acknowledging that you have read the entire document, including the frequently asked questions and answers.

Shared Health is not responsible for any loss, damage, or injury arising from a person acting as a patient/resident/client advocate, or a person using the information on this document or the website sharedhealthmb.ca/quality.

If you do not agree to the above terms and conditions, you should not use this document.

Patient/Resident/Client's Name:_____ **Signature:** _____
Personal Health Information Number (PHIN) (9-digit): _____

Advocate's Name: _____ **Signature:** _____

Advocate's contact information (phone/email address): _____

Today's Date: _____ **Time period I wish for this agreement to be place: From:** _____ **To:** _____
Other directions about this agreement (please explain): _____
_____

**Review your Patient/Resident/Client Advocate Agreement regularly. Update the agreement if there are any changes to your health needs.*