

Part 1

(To be used after a personal directive is in effect when an agent of the maker notices a significant change in the maker's capacity and a service provider who provides health care services agrees that the maker has regained the capacity to make decisions about personal matters.)

“capacity” means the ability to understand the information that is relevant to the making of a personal decision and the ability to appreciate the reasonably foreseeable consequences of the decision (s1(b) of the *Personal Directives Act*).

“significant change” means an observable and sustained improvement that does not appear to be temporary (s1(o) of the *Personal Directives Act*).

The maker, _____, has a personal directive that is in effect with respect to the following personal matters:

(name of maker)

- health care
- accommodation
- with whom to live and associate
- participation in social activities
- participation in educational activities
- participation in employment activities
- legal matters
- other: _____

I, _____, am designated in the maker's personal directive as an agent with authority to make personal decisions for the following personal matters:

(name of agent)

- health care
- accommodation
- with whom to live and associate
- participation in social activities
- participation in educational activities
- participation in employment activities
- legal matters
- other: _____

I spoke with the maker, _____, about whether he/she has regained capacity to make personal decisions. **(Required)**

(name of maker)

I spoke with _____, a service provider who has recently provided a health care service to the maker, about whether the maker has regained capacity to make personal decisions. **(Required)**

(name of service provider)

I spoke with _____, other agents named in the personal directive about whether the maker has regained capacity to make personal decisions. **(Optional)**

(name of agent(s))

I have reviewed health or other records about the maker that are relevant to my assessment of the maker's capacity, and have discussed the records with _____, the maker's physician or other health care practitioner.
(name of physician or health care practitioner)

I have considered recent statements or recommendations made by _____ health care practitioners who were consulted about the maker's capacity. *(Optional)*
(names of health care practitioners)

In assessing whether the maker has regained capacity:

1. I have observed a significant change in the maker's capacity,

OR

I am satisfied that _____ a service provider who provides health care services to the maker, has observed a significant change in the maker's capacity.
(names of service provider)

(One of the above is required)

2. I have considered statements or other evidence provided by _____ a service provider, agent or other person, that corroborate that there has been a change in the maker's capacity to make personal decisions. **(Required)**
(name)

Details respecting the statements or other evidence I considered are as follows:

3. I considered the following period of time over which the change in the maker's capacity was observed by the service provider, agents or other person: _____ to _____.
(Required)

I have determined that the maker has regained the capacity to make decisions about the following personal matter(s) (check any or all that apply):

- health care
- accommodation
- with whom to live and associate
- participation in social activities
- participation in educational activities
- participation in employment activities
- legal matters
- other: _____

In addition to my opinions expressed above, I wish to add the following comments in support of my determination *(Optional)*:

Dated at _____ in the Province of Alberta this _____ day of _____.
(location) (day)
(month) (year)

Printed name of agent

Signature of agent

Part 2

I, _____, am a service provider who provides health care services.
(name of service provider)

I have consulted with, _____, an agent of the maker, about whether
(name of agent who completed Part 1)
the maker has regained capacity to make personal decisions. **(Required)**

I spoke with the maker, _____, about whether he/she has regained
(name of maker)
capacity to make personal decisions. **(Required)**

I spoke with _____, a service provider who has recently provided a health
(name of service provider)
care service to the maker, about whether the maker has regained capacity to make personal decisions. **(Required)**

I spoke with _____, other agents named in the personal directive about
(name of agent(s))
whether the maker has regained capacity to make personal decisions. **(Optional)**

I have reviewed health or other records about the maker that are relevant to my assessment of the maker's capacity,
and have discussed the records with _____, the maker's
(name of physician or health care practitioner)
physician or health care practitioner. **(Optional)**

I have considered recent statements or recommendations made by _____
(names of health care practitioners)
health care practitioners who were consulted about the maker's capacity. **(Optional)**

In assessing whether the maker has regained capacity:

1. I am satisfied that _____, an agent of the maker,
(name of agent)

OR

_____, a service provider who provides health care
(name of service provider)
services to the maker, has directly observed a significant change in the maker's capacity.

(One of the above is required)

2. I have considered statements of other evidence provided by _____ a service provider, agent or other person, that corroborate that there has been a change in the maker's capacity to make personal decisions. **(Required)**

(name)

Details respecting the statements or other evidence I considered are as follows:

3. I considered the following period of time over which the change in the maker's capacity was observed by the service provider, agents or other person: _____ to _____.

(Required)

I have determined that the maker has regained the capacity to make decisions about the following personal matter(s) (check any or all that apply):

- health care
- accommodation
- with whom to live and associate
- participation in social activities
- participation in educational activities
- participation in employment activities
- legal matters
- other: _____

In addition to my opinions expressed above, I wish to add the following comments in support of my determination *(Optional)*:

Dated at _____ in the Province of Alberta this _____ day of _____.

(location)

(day)

(month)

(year)

Printed name of service provider

Signature of service provider