

The Personal Directive Registry (registry) is a free service administered by the Office of the Public Guardian and Trustee (OPGT).

The registry is only available to you (the maker), your agent(s) and approved service providers. An emergency room doctor, for example, is an approved service provider. The registry helps service providers easily find out if you have a personal directive and gives them the contact information they need to talk to your agent(s). Providers can then follow the instructions you have written in your personal directive about your care.

The *Personal Directives Act*, Personal Directives Regulation and *Freedom of Information and Protection of Privacy (FOIP) Act* authorizes the OPGT to collect personal information for the registry and governs how the information is used.

Limitations of the Registry

The registry is only for contact information. Your agent(s) must keep a copy of your personal directive so they can tell the service providers what it says.

How to Register

Mail or fax this completed form, **or** you can start the registration process online at <https://www.alberta.ca/personal-directive.aspx>.

The OPGT will send confirmation letters to the maker and the agent(s). The letters will include instructions for completing the registration process.

Print clearly if you send the form. You can mail or fax the form to:

Office of the Public Guardian and Trustee
4th Floor, Brownlee Building
10365 97 Street NW
Edmonton, AB T5J 3Z8

Fax: 780-422-6051

Is this a change or update to an existing personal directive registration?

- no yes unknown

If you are the maker of the personal directive, go to **Registration Part II** on page 3.

Registration Part I – Relationship to the Maker

Select your relationship to the maker – if it isn't listed, you can't register their personal directive:

- | | | |
|--|--|--|
| <input type="checkbox"/> agent | <input type="checkbox"/> parent | <input type="checkbox"/> aunt or uncle |
| <input type="checkbox"/> spouse | <input type="checkbox"/> brother or sister | <input type="checkbox"/> nephew or niece |
| <input type="checkbox"/> adult interdependent partner | <input type="checkbox"/> grandparent | <input type="checkbox"/> maker's lawyer |
| <input type="checkbox"/> child | <input type="checkbox"/> grandchild | <input type="checkbox"/> maker's physician |
| <input type="checkbox"/> daughter-in-law or son-in-law | | |

My name: Last name _____
First name _____
Middle name _____

I am a third party and wish to register a personal directive on behalf of this person:

_____ (who is the maker of the personal directive)

I am aware my name and my relationship to the maker will be included in a letter from the OPGT to the maker and the named agent(s). The maker and agent(s) each have to consent to posting their contact information to the registry. If they don't consent, the information I submit in this form won't be searchable by approved service providers.

Signature of third party: _____

Date: _____, 20____

Registration Part II – Maker’s Information (*mandatory field)

*Last name _____

*First name _____

*Middle name _____

*Date of Birth _____ Health Care Number _____

*Date personal directive was completed _____

*Address _____

_____ *Postal Code _____

Email _____

*Phone 1 _____ Phone 2 _____

I wish to register agents in the following order:

Agent 1: *Last name _____

*First name _____

*Middle name _____

*Address _____

_____ *Postal Code _____

Email _____

*Phone 1 _____ Phone 2 _____

Agent 2: *Last name _____
*First name _____
*Middle name _____
*Address _____
_____ *Postal Code _____
Email _____
*Phone 1 _____ Phone 2 _____

Agent 3: *Last name _____
*First name _____
*Middle name _____
*Address _____
_____ *Postal Code _____
Email _____
*Phone 1 _____ Phone 2 _____

If there are more agents, please add their information on a separate page.

Registration Part III – Terms and Conditions

Sign below only if you are the maker, or an agent registering on behalf of the maker, and you filled out this registration form.

I am voluntarily registering the information submitted on this form.

I understand the OPGT, on my behalf, will enter the submitted information to the registry.

I understand if I register this information and I become incapable of making personal decisions, my agent(s) may be contacted so my personal directive may be activated and my agent(s) can make personal decisions on my behalf as indicated in my personal directive.

I consent to the registry having and disclosing my personal information to approved service providers and to authorized OPGT employees for administering the registry.

I understand the registry will send my agent(s) and me a letter in approximately 3 weeks asking each person to confirm their contact information and asking consent for the registry to use the information.

I understand the letter from the registry will have instructions for finishing the registration process. My information will not appear in the registry until I have finished the process, as instructed in the letter.

I understand the agent(s) must finish the registration process as instructed in their letter for their contact information to appear in the registry.

Signature of the maker (or an agent on behalf of the maker):

Date: _____, 20____

Thank you for registering your personal directive!