

## CAPACITY ASSESSOR ROSTER CONSENT FORM For Physicians or Psychologists

Send the completed form to: <u>SCSS.OPGT-CapAssmnt@gov.ab.ca</u> **or** Office of the Public Guardian and Trustee, Provincial Office, 4th Fl. John E. Brownlee Blg., 10365 – 97 St NW, Edmonton, Alberta T5J 3Z8. If you have any questions, please call (780) 427-2744.

The purpose of this form is to authorize the Minister of Assisted Living and Social Services (ALSS) to include your name and business contact information on a capacity assessor designation list that will be made publicly available. By signing, you understand that ALSS has no further control over how this information is, or will be, used once it is made publicly available.

Contact Information (Only include information as you intend for it to appear on the roster)	
Last Name:	
Province:	
Phone Number:	
e FOIP Disclaimer below, I understand that my an the publicly available capacity assessor list for so all Guardianship and Trusteeship Act or until I ill be maintained by the Office of the Public by the Office of the Public Guardian and Trustee ling but not limited to the administration of the Adult	
Authorization for your name to appear on the requested roster(s)	
Date:	

FOIP Disclaimer: The information collected on this form is collected under authority of section 33 (a) and (c) of the FOIP Act in accordance with section 7(4) of Ab Reg. 219/2009. The information will be used and disclosed for the purposes of fulfilling the Minister's obligations under the AGTA regulations for maintaining a registry of Capacity Assessors and making the information in the Registry publicly available and for other administrative purposes related Classification: Protected A to the administration and operation of the AGTA and associated regulations. If you have any questions about the collection of your information you may contact: Capacity Assessment Office, SCSS.OPGT-CapAssmnt@gov.ab.ca