New Brunswick Nouveau Brunswick
Prescription Drug Program /Plan de médicaments sur ordonnance

The New Brunswick drug plan

Substitute Decision Maker Request Form

How to reach us

New Brunswick Prescription Drug Program
PO Box 690 Moncton, NB E1C 8M7

Toll-Free Number: 1-800-332-3692
Fax: 1-888-455-8322
Website: gnb.ca/NBPDP

New Brunswick Drug Plan
PO Box 690 Moncton, NB E1C 8M7

Toll-Free Number: 1-855-540-7325
Fax: 1-888-455-8322
Website: gnb.ca/drugplan

SECTION 1 - Confirmation of Identity

MEMBER:

First name: _____ Last name: _____

Plan ID or Medicare number: _____ Date of birth: _____ DD/MM/YYYY

Gender: ☐ male ☐ female

Mailing address: _____

City/town: _____ Province: _____ Postal code: ⌊_⌊_⌊ ⌊_⌊_⌊

SUBSTITUTE DECISION MAKER:

The Substitute Decision Maker must be mentally competent and at least 19 years of age.

First name: _____ Last name: _____

Telephone: _____ Date of birth: _____ DD/MM/YYYY

Mailing address: _____

City/town: _____ Province: _____ Postal code: ⌊_⌊_⌊ ⌊_⌊_⌊

SECTION 2 - Declaration of Substitute Decision Maker

Pursuant to s.25(1) of the *Personal Health Information Privacy and Access Act*, if a member of one of the New Brunswick Drug Plans is unable to consent to the collection, use and disclosure of their personal health information and personal information, a member's substitute decision maker (SDM) may consent on their behalf. Please check the SDM category that applies.

☐ A person who has been authorized, in writing, by the member to provide consent.

I, (insert member's name) _____,

authorize (insert substitute decision maker's name) _____
to act as my substitute decision maker for the purpose of consenting to the collection, use, and disclosure of my personal health information and my personal information with the New Brunswick Drug Plans.

X Sign here - Member: _____ Date signed: _____ 20_____ DD/MM YY

CONTINUED ON REVERSE

SECTION 2 - Declaration of Substitute Decision Maker (cont.)

☐ A committee of the person appointed for the member under the *Infirm Persons Act*, if the giving, withholding or withdrawing the consent relates to the powers and duties of the committee of the person.

☐ The member's attorney for personal care appointed in accordance with *the Infirm Persons Act* or the member's attorney appointed under a power of attorney respecting property, if the giving, withholding or withdrawing of consent relates to the powers and duties of the attorney.

☐ The member's proxy under the *Advance Health Care Directives Act*, if the giving, withholding or withdrawing of consent relates to the powers and duties of the proxy.

☐ Another person authorized under s.25(1) of the *Personal Health Information Privacy and Access Act* to consent to the collection, use and disclosure of the member's personal health information and personal information.

Relationship to the member (e.g., mother/father, child, brother/sister, guardian, etc.): _____

Please confirm the following:

☐ I confirm that I am willing to assume the responsibility of making a decision on whether or not to consent on behalf of the member, and

☐ I am not prohibited by a court order or separation agreement from having access to the member who is incapable of consenting.

Please sign below, submit a copy of the supporting documentation (e.g., Certificate of Appointment of Committee, or Power of Attorney) along with this form.

I acknowledge and agree that the information contained in this form is true to the best of my knowledge.

X Sign here - Substitute Decision Maker: _____ Date signed: _____ (DD/MM) 20____ (YY)

SECTION 3 - Witness Information

Anyone 19 years of age or older may be the witness **except** the individuals listed on this form. By signing below, the witness is attesting that the individuals listed on this form are who they claim to be.

Printed name: _____ Telephone: _____

X Sign here - Witness: _____ Date signed: _____ (DD/MM) 20____ (YY)

SECTION 4 - Important Note

Your personal information is collected, used and disclosed in accordance with the *New Brunswick Right to Information and Protection of Privacy Act* as well as the *New Brunswick Personal Health Information Privacy and Access Act*. For more information, visit www.gnb.ca/healthprivacy or call our toll-free number listed on page 1.

In cases where documents contain the personal information of more than one individual, each individual must consent by completing a separate consent form prior to the disclosure of information.