

POWER OF ATTORNEY FOR *PERSONAL CARE*

THIS POWER OF ATTORNEY FOR PERSONAL CARE is given by [REDACTED], presently residing in the [REDACTED], Province of Ontario.

1. **Appointment of Primary Attorney** – I appoint my [REDACTED], [REDACTED], to be my Attorney for Personal Care in accordance with the *Substitute Decisions Act, 1992, S.O. 1992, c.30*, as amended (hereinafter “**my Primary Attorney**”).
2. **Appointment of Alternative Attorney** – If my Primary Attorney refuses to act, or is unable to act for any reason, then I substitute and appoint my [REDACTED], [REDACTED], to be my Attorney for Personal Care (“**my Alternative Attorney**”).
3. **Confirmation of Authority of Alternative Attorney(s)** – I hereby declare that any original (or notarially certified copy of an original) document signed by my Alternative Attorney(s) stating that my Primary Attorney is temporarily unavailable or no longer able or willing to act, and the reason why and such signed statement shall be sufficient proof of that fact to all persons dealing with my Alternative Attorney(s), and no persons dealing with my Alternative Attorney(s), once provided with such document, shall be bound or entitled to question the authority of my Alternative Attorney(s) to act hereunder, which authority shall be conclusively presumed for all purposes.
4. **Interpretation** – Hereinafter I shall refer to my Primary Attorney(s) or Alternative Attorney(s), as the case may be, as “**my Attorney(s) for Personal Care**”.
5. **Notarially Certified Copies Are Valid** – Any notarially certified copy of this Power of Attorney for Personal Care shall be accepted as though it were an original.
6. **Authority of Attorney** – Subject to any written or verbal wishes I may have expressed to my Attorney(s) for Personal Care, I authorize my Attorney(s) for Personal Care to make on my behalf any decision concerning my personal care that I am personally incapable of making myself, including, without limitation, decisions concerning my healthcare (including the giving, withdrawing or refusing of consent to treatment to which the *Health Care Consent Act, 1996*, as amended), nutrition, shelter, clothing, hygiene and safety, at the time the necessity for such a decision arises.
7. **Determining My Incapacity** – In the case of decisions to which the *Health Care Consent Act, 1996*, applies, I understand that the question of whether or not I am incapable of making such a personal care decision shall be determined conclusively by a qualified healthcare practitioner or physician proposing the treatment. In respect of all other personal care decisions to which the *Health Care Consent Act, 1996*, does not apply, my Attorney(s) for Personal Care shall make such decisions if my Attorney(s) for Personal Care has *reasonable grounds to believe* that I am incapable of making such a decision.

8. **Personal Care Wishes** – I have or intend to document specific wishes about my personal care and discuss same with my Attorney(s) named herein. I confirm that I have been advised by my lawyer that without a proper plan that clarifies my values and preferences for medical and personal care shared in advance with my chosen Attorney(s), that my Attorney(s) could end up making decisions inconsistent with my values, preferences and beliefs about my medical treatment, nutrition, shelter, clothing, hygiene and safety, at the time the necessity for such a decision arises and I am not able to make such decisions myself. My attorney(s) should refer to the most current version of the “Dear Doctor” letter from Plan Well Guide for documentation of said values and preferences or any subsequent oral conversations when engaging with health care professionals or other professionals on my behalf.
9. **Compensation** – It is my wish that my Attorney(s) for Personal Care shall be compensated for accepting and carrying out the duties and obligations required of my Attorney(s) for Personal Care in accordance with regulations made from time to time under the *Substitute Decisions Act* or in accordance with the guiding principles pronounced by any case law that has been published in Canada. It is also my wish that my assets are to be used, to compensate my Attorney(s) for Personal Care and to provide funds necessary to carry out the instructions, conditions and restrictions included in this Power of Attorney for Personal Care, and I direct my Attorney(s) for Property appointed under my Continuing Power of Attorney for Property to make all of such payments.
10. **Reimbursement** – My Attorney(s) for Personal Care shall be entitled to be reimbursed for all out-of-pocket expenses incurred in acting under this document.
11. **Limitation of Liability** – On behalf of myself and my heirs, executors and administrators, I hereby release my Attorney(s) for Personal Care from any and all claims arising by reason of my Attorney(s) for Personal Care accepting and carrying out in good faith the duties and powers imposed by me herein.
12. **Acknowledgement** – This Power of Attorney for Personal Care is given by me with the understanding that my Attorney(s) for Personal Care has a genuine concern for my welfare, and in full appreciation that my Attorney(s) for Personal Care may be required to make decisions to which this Power of Attorney for Personal Care relates.
13. **Revocation** – I revoke any prior Power of Attorney for Personal Care given by me.
14. **Interpretation** – The paragraph headings used in this Power of Attorney for Personal Care are for convenience only and shall not be construed to affect the meaning of a paragraph so headed. Wherever the context requires or permits,

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the singular number shall be read as if the plural were expressed, and the masculine gender as if the feminine or neuter, as the case may be, were expressed and the provisions herein shall be read with all the grammatical changes necessary.

Signed by me on this _____ day of _____, 20____, in the presence of the witnesses whose names appear below, and who signed on the same date.

Witness Acknowledgment – We are the witnesses to this Power of Attorney for Personal Care. We have signed this Power of Attorney for Personal Care in the presence of the person whose name appears above, and in the presence of each other on the date shown above. Neither one of us is an Attorney for Personal Care, a spouse or partner of an Attorney for Personal Care, a child of the grantor or person whom the grantor has demonstrated a settled intention to treat as a child of the grantor, a person whose property is under guardianship or who has a guardian of the person, or a person who is less than eighteen years old. Neither one of us has any reason to believe that the grantor is incapable of giving a Power of Attorney for Personal Care or making decisions in respect of which instructions are contained in this Power of Attorney for Personal Care.

WITNESS: _____ WITNESS: _____