Ontario

Consent and Capacity Board

Form E - Application to the Board for Permission to Depart from Wishes under Subsection 36(1), 53(1) or 68(1) of the *Health Care Consent Act.*

Section 1 - Applicant

Last Name		First Name	
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone No. (including area code)	Fax No.	Email Address	

Section 2 - Applicant Type

I apply to the Board for permission for the Substitute Decision Maker to consent to the proposed action despite a contrary wish expressed by the Patient/Resident at a time when they were capable and at least sixteen years of age. I believe that the Patient/Resident would probably, if capable today, give consent because the likely result of consenting is significantly better than would have been anticipated in comparable circumstances at the time the wish was expressed.

☐ I am the Patient/Resident's Substitute Decision Maker

Note: Persons in the following categories may only bring an application if they have given prior notice to the Substitute Decision Maker of their intention to do so.

☐ I am the health practitioner who proposed the treatment for the Patient / Resident

☐ I am the official of the LHIN responsible for authorizing admission of the Patient / Resident to a Long Term Care Home

☐ I am the service provider responsible for providing personal assistance services to the Patient / Resident

Section 3 - Patient/Resident

Last Name		First Name	
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone No. (including area code)	Fax No.	Email Address	

Section 4 - Finding of Incapacity

The Patient/Resident has been found incapable with respect to:

☐ Consenting to their treatment

Specify:

☐ Consenting to their admission to a Long Term Care Home

☐ Consenting to receiving personal assistance services in a Long Term Care or Retirement Home

Section 5 - Person Who Made the Finding of Incapacity

Note: An application may only be made if a health practitioner or evaluator has made a relevant finding of incapacity.

Last Name		First Name	
Unit No.	Street No.	Street Name	PO Box

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City/Town	Province	Postal Code

Telephone No. (including area code)	Fax No.	Email Address

Section 6 - Patient/Resident's Substitute Decision Maker

Last Name	First Name

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

Telephone No. (including area code)	Fax No.	Email Address

Section 7 - Health Practitioner Who Proposed the Treatment

If this application refers to **treatment**, provide the contact information about the person proposing treatment.

☐Same as Section 5

Last Name	First Name

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

Telephone No. (including area code)	Fax No.	Email Address

Section 8 - Person Responsible for Authorizing Admission to Long-Term Care

If this application refers to **admission to long term care**, provide the contact information about the person responsible for authorizing admissions to the facility. This will usually be a person from the Local Health Integration Network.

☐Same as Section 5

Last Name	First Name

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

Telephone No. (including area code)	Fax No.	Email Address

Section 9 - Person Responsible for Providing a Personal Assistance Service

If this application refers to a **personal assistance service**, this may be the person or organization that provides the service.

☐Same as Section 5

Last Name	First Name

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

Telephone No. (including area code)	Fax No.	Email Address

Section 10 - Information About the Facility

Is the Patient/Resident currently an in-patient or resident at a health or residential facility

☐Yes, provide information about the facility ☐No

Name of Facility			Ward
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Contact Name (First Name, Last Name)		Telephone No. (including area code)	Fax No.

Section 11 - Person Who Will Represent the Applicant at the Hearing (e.g. lawyer)

Last Name		First Name	
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone No. (including area code)	Fax No.	Email Address	

Section 12 - Person Who Will Represent the Substitute Decision Maker at the Hearing (e.g. lawyer)

Last Name		First Name	
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone No. (including area code)	Fax No.	Email Address	

Section 13 - Other Information That Will Assist Us in Arranging the Hearing

Interpreter Required

☐Yes ☐No

Language

Accommodation required

☐Yes ☐No

Specify

Other Information