



JAN 2015

PATIENT ADVOCATE FORM

Instructions:

- 1. Please discuss the information with the advocate(s) **before** you complete this form.
- 2. Complete the form.
- 3. Have your patient advocate(s) sign this form.
- 4. Make sure to give your health care provider, your family and your advocate a copy.
- 5. Keep your copy in a safe place.
- 6. Take this form with you if you are admitted to hospital. If you have ERIK, keep the form in this kit.
- 7. Review this form from time to time as your wishes may change.

Patient's Name:	Signature:
Address:	
Personal Health Information	Number (PHIN) (9-digit)
My advocate(s):	
Name:	Signature:
	Signature:
Today's Date:	
My patient advocate needs	to be able to: (Check as many as apply):
☐ Arrange medical appoint	ments for me.
☐ Attend appointments, tes	ts, treatments with me.
☐ Be present when the doct	tor or provider speaks with me.
☐ Be present in the room at	fter an exam to write down information and instructions.
☐ Review the doctor's hand	dwritten information to be sure I can read and understand it.
☐ Ask questions about my	health care and test results.
☐ Access my personal heal	th information in my medical health records.
☐ Get information on my b	ehalf.
☐ Check, confirm and keep	track of my medications.
☐ Review my choices for d	octors, tests, treatments.
☐ Make decisions about my	y treatment with my input. * Please see question # 4 on other side.
☐ Confirm my treatment is	being done to my correct body part.
☐ Other Please explain	





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FREQUENTLY ASKED QUESTIONS AND ANSWERS

1. What is a patient advocate?

A patient advocate is a person you choose to support you and act on your behalf in talking with your health care team such as your family, doctor, nurse.

2. Why do people need advocates?

Some people are unable or have trouble stating their feelings and concerns. They may be afraid to speak out. They may not understand what is being said or what is happening to them. They may be too ill to speak up.

3. What are some tips on selecting an advocate?

- Decide on an advocate before you are ill.
- Choose someone you can talk with and trust.
- Choose someone who can keep your information completely confidential.
- Decide what qualities you think you need in an advocate e.g. good listener, able to clearly explain things, courteous, respectful and assertive.
- Discuss your expectations with a possible advocate. Ask if s/he is willing and able to do these tasks.
- Once the advocate agrees, complete the patient advocate form.

4. What is the difference between a patient advocate and a health care proxy?

A patient advocate communicates with the patient and acts on the patient's behalf. A health care proxy is someone you choose and name in your health care directive (living will) to act for you in the event you are not able to make such judgments and speak on your own behalf. Your proxy has the power to make health care decisions for you based on what you have told your proxy about your wishes and the information you recorded in your health care directive.

5. Where can I obtain more information on provincial health care programs and services?

You can go to the Manitoba health website www.manitoba.ca/health or phone 1-866-626-4862.

6. Can I rely on the information in the Patient Advocate Form?

The information in the *Patient Advocate* form is intended as an example to assist you in expressing your wishes only. The information on this form and at the website is not intended to constitute professional advice (legal, medical or otherwise). Professional advice requires an understanding of individual circumstances. The Manitoba Institute for Patient Safety is not responsible for any loss or damage arising from the use or reliance on the information on the *Patient Advocacy* form or at its website. Downloading, printing, reproducing or otherwise using this form or any other materials on the website in any manner constitutes your agreement that you understand this disclaimer.

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