

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. He or she will talk with your healthcare providers. Their actions on your behalf are based on your wishes. A patient advocate cannot make their own decisions about your healthcare.

2. Why do people need advocates?

Some people may have trouble stating their feelings and concerns. They may be afraid to speak out. They may not understand what is 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, clearly explains things, courteous, respectful and assertive.
- Discuss your expectations with a possible advocate. Ask if he or she is willing and able to do these tasks.
- Once the advocate agrees, complete the patient advocate agreement.

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

A patient advocate talks with you, supports

you, and acts on your behalf according to your instructions.

A healthcare proxy acts for you if you are not able to make judgments and express your wishes. You choose and name that person in your healthcare directive (living will).

5. Where can I get more information on provincial healthcare programs and services?

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

6. How does this agreement relate to privacy legislation?

This agreement meets the requirements in sections 60 (1) *Personal Health Information Act* and 79 (a) *Freedom of Information and Protection of Privacy Act* allowing the advocate to have access to personal health information and personal information.

**For tips on advocating for yourself
and others go to:**

www.safetoask.ca and www.mips.ca

Available in English and French

Endorsed by:

Interlake-Eastern Regional Health Authority
Northern Health Region
Prairie Mountain Health
Southern Health-Santé Sud
Winnipeg Regional Health Authority

My Patient Advocate Agreement[©]



A patient advocate agreement can help you and your advocate decide how your advocate can best provide you with the support you need.



**MANITOBA INSTITUTE
FOR PATIENT SAFETY**

My Patient Advocate Agreement

Instructions to Patient:

1. Discuss the information with your advocate(s) **before** you complete this agreement.
2. **Complete and sign the agreement.**
3. Have your patient advocate sign this agreement. Each advocate should have their own.
4. Give a copy to your healthcare provider, your family, and your advocate.
5. Keep your copy in a safe place.
6. Take this with you when admitted to hospital. If you have an Emergency Response Information Kit (E.R.I.K.), keep the agreement in your kit.
7. Review this agreement from time to time as your wishes may change.

I give permission to my patient advocate to do the following (Check as many as you wish):

- Access and review my medical health records during my current care (as per the *Personal Health Information Act*).
- Arrange medical appointments for me.
- Attend appointments, tests, treatments with me.
- Be present when the doctor or healthcare provider speaks with me.
- Be present in the room after an exam to write down information and instructions.
- Review the doctor's or healthcare provider's handwritten information to be sure I can read and understand it.
- Ask questions of my healthcare providers about my healthcare and test results.
- Check, confirm and keep track of my medications.
- Get information on my behalf to support my healthcare decisions.
- Review with me my choices for doctors, tests, treatments.
- Communicate my needs and requests.
- Confirm that my treatment is being done to the correct body part.
- Other. Please explain. _____

Disclaimer

The information in this agreement is given to help you. It is *not* professional legal or medical advice. The Manitoba Institute for Patient Safety is not responsible for any loss, damage, or injury arising from a person acting as a patient advocate, or a person using the information on this document or the website (www.mips.ca).

Signing this agreement means that we have read the entire agreement, including the frequently asked questions and answers, and we accept this disclaimer.

Patient's Name: _____ Signature: _____

Personal Health Information Number (PHIN) (9-digit) _____

My advocate's Name: _____ Signature: _____

Today's Date: _____ End Date: _____