

## FREQUENTLY ASKED QUESTIONS AND ANSWERS

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### 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 decision 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 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 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 health care proxy?

A patient advocate with you, supports you and acts on your behalf according to your instructions.

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

### 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](http://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](http://www.safetoask.ca) and [www.mips.ca](http://www.mips.ca)

*Available in English and French*

### Endorsed by:

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



## 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](http://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):** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**My advocate's Name:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_ (h) \_\_\_\_\_ (c)

**Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**My advocate's Name:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_ (h) \_\_\_\_\_ (c)

**Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_