

# POWER OF ATTORNEY

## FOR PERSONAL CARE

**THIS POWER OF ATTORNEY FOR PERSONAL CARE** is given by  
, (Grantor) of the City of Ottawa, in the Province of Ontario.

1. **APPOINTMENT: I APPOINT** \_\_\_\_\_, of the City of \_\_\_\_\_, in the Province of \_\_\_\_\_, to be my attorney for personal care, pursuant to the *Substitute Decisions Act*, and I authorized my attorney to make decisions concerning my personal care in accordance with the *Substitute Decisions Act* and any conditions and restrictions or specific instructions contained herein.
2. **EFFECTIVE DATE:** This power of attorney for personal care comes into effect on the date it is signed and witnessed.
3. **CONDITIONS AND RESTRICTIONS:** This power of attorney for personal care shall continue until revoked and shall only be used if, and only for so as long as, I am unable to make or to communicate either by speech or in writing or by some other means or gestures, my own decisions about my health or personal care due to my lack of capacity.
4. **ASSESSORS:** If my capacity to make or communicate my own decisions about my personal care is in issue and an assessment of this capacity is to be performed, I name the following preferred assessor(s) or class(es) of assessor(s) to perform such assessment:  
a qualified physician who is familiar with my circumstances.
5. **SPECIFIC INSTRUCTIONS:**
  - (a) I trust in the good judgement of my attorney for personal care to make the best decisions for me in accordance with my wishes, values and beliefs that I be cared for in accordance with and as determined by Jewish law ("Halacha") as interpreted by Rabbi Yehoshua Botnick of the City of Ottawa, in the Province of Ontario or his replacement as designated in *Policies of Chabad-Lubavitch of Ottawa*.
  - (b) Before making any decisions about my health or personal care, my attorney shall make all reasonable efforts to discuss the decisions with me even if an assessment of my capacity has been made and to consider any insights that I

may be able to communicate but shall always act in accordance with paragraph 5(a) herein.

- (c) Before making any decisions about my health or personal care, my attorney shall, to the extent practicable, consult with medical professionals and with Rabbi Botnick but shall always act in accordance with paragraph 5(a) herein.
  - (d) My attorney shall, to the extent practicable, endeavour to report to my relatives from time to time to inform them of my status but shall always act in accordance with paragraph 5(a) herein.
6. **AUTHORITY OF ATTORNEY:** in addition to any powers and authority my attorney shall have pursuant to the *Substitute Decisions Act*, the powers and authority my attorney shall have shall include, but shall not be limited to, the following powers and authority:
- (a) to consent, refuse, or withdraw consent to any type of health care, including but no limited to any care or treatment to which the *Consent to Treatment Act* applies;
  - (b) to review my medical records and consent to their disclosure to others;
  - (c) to authorize my admission to or discharge from any medical or care facility;
  - (d) to obtain health care services on my behalf;
  - (e) to hire or terminate the services of persons or firms who provide care for me;
  - (f) to sign any waivers, releases, or permissions required by persons or firm who is providing health-care service to me.
7. **END OF LIFE CARE:** In the event that decisions must be made about my end of life care it is of the utmost importance to me that my life be prolonged as long as possible in accordance with Jewish law ("Halacha") in accordance with paragraph 5(a) herein. I have chosen my attorney for personal care because my attorney understands my wishes, values and beliefs and will follow my instructions herein. Accordingly, I do not wish to include more specific instructions about my end of life care.

8. **RESOLUTION OF DISPUTES:** If any dispute should arise concerning the validity of this power of attorney for personal care or the interpretation of wishes set out herein, it is my wish and desire that my attorney should pursue reasonable methods to resolve such disputes, including mediation, prior to commencing litigation.
9. **RELEASE OF LIABILITY:** I hereby exonerate any person, firm or corporation from any responsibility or liability for loss or damage which may be occasioned to me or to my estate who, in good faith, acts on or relies upon on the instructions or my attorney for personal care.
10. **I HEREBY EXONERATE MY ATTORNEY FOR PERSONAL CARE** from any responsibility or liability for loss or damage which may be occasioned to me or to my estate through the bona fide exercise by my attorney of any of the powers and authority herein contained.
11. **REVOCATION:** Any prior power of attorney for personal care or any prior power of attorney which affects my personal care previously given by me is hereby revoked.
12. **COPIES:** A photocopy or electronic copy of this signed power of attorney for personal care shall have the same effect as the signed original.
13. **JURISDICTION:** While this document was written according to the standards of the Province of Ontario in Canada, my intent and desire is for it to be valid in any jurisdiction in which it is presented.

Executed at Ottawa, Ontario, this       day of       20\_\_, in the presence of both witnesses, each present at the same time.

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Witness Signature        ) )  
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\_\_\_\_\_) )  
Print Name                ) )  
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Print Address             ) )  
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Witness Signature        ) )  
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Print Name                ) )

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