

## My Communication Rights and Accommodation Needs

**Patient Name:**

**Date:**

**Emergency Contact:**

**Tel:**

List all the ways you communicate:

List everything the healthcare provider should do when communicating with you:

List important things that healthcare providers should know about you and your health:

**I have a communication disability and request the following reasonable accommodations under the Canadian Charter of Rights and Freedoms and Human Rights Legislation while I am under your care:**

1. Please keep a copy of this document visible at the top of my chart.
2. Please keep a copy of this document posted in a prominent, visible place near me at all times while I am in the hospital.
3. Please communicate with me using clear, plain language what the options are, the risks and benefits of each, and what the proposed course of action is.
- 4. I need the communication-related accommodations listed above to communicate effectively and to provide informed consent.**
5. If I am able to communicate using my requested accommodations, please ask my opinion about everything.
6. If you have any trouble providing my requested communication supports, please make a video call to **my emergency contact** who can help. The video call allows my contact to see what I am communicating.
7. If I am unable to communicate at any time and do not have a trusted communication support person present, my emergency contact should be contacted by video **before** any decision about or change to my care is made.
8. Unless I communicate otherwise, I do not consent to any decision to withhold treatment just because I have an underlying disability, or based on the assumption that my life is not as valuable as a nondisabled person, or that I will suffer less if I do not receive treatment.