ACE Advocacy Centre for the Elderly

ACE NEWSLETTER

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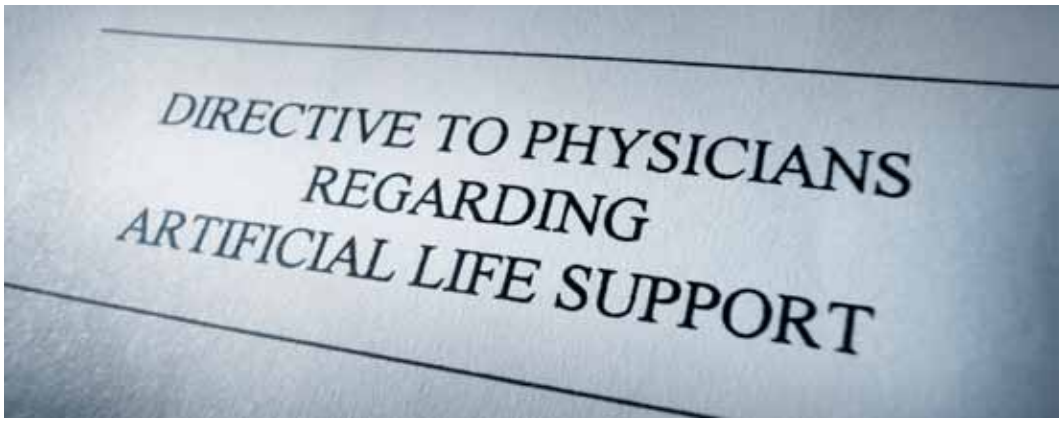
RASOULI V. SUNNYBROOK HEALTH SCIENCES CENTRE

By: Jane E. Meadus, Institutional Advocate & Staff Lawyer



The Court of Appeal of Ontario ("Court") released its decision on June 29, 2011, in the case of *Rasouli v. Sunnybrook Health Sciences Centre* [*"Rasouli"*].[1] The decision of the Court is an important one in that it revives the debate concerning how to best address end-of-life decisions. The main question in *Rasouli* is a key one for many: who gets to decide when to withdraw a patient from life support?

FACTS OF THE CASE

Mr. Hassan Rasouli is a 60-year-old retired mechanical engineer. He and his family immigrated to Canada in April 2010. Ms. Parichehr Salasel is Mr. Rasouli's wife and she was a physician in Iran until the family came to Canada.

On October 7, 2010, following surgery at Sunnybrook Health Sciences Centre (the "Hospital") to remove a benign brain tumour, Mr. Rasouli suffered complications and as a result, developed bacterial meningitis. The infection caused severe brain damage and Mr. Rasouli has been in a coma since that time.[2] He has been kept alive by the use of a mechanical ventilator, fed through a tube in his stomach and remains on the Critical Care Unit.

Dr. Brian Cuthbertson and Dr. Gordon Rubenfeld are Mr. Rasouli's physicians and parties in the matter. They are of the opinion that Mr. Rasouli is in a "persistent vegetative state" and that they have tried all potential treatments

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[1] *Rasouli v Sunnybrook Health Sciences Centre* (2011), 2011 ONCA 482 [*Rasouli*].

[2] *Ibid* at para 2.

CITY OF CORNWALL PLEADS GUILTY TO REPRISAL AGAINST AN EMPLOYEE WHO REPORTED RESIDENT ABUSE

By: Clara Ho, Research Lawyer & Staff Lawyer

On October 27, 2011, the City of Cornwall pleaded guilty to a charge of retaliating against an employee, Diane Shay. Ms. Shay had reported a case of suspected resident abuse to the Ministry of Health and Long-Term Care ("Ministry"). Following the report to the Ministry, Ms. Shay was subject to harassment and retaliation from her supervisor. Her employment was subsequently terminated.

Ms. Shay, a Registered Nurse (RN), was working as a Health and Safety Officer with the City of Cornwall in May, 2008 when she first became aware of an incident of alleged elder abuse that occurred at the Glen Stor Dun Lodge. Ms. Shay received a copy of a discipline letter sent by Glen Stor Dun Lodge Manager, Donna Derouchie, to an employee concerning the alleged case of elder abuse. The employee had received a five day suspension for the incident.[1]

Ms. Shay advised her supervisor, Human Resources Manager, Robert Menagh, about the incident and asked that he report the alleged abuse to the Ministry. Mr. Menagh and Ms. Derouchie told Ms. Shay not to get involved but she went ahead and reported the incident to the Ministry. It was later discovered that Ms. Derouchie did report the incident to the Ministry, although at a much later date.

Compliance Advisors from the Ministry went to the Glen Stor Dun Lodge and investigated the reports that an elderly resident had been assaulted and restrained. The Ministry found evidence of abuse and also found that Ms. Derouchie failed to report the incident as required, as she had only done so sixteen (16) days after it occurred.[2] The Lodge was issued a noticed of "unmet standards" because the abuse was reported outside of the required time period.[3]

Because she had reported the abuse, Ms. Shay subsequently received warnings and a disciplinary note from Mr. Menagh. Six months after receiving the reprimand, while on medical leave, Ms. Shay's employment was terminated. Ms. Shay filed a civil suit and has since been reinstated. The Ministry laid charges against the City of Cornwall and Mr. Menagh for retaliating against an employee. The City of Cornwall pleaded guilty to the charges on October 27, 2011, and was fined $15,000 plus $3,750 for victim support surcharge. Charges against Mr. Menagh were withdrawn at the request of the Crown.

According to the Executive Director of the Registered Nurses' Association of Ontario, Doris Grinspun, in a press release issued on October 28, 2011:

> As an operator of this home, the City of Cornwall had a legal obligation to deal with a serious incident. When it failed to do so, Ms. Shay did the right thing and stood up for the rights of residents who deserve dignity and protection. This is an important decision for nurses and the people we care for. It enables us to speak out and protect residents without fear of retaliation.[4]

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[1] "RNAO praises outcome of court conviction that protects whistle-blowing RN" *Canada Newswire* (28 October 2011), online: <http://www.newswire.ca/en/story/867769/rnao-praises-outcome-of-court-conviction-that-protects-whistle-blowing-rn>.

[2] "City of Cornwall Pleads Guilty In Employee Retaliation Case" *The Cornwall Daily* (27 October 2011), online: <http://www.thecornwalldaily.com/news/cornwall-and-area/city-of-cornwall-pleads-guilty-in-employee-retaliation-case/>.

[3] "Victory for whistleblowers" *The Cornwall Standard Freeholder* (2 November 2011), online: <http://www.standard-freeholder.com/ArticleDisplay.aspx?e=3354329>.

[4] *Supra* note 1.

Ms. Shay's case is precedent setting and sends a message to all home operators across the province that whistle-blower protection will be enforced. While the charges laid by the Ministry in this case were under the *Homes for the Aged and Rest Homes Act*, which in 2010 was replaced by the *Long-Term Care Homes Act*, 2007 (*"LTHCA"*), similar whistle-blowing protections exist in the *LTHCA*. Ms. Shay did the right thing and complied with her ethical and professional obligations even though it meant putting herself in a situation of conflict with her employer.

The new *LTHCA* has set out a specific section regarding mandatory reporting. Reports must be made by **ANYONE**, except residents, who suspect that any of the following have occurred:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the *Local Health System Integration Act*, 2006.[5]

Failure to report is an offence under the legislation[6], and the whistle-blowing protection extends not only to staff, but residents, family, and anyone else reporting as required.[7]

ACE will continue to monitor the impact of this case. We will be providing a more detailed explanation and analysis on the whistle-blowing protections under the *LTCHA*, 2007, so please check our website www.acelaw.ca or future newsletters for more information on this important issue.

[5] *LTCHA*, SO 2007 C 8, s 24(1)

[6] *LTCHA*, s 24(5).

[7] *LTCHA*, s 26.

RASOULI ...continued from page 1

with no success. It is their opinion that there is no realistic hope of recovery for Mr. Rasouli and that not only would future mechanical interventions not provide any benefit to him, they could potentially cause further harm. According to the Court's decision, Drs. Cuthbertson and Rubenfeld believe that:

> His [Mr. Rasouli's] case, they believe, is hopeless. Inquiries to have another hospital take up his care proved unsuccessful. All appropriate treatments have been exhausted, there is no realistic hope of medical recovery, and the respondent [Mr. Rasouli] is not receiving any medical benefit from being kept on life support. In these circumstances, the appellants [Drs. Cuthbertson and Rubenfeld] believe it is in the respondent's best interests to be taken off life support and provided with palliative care until he dies. They have proposed that course of action to Ms. Salasel.[3]

THE CURRENT STATE OF THE LAW

As Mr. Rasouli is incapable of making his own health care decisions, his wife is his substitute decision-maker (SDM) under the *Health Care Consent Act*[4] *(HCCA)*. Under the *HCCA*, before giving a person any treatment, health care providers must obtain the consent of an individual if they themselves are mentally capable, or their SDM if they are incapable. The *HCCA* sets out the hierarchy of SDMs from whom the health care providers (i.e. doctor) must obtain consent for any medical treatment except in emergency situations. The SDM must be capable with respect to the treatment, at least 16 years of age, not prohibited by a court from making the decision, and available and willing to assume the responsibility of giving or refusing consent on behalf of the incapable person.

The *HCCA* provides the rules that the SDM must comply with when making a decision on behalf of the incapable person. These include:

- Making sure that they give or refuse consent according to any wishes the incapable

[3] *Ibid* at para 4.

[4] SO 1996, c 2, Sch A.

person might have expressed while they were capable and after they turned 16 years;

- Where the SDM does not know what the wish of the incapable person is in the circumstances, ensuring that they act in the incapable person's best interests.[5]

With respect to what "best interests" means, the *HCCA* lists the criteria that an SDM must consider in determining an incapable person's "best interests".[6]

The *HCCA* states that if the health care provider believes that the SDM is not complying with the legal requirements of decision-making as set out in the *HCCA*, they may apply to the Consent and Capacity Board (CCB) for a determination on this issue. The CCB is an expert tribunal which has the authority to hear cases under the *HCCA*. In Mr. Rasouli's case, the physicians argued that they were not required to obtain consent from his SDM, Ms. Salasel, prior to taking him off life support nor were they required to apply to the CCB if they disagreed with Ms. Salasel's decision to not give consent for the physicians to do so.

POSITION OF THE PARTIES

The team met with Ms. Salasel and informed her that they intended to remove Mr. Rasouli from mechanical interventions and provide him with palliative care only. Ms. Salasel disagreed. Numerous examinations took place, including obtaining a second opinion from a non-treating neurologist who agreed that Mr. Rasouli would never again regain consciousness and ran a high risk from complications if he continued on life support. The family was invited to have their own independent assessment performed. Transfer to another hospital was even investigated. Meetings were held with the family and health care team, social workers and ethicists.

The physicians' position was that they were not required to obtain consent from Ms. Salasel in order to remove Mr. Rasouli from life support. However, they and the hospital agreed to postpone their plans to withdraw treatment while the family brought an application to the court. The physicians also applied to the court for a declaration that the patient was in a persistent vegetative state and absolving the physicians of civil and criminal responsibility concerning the proposed withdrawal of treatment.

Mr. Rasouli and his family members are of the Muslim faith. It was Ms. Salasel's position that their faith required that a person must be kept alive until all signs of life were gone, and therefore where there was a medical way, that death must be prevented. There was no evidence of any wish that Mr. Rasouli might have expressed while competent that related to these circumstances. Ms. Salasel also expressed her belief that it was possible that Mr. Rasouli could regain consciousness so treatment should continue. She submitted that the proposed withdrawal of treatment should be taken to the CCB to determine what her husband's best interests were. She also argued that his Charter rights were being breached by the Hospital.

Mr. Rasouli's doctors took the position that they were not required to continue providing a treatment that was not of any benefit to the patient and fell outside of the standard of care. They argued further that they were required to refrain from continuing treatment even if the patient or their SDM demanded it when they deemed the treatment to be inhumane. They took the position that the ongoing treatment was not only of no benefit but could actually cause harm and that in coming to their conclusion, they not only took into account the family's wishes and religious beliefs, but were also following policies of the College of Physicians and Surgeons of Ontario, the Hospital and the Canadian Medical Association, regarding decisions about life-support interventions. According to Drs. Cuthbertson and Rubenfeld, the decision to withdraw treatment was a medical one and did not require an application to the CCB.

DECISION FROM THE SUPERIOR COURT OF JUSTICE

The initial application was heard by Madame Justice Himel on February 25, 28 and March 3, 2011. She rendered her decision on March 9, 2011.

Madame Justice Himel thoroughly reviewed the applicable legislation, specifically the *HCCA* as well as the associated case law. She held that "treatment" included the withholding and withdrawing of treatment. She reviewed the *HCCA* and specifically the purpose section which was outlined in section 1. She specifically noted that sections 1(a), (b) and (e) were relevant. These sections are as follows:

[5] *Ibid* at s 21(1).

[6] *Ibid* at s 21(2).

MESSAGE FROM THE CHAIR

By: Timothy M. Banks, Chair, Board of Directors

What a great Annual General Meeting! I hope that you were able to attend our AGM in September. After the annual business, our fantastic staff lawyers each spoke about their work at ACE – their challenges and their successes. It reminded me that not only do we have a great team of smart legal advisors and advocates, we also have a team that is personable, collegial and funny! I would also like to thank the administrative staff at ACE for all their hard work in making sure that this year's AGM was a success. Their support prior to and at the AGM was invaluable.

If you missed the AGM, do not worry. You will have another opportunity to hear more about elder law issues and the work of ACE. Planning is under way for ACE's signature event – the ACE Special Lecture. Our organizing team of Board members and ACE's Research Lawyer, Clara Ho, are in the process of designing an intellectually stimulating and fun social event for the spring of 2012. Details will follow so be sure to check the ACE website at www.acelaw.ca to find out more.

We also have some new energy on the Board of Directors that I would like to tell you about. A large part of the work of the Board is fiscal management. We are delighted that Yan Lau has joined us, which promises to provide some relief to our over-worked Treasurer, Suzanne Cohen. Yan is a financial analyst for an international financial institution and is a Certified Management Accountant.

We are also honoured that Dr. Andre Hurtubise has agreed to add us to the roster of organizations in which he is involved. Dr. Hurtubise is a member of the Ontario Long-Term Care Physicians Association Board of Directors and he is also a Board Member of Health Quality Ontario.

One measure of a healthy and collegial organization such as ACE is the sense of ownership that its volunteers have. Nothing demonstrates that better than the willingness of our volunteer directors to serve again. Alex Henderson has served multiple terms and, after a break (as mandated by our bylaws) Alex has agreed once again to serve on the Board. He brings a depth of institutional knowledge that is unmatched and we are very glad to have him back. Sybila Valdivieso also returns to the Board. Sybila's previous term was cut short by an exciting opportunity that took her away from Toronto. However, she has returned to Toronto and has agreed to share her time with us. Her perspective on social justice issues relating to gender and economic inequality have been critical to the strength of our funding applications and so we are especially delighted to welcome her back as our funding application process begins.

As always, we are grateful for your support. If your economic circumstances permit, please consider a donation to fund ACE's work. ACE is a registered charity and issues tax receipts for donations of $10.00 or more. Please see our website or contact us for more information on giving.

(a) To provide rules with respect to consent to treatment that apply consistently in all settings;

(b) To facilitate treatment, admission to care facilities, and personal assistance services, for persons lacking the capacity to make decisions about such matters;

(e) To ensure a significant role for supportive family members when a person lacks the capacity to make a decision about a treatment, admission to a care facility or a personal assistance service.

She stated that in her view, the position of the doctors that the decision to end life support could be made unilaterally by them and that they had the **discretion** to ask SDMs for consent or refer decisions to the CCB if consent was not obtained was not consistent with the purpose of the legislation.

In her opinion, the interpretation of "treatment" included the withdrawal of life support and that this was consistent with the purpose of the legislation. Madame Justice Himel held that treatment decisions which were subject to the *HCCA* must follow the scheme established by that legislation. This includes

withdrawal of life support and ensuring that family members, and specifically SDMs, play a significant and important role in end-of-life decisions on behalf of the incapable person. She went on to state that this should not, however, be confused with the idea that patients or their SDMs could choose treatments. Rather, consent is required to either **withhold** or **withdraw** treatments or **continue** treatments.

Madame Justice Himel noted that many doctors had sought consent for end-of-life decisions from the SDM and if they disagreed with the SDM's decision, would apply to the CCB for a ruling on the issue. Madame Justice Himel found: "It is noteworthy that the current practice of many doctors is to seek consent for end-of-life decisions, and if they disagree with the decision of the substitute decision-maker refer the decision to the CCB."[7]

She determined that the appropriate venue for determining the matter was the CCB. Finally, she also ordered that the physicians were not permitted to withdraw the mechanical ventilation from Mr. Rasouli nor were they to transfer him to palliative care.

COURT OF APPEAL OF ONTARIO

The physicians appealed the decision to the Court of Appeal of Ontario ("Court") which heard the case on May 18, 2011. They argued that a dangerous precedent would be set if, prior to withholding or withdrawing treatment that was considered of no medical value by the physician, they were required to obtain the consent of a patient or his/her SDM in cases where the patient is incapable. While the physicians argued that the patient could not insist on receiving treatment that a doctor felt was medically inappropriate or ineffective, a doctor was required to act in the patient's best interest, and if they did not do so could be held accountable. They submitted that the withholding or withdrawal of treatment was not "treatment" under the *HCCA* and therefore could be done without consent.

The Court dismissed the appeal. In a unanimous decision of the Court released on June 29, 2011, it upheld the decision of Madame Justice Himel. The Court determined that the *HCCA* provided a complete answer to the issue. The Court stated:

> . . . .the legislature contemplated cases such as the respondent's when it defined a "plan of treatment" to include "withholding or withdrawal of treatment in light of the person's current health condition". Whatever the common law may be, by using that language, the legislature intended to make it clear that the withdrawal of life support is to be construed as "treatment" for which consent under the Act [*HCCA*] is required and where consent is not forthcoming, the patient's treating physician cannot act unilaterally. Rather, if the physician is not content with the refusal of a substitute decision-maker to provide consent to the withdrawal of life support, the physician's recourse is to refer the matter to the Board [CCB] for disposition.[8]

[7] *Rasouli v Sunnybrook Health Sciences Centre and Cuthbertson*, 2011 ONSC 1500 at para 50.

[8] *Supra* note 1 at para 45.

The Court looked at whether or not removal from a mechanical ventilator and placing the patient on palliative care constituted "treatment" under the *HCCA* and held that it did. As such, it required the SDM's consent. Removing a patient from the ventilator and putting them on a palliative care plan was a treatment "package": one could not be done without the other, and therefore must be treated as such.

The Court ended by stating that notwithstanding the physicians' position, the process in place in the *HCCA* had worked well for fifteen (15) years. It pointed out that the issues arising in Mr. Rasouli's case were not common ones and they did not anticipate that this case would open the floodgates for patients to be kept on life support with no chance of improvement. While the Court was unanimous in their decision, this has not ended the case. Mr. Rasouli's physicians have applied for leave to appeal on an expedited basis to the Supreme Court of Canada.

RELEVANCE OF THE CASE

The *Rasouli* case is important for a number of reasons. In Ontario, a legislative scheme has been in place for fifteen (15) years which regulates the issue of consent and treatment. Here, the doctors wish to remove a person from life support unilaterally, without the consent of the patient or his substitute decision-maker. Obviously, the final and expected outcome would be the patient's death. While some people do not wish to have their lives prolonged by artificial means, others do not share this belief.

The *HCCA* has set out a quick, easy and inexpensive method to have cases heard by an expert tribunal in instances where the SDM does not agree with the recommendation of the physician to remove life support. To require a family to apply to court, as has occurred here, is a perversion of the law.

From our experience speaking to clients and family members who contact ACE, issues relating to end-of-life and consent to treatment are of great importance to everyone. It is not always the case that seniors make it known to their family members and close friends what their wishes may be in the event that they become incapable. The case of *Rasouli* serves to highlight how important it is for older adults to have these very difficult discussions with family members and/or close friends in advance, so that these individuals are aware of what the older adult's wishes are. This is, of course, but a small part of a very complicated and emotional issue. It will be interesting to see whether the Supreme Court of Canada will grant leave to the physicians in Mr. Rasouli's case but regardless of the outcome, Mr. Rasouli's family will likely face many difficult and emotional decisions in the days ahead.

NEW CPP AND OAS PENALTIES FOR MISREPRESENTATION

By: Rita Chrolavicius, Staff Lawyer

MISREPRESENTATION

New administrative penalties under the *Canada Pension Plan Act*[1] and the *Old Age Security Act*[2] came into force on April 1, 2010. Penalties of up to $10,000.00 can be imposed for each act which constitutes a misrepresentation made to Service Canada. Should an individual knowingly provide false or misleading information, or omit/leave out information, this may constitute misrepresentation and the person may be subject to a penalty. A penalty can also be imposed on a person who does not return a benefit payment that the person receives and ought to have known that they were not entitled to. In addition, interest will accrue on any unpaid penalties.

VOLUNTARY DISCLOSURE

Service Canada has a disclosure policy that permits a person to come forward and correct inaccurate or incomplete information previously provided to Service Canada. This may also include disclosing information that was not previously disclosed. Making a voluntary disclosure may benefit the person because they may be exempt from penalty or prosecution. The disclosure must be given before an investigation has been started. The disclosure must also be complete and accurate.

The Canada Pension Plan/Old Age Security contact information line is 1-800-277-9914 or (TTY: 1-800-255-4786).

[1] RSC, 1985, c C-8.

[2] RSC, 1985, c O-9.

ABUSE REPORTING REQUIREMENTS UNDER THE *RETIREMENT HOMES ACT* – GOOD IDEA BUT...

By: Judith Wahl, Executive Director & Staff Lawyer

On May 17, 2011, the Ontario government announced that they would take action to protect retirement home residents by implementing immediate protection measures. As a result, certain sections of the new *Retirement Homes Act*[1] (*RHA*) concerning the reporting of abuse of residents were to immediately come into effect as implemented in part by Ontario Regulation 165/11. According to the government's announcement, the immediate protection measures were implemented to protect seniors living in retirement homes from abuse and risk of abuse.

Although the government brought in these protection measures, the *RHA* and its regulations remain only proclaimed in part. The *RHA* establishes a Retirement Homes Regulatory Authority (the "Authority") that has been charged with the responsibility of licensing and inspecting retirement homes in Ontario. It will also be responsible for monitoring the care standards in retirement homes. This system is independent of government and is not part of any Ministry.

The structure of the Authority is defined in the *RHA*. At this time, the government has appointed the initial five members of the Authority's Board. It is anticipated, however, that the Authority will eventually become a self-governing body. While the initial funding to establish the Authority will come from the government, the expectation is that the Authority will be funded on an ongoing basis through licensing and other fees charged to retirement home operators.

Initially, only those sections of the *RHA* necessary to establish the Authority and to allow it to begin setting up were proclaimed. Within the *RHA*, there is a provision that requires that there must be public consultations on the draft regulations to the legislation. The first phase of the initial draft regulations were released earlier in 2011 and ACE provided written submissions and recommendations to the government on April 8, 2011. ACE provided further submissions to the government on the second phase of the draft regulations on June 20, 2011 (see our website at: www.acelaw.ca for more information).

While the immediate protection measures have been implemented, the Authority has no powers to do anything about any reports of abuse it receives other than to send in an inspector to investigate the allegations and then refer the matter to other bodies, such as the police, fire officials, or public health officials, for follow-up. As the licensing and enforcement provisions in the *RHA* are not yet in effect, the Authority does not have the ability to issue orders against those homes where there have been substantiated reports of alleged abuse or neglect.

Once more, because the Authority does not have the staffing and technical supports to receive telephone calls about abuse directly, the public is being advised to make any reports to the Complaints Response and Information Service, commonly known as the CRIS line. The CRIS line is funded by the Ontario government but is operated by the Ontario Retirement Community Association ("ORCA") – the trade association for retirement home operators.

The abuse reporting process under the immediate protection measures is intended to alert the Authority to any abuse suffered by a resident, including alleged abuse and neglect perpetrated by staff and/or an operator of a retirement home. If such reports are being made via the CRIS line which is presently operated by the association that represents many home operators, a conflict of interest is created which could impact public perception of the Authority as being an independent body.

[1] SO 2010, Chapter 11

PROBLEMS WITH PROCLAMATION OF SECTIONS ON ABUSE AND NEGLECT

Although it was with the best of intentions that the government proclaimed those sections of the *RHA* relating to the reporting of abuse, ACE has concerns about the effectiveness of the immediate protection measures given that only a portion of the *RHA* is in effect. Some of the problems we have identified include:

- In section 75 of the *RHA* , reports of abuse and neglect and the other matters referenced there are supposed to be made directly to the Registrar of the Authority BUT at the time of the government's May 2011 announcement concerning the immediate protection measures, the reports were to go to the CRIS line which is operated by ORCA. ORCA represents the retirement home operators who will be the licensees under the *RHA*. ACE was told that the Authority has a Memorandum of Understanding with the CRIS line and it would continue to be operated by ORCA for now. The concern is that the CRIS line will continue to be operated by ORCA and will become a branch of the Authority. In our opinion, this would impact public confidence in the Authority in that it would not be independent of the retirement industry;
- ACE is also concerned that the CRIS line operators, who are employees of ORCA, will be triaging the calls and determining which calls will be redirected to the Authority. ACE has raised this concern with the Office of the Minister Responsible for Seniors given that what is considered abuse and neglect may be different from the perspective of the operators of the CRIS line, the tenants (residents) of the homes, the home operators, and the Authority;
- ACE has also requested information concerning the training, if any, delivered by the Authority to the CRIS line operators specifically around which calls they are to refer to the Authority. ACE has also asked questions about whether the CRIS line operators will be required to keep confidential from ORCA (their employer) and the retirement homes that are the subject of complaints, any reports received through the telephone lines concerning abuse and neglect, as disclosure of such information could jeopardize any potential investigation by the Authority.

ACE is concerned that by reporting through the CRIS line instead of the Regulatory Authority, the set-up of the reporting system already does not comply with the requirements of the *RHA*.

An independent telephone line operated by the Authority is required, which will provide information to the public about the licensing of retirement homes and the regulatory system; including the role of the Authority, the Registrar, and the Complaints Officer. Further, this independent telephone line should receive any reports of alleged abuse or neglect of residents directly.

It is imperative that the government release the remaining regulations to the *RHA* immediately so that the legislation can be proclaimed and the licensing system enacted. While ACE does not believe that the *RHA* is the optimal model for regulating this industry, licensing requirements and care standards enforceable by a body separate from the industry are important steps in the development of a comprehensive regulatory scheme to support and protect retirement home tenants.

CRITIQUE OF PROPOSED CHANGES TO THE *PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT* (PIPEDA)

By: Heather Conklin, Articling Student

In 2010, the Federal Government introduced in the House of Commons Bill C-29, *An Act to amend the Personal Information Protection and Electronic Documents Act* (short title: *Safeguarding Canadians' Personal Information Act*).[1] Bill C-29 was a response to the recommendations made by the Standing Committee on Access to Information, Privacy and Ethics ("Standing Committee") following their Statutory Review of *PIPEDA*.[2] The Standing Committee issued its *Fourth Report on Access to Information, Privacy and Ethics* ("Fourth Report") in May, 2007.[3]

The Standing Committee heard from a number of groups, including the Insurance Bureau of Canada (IBC), the Financial Advisors Association of Canada (Advocis) and the Canadian Bankers' Association (CBA). The CBA raised concerns about the incidence of financial abuse of older adults and the inability of *PIPEDA* to address this serious problem.[4]

PIPEDA permits the disclosure of personal information without consent, but only in very limited circumstances. The general rule is that personal information about an individual cannot be disclosed without that individual's knowledge and consent. According to section 7(3)(e) of *PIPEDA*, disclosure of information without consent is allowed when it is ". . . . to a person who needs the information because of an emergency that threatens the life, health or security of an individual and, if the individual whom the information is about is alive, the organization informs that individual in writing without delay of the disclosure."[5]

The exemption for obtaining consent prior to disclosure of information, however, does not include situations of suspected financial abuse. Groups such as the CBA take the position that *PIPEDA* should be amended to permit disclosure of personal information to authorities, next-of-kin or a designated contact in cases of suspected financial abuse, without the consent of the individual who is the possible victim of the abuse. The CBA raised their concerns with the Standing Committee as part of the Statutory Review:

> Prior to *PIPEDA*, under common law, banks were able to disclose their suspicions about abuse to the authorities, to the vulnerable customer's family, or to another responsible person who might be able to investigate and stop any abuse. Financial abuse of the elderly is a significant issue in Canada. The public and families of such customers expect bankers to help prevent any abuse. Under the current legislation, though, while branch employees want to help, they are not allowed to because there are no exceptions that cover such situations. We are recommending an exemption for disclosure without consent when it is in the public interest. (January 30, 2007)[6]

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[1] Bill C-29, *An Act to amend the Personal Information Protection and Electronic Documents Act*, 3rd Sess, 40th Parl, 2010.

[2] *Personal Information Protection and Electronic Documents Act*, SC 2000, c 5 [*PIPEDA*].

[3] House of Commons Canada, Standing Committee on Access to Information, Privacy and Ethics, *Statutory Review of the Personal Information Protection and Electronic Documents Act (PIPEDA)* (Fourth Report) (Ottawa: House of Commons Committees, May 2007), online: House of Commons Committees <http://www.parl.gc.ca/content/hoc/Committee/391/ETHI/Reports/RP2891060/ethirp04/ethirp04-e.pdf>.

[4] *Ibid*, at page 22.

[5] *Ibid*, at page 22.

[6] *Ibid*, at page 23.

The CBA's recommended exemption was included in the Fourth Report of the Standing Committee and subsequently in Bill C-29. The changes to *PIPEDA* would allow for the disclosure of personal information without having to first obtain consent to a government institution; the individual's next-of-kin; or an authorized representative where:

> There are reasonable grounds to suspect financial abuse, and
>
> Where the sole purpose of the disclosure is related to preventing and investigating the abuse.

Bill C-29 did not move beyond Introduction and First Reading in the House of Commons, dying on the order paper because of the federal election on May 2, 2011. However, this same amendment has been re-introduced in Bill C-12, *An Act to Amend the Personal Information Protection and Electronic Documents Act*, which went through Introduction and First Reading on September 29, 2011.[7] Section 6(9)(d.2) of Bill C-12 reads:

> (9) Subsection 7(3) of the Act is amended by adding the following after paragraph (d):
>
> (d.2) made on the initiative of the organization to a government institution, a part of a government institution or the individual's next of kin or authorized representative and
>
> (i) the organization has reasonable grounds to believe that the individual has been, is or may be the victim of financial abuse, and
>
> (ii) the disclosure is made solely for purposes related to preventing or investigating the abuse;

ACE has concerns about the proposed amendment as it fails to address the need to first speak with the senior in a case where there is suspected financial abuse and instead, gives banks and other organizations the ability to disclose information without the consent of the senior.

Financial abuse of older adults is a serious problem in Canada. What makes financial abuse so difficult to tackle is the fact that it can take a variety of forms and can be challenging to detect. ACE has seen many cases of older adults who have been financially abused by their family members and/or other trusted individuals. Financial abuse tends to be a matter of trust and opportunity and

[7] Bill C-12, *An Act to Amend the Personal Information Protection and Electronic Documents Act*, 1st Sess, 41st Parl, 2011.

in many cases, the alleged abusers are also family members who realize this and take advantage of these circumstances. Further, seniors who find themselves being financially abused by a family member or trusted friend are reluctant to report their abusers for fear that they will upset the abuser or get them in trouble and as a result, end the relationship.

While ACE supports efforts through policy or legislation to address the problem of financial abuse of seniors, we have concerns about dealing with this issue through an amendment to *PIPEDA*. Such an amendment could result in the disclosure of suspected financial abuse to the senior's next-of-kin or authorized representative without the senior's consent in cases where it is the senior's next-of-kin or authorized representative who is the alleged perpetrator of the abuse. If a financial institution discloses concerns about suspicious transactions to an older adult's next-of-kin who is perpetrating the abuse, this would result in an inadvertent warning to the abuser that he/she needs to be more careful in concealing the fraudulent activity.

Also of concern is the fact that the proposed amendment permits financial institutions to raise such concerns with family members and authorized representatives directly and does not speak to the need to first communicate with the individual who is believed to be a victim (i.e. the senior). Instead, if *PIPEDA* is to be amended to allow for disclosure of information without consent, such disclosure should be to a government department, such as the Office of the Public Guardian and Trustee in Ontario. This would serve the purpose of protecting an individual believed to be a victim of financial abuse without putting them at risk by alerting their alleged abuser.

Based on the information that ACE receives from seniors who contact our office, the senior often reports difficulty in communicating with employees of organizations such as banks who will sometimes ask to speak with his or her family members or next-of-kin instead of taking the time to speak with the capable senior themselves. This is not an unusual situation and likely is a reflection of the ageism that seniors often face. The concern is that the passage of Bill C-12 into law will result in seniors being further marginalized by these institutions, making it easier for staff of these organizations to simply disclose information without having to first speak with the senior to explain what is happening and to obtain consent.

Financial abuse of older adults is a serious issue that warrants government concern and action. An inappropriate legislative response that undermines the autonomy of older adults, however, and has the potential to warn perpetrators of financial abuse and fraud that they are about to be caught, may end up doing more harm than good.

Concerns about the amendments proposed by Bill C-12 can be made to:

- Your Member of Parliament
- The Minister of State for Seniors, the Honourable Alice Wong:

Richmond Office:
Unit 360 – 5951 No. 3 Road
Richmond, BC
V6X 2E3

Phone:	604-775-5790
Toll Free:	1-877-775-5790
Fax:	604-775-6291

Ottawa Office
House of Commons
Ottawa, Ontario
K1A 0A6

Phone:	613-995-2021
Fax:	613-995-2174
E-Mail:	alice.wong@parl.gc.ca

Should you have any concerns or questions about your personal information rights and obligations, contact the Office of the Privacy Commissioner of Canada between the hours of 8:30 a.m. to 4:30 p.m. Monday to Friday at:

Toll-free:	1-800-282-1376
Phone:	(613) 947-1698
Fax:	(613) 947-6850
TTY:	(613) 992-9190

CHANGES TO CPP AFFECTING EARLY AND LATE RETIREMENT BENEFIT RATES

By: Rita Chrolavicius, Staff Lawyer

Beginning in 2011, the Federal government introduced changes affecting the payment rates for early and late CPP retirement benefits. These changes will take place gradually from 2011 until 2016. One major change is that the incentive to begin receiving CPP retirement benefits between ages 60 and 64 will be reduced, while the incentives to delay collecting CPP retirement benefits until after you reach the ages of 66 to 70 will be increased.

Previously, if contributors started receiving their CPP retirement benefits at the age of 60, their pension amounts were 30% less than if they started receiving their pension at age 65. By 2016, if contributors start receiving their CPP retirement benefits at the age of 60, their pension amounts will be 36% less than if taken at age 65.

Previously, contributors who started receiving their CPP retirement benefits at the age of 70 had their pension amounts increased by 30% more than what they would have received if they had taken the benefit at the age of 65. By 2013, if contributors delay receipt of their CPP retirement benefits to age 70, their pension amounts will be 42% more than if taken at the age of 65. These changes reflect the government's objective of encouraging people to begin receiving CPP retirement benefits later.

CPP BENEFITS AT AGE 60 AND CONTINUED EMPLOYMENT

Starting in 2012, contributors can begin receiving CPP retirement benefits at age 60 while still continuing to work. Previously, in order to receive early CPP retirement benefits, there was a requirement that contributors stop working or that contributors receive less than $960.00 per month in employment income. This "stop work" requirement has been eliminated. However, those who are considering applying to receive CPP retirement benefits before they turn 65 should think carefully as this will mean the amount received will be lower.

CPP CONTRIBUTIONS AND THE POST-RETIREMENT BENEFIT

If individuals continue to work between the ages of 60 and 64, CPP contributions continue to be mandatory, both for the workers and for their employers. If individuals continue to work between the ages of 65 and 70, they have the option of continuing to make CPP contributions. Should they choose to do so this will increase the amount of income that they will receive through a newly introduced benefit called the Post-Retirement Benefit ("PRB"). Employers will be required to contribute to the PRB if their employee contributes. Unlike CPP retirement benefits, the PRB will not be subject to credit splitting or retirement benefit sharing. The PRB will be paid for life. The PRB is separate from the CPP retirement benefit and it will be added to an individual's CPP retirement benefit even if the maximum is already being received.

STATEMENT OF CONTRIBUTIONS

The decision about whether or not to take early CPP retirement benefits is a complex one. One of the biggest factors is a person's life expectancy. An individual's life expectancy is, to a large extent, an unknown quantity. In any case, it is a good idea for individuals to obtain their statements of contributions and their estimated monthly CPP retirement benefits.

Individuals can obtain a statement of contributions that contains a history of their contributions to CPP, as well as estimates of any CPP retirement benefits they may be eligible to receive. To request a statement of contributions, individuals can contact the Income Security Programs Office at 1-800-277-9914 and press Option "6". The statement of contributions can also be obtained online at: <http://www.servicecanada.gc.ca>.

R. V. J.A. – REQUIREMENT FOR CONSENT AND CAPACITY TO SEXUAL ACTIVITY CONFIRMED BY SUPREME COURT OF CANADA

By: Judith Wahl, Executive Director & Staff Lawyer

Many long-term care homes are in the process of developing policies concerning sexuality in order to support the right of capable residents to engage in consensual sexual relationships while residing in a congregate living setting. The policies are also intended to guide long-term care home staff in what to do to protect residents from sexual abuse, since a high proportion of residents in long-term care homes have some degree of dementia.

The fundamental issues that must be addressed in such policies concern consent and capacity. What is consent to sexual activity? Is consent express or implied? Can consent be communicated in advance of sexual activity or must it be at the time of the activity? Can consent be given by someone other than the person involved in the activity, such as a substitute decision-maker? Does a person need to be mentally capable to consent to such activity and how is capacity to consent to sexual activity defined and determined? The recent case of *R. v. J.A.*[1], from the Supreme Court of Canada (the "Court") provides some important guidance on these thorny issues.

The facts of the case are not about older persons in long-term care or any other congregate setting. The case reviewed whether the defendant was guilty of sexual assault when the sexual activity involved an unconscious partner. However, the decision of the Court is directly relevant to the sexuality policies in long-term care since it does address the issues of consent and capacity as they relate to sexual relations.

The Court's decision confirms that a person cannot give advance consent to sexual activity. Further, the Court determined that consent requires that the person be capable of consenting and able to provide active consent throughout every phase of the sexual activity. From this, we can conclude that substitute decision-makers cannot consent to sexual activity on behalf of persons who lack the capacity to consent.

While Chief Justice McLachlin delivered the Reasons for Judgement for the majority of the Court, Justice Fish on behalf of himself and Justices Binnie and LeBel, provided Dissenting Reasons in the decision. The following excerpts from the Reasons for Judgement highlight some of the complicated issues surrounding consent and capacity to sexual activity that were raised in this case:

> Parliament requires ongoing, conscious consent to ensure that women and men are not the victims of sexual exploitation, and to ensure that individuals engaging in sexual activity are capable of asking their partners to stop at any point.[2]

> Consent for the purposes of sexual assault is defined in s. 273.1(1) *[Criminal Code]*[3] as "the voluntary agreement of the complainant to engage in the sexual activity in question". This suggests that the consent of the complainant must be specifically directed to each and every sexual act, negating the argument that broad advance consent is what Parliament had in mind. As discussed below, this Court has also interpreted this provision as requiring the complainant to consent to the activity "at the time it occur[s]" (*Ewanchuk*, at para. 26).[4]

[1] *R v JA*, 2011 SCC 28, [2011] 2 SCR 440 [*JA*].

[2] *Ibid* at page 4 [Headnote].

[3] RSC, 1985 c C-46 s 271.1(1).

[4] *JA, supra* note 1 at para 34.

Section 273.1(2)(b) of the *Criminal Code* provides that no consent is obtained if "the complainant is **incapable** of consenting to the activity" [emphasis added]. Parliament was concerned that sexual acts might be perpetrated on persons who do not have the mental capacity to give meaningful consent. This might be because of mental impairment. It also might arise from unconsciousness: see *R. v. Esau*, [1997] 2 S.C.R. 777; *R v. Humphrey* (2001), 143 O.A.C. 151, at para. 56, per Charron J.A. (as she then was). **It follows that Parliament intended consent to mean the conscious consent of an operating mind** [emphasis added].[5]

The jurisprudence of this Court also establishes that there is **no substitute for the complainant's actual consent to the sexual activity at the time it occurred** [emphasis added]. It is not open to the defendant to argue that the complainant's consent was implied by the circumstances, or by the relationship between the accused and the complainant. There is no defence of implied consent to sexual assault: *Ewanchuk*, at para. 31.[6]

Unfortunately, the case of *R. v. J.A.* does not answer many of the questions posed at the beginning of this article: what is capacity to consent to sexual activity and how this capacity should be assessed or determined. If a person has dementia, would that mean that that person lacks capacity for this purpose? Or is it only when a person has a more advanced degree of dementia that he or she would lose capacity to consent to a sexual relationship? Many people with dementia would be considered capable for most types of decision-making for most of the time. The decision of the Court does make one thing clear and that is that there needs to be ongoing discussion about these complex issues.

[5] *Ibid* at page 36.

[6] *Ibid* at page 47.

NEWS AND ANNOUNCEMENTS

NEW ONTARIO MINISTER RESPONSIBLE FOR SENIORS

Following the recent provincial election, on October 6, 2011, Linda Jeffrey, MPP for the riding of Brampton-Springdale, was appointed by Premier Dalton McGuinty to be the new Minister Responsible for Seniors. In addition to this portfolio, Ms. Jeffrey will also be the Minister of Labour for the province.

Ms. Jeffrey was first elected municipally in 1991 and served four consecutive terms on Brampton City Council. She was elected as the MPP for the riding of Brampton Centre in 2003 and re-elected in 2007 to represent the redistributed riding of Brampton-Springdale.

Previously, she served as Parliamentary Assistant to the Ministers of Children and Youth Services, Democratic Renewal, Intergovernmental Affairs, Citizenship and Immigration and Transportation. She joined Cabinet in January, 2010 as Minister of Natural Resources.

ACE offers its congratulations to Ms. Jeffrey on her appointment and we look forward to having the opportunity to work with Ms. Jeffrey on issues of relevance and concern to Ontario's seniors.

UPDATE ON THE PSW REGISTRY

The Ministry of Health and Long-Term Care is continuing to move towards establishing a Personal Support Worker (PSW) Registry in Ontario. The Ministry has indicated that the Ontario Community Support Association (OCSA) will be taking the lead and working collaboratively with PSWs and PSW Stakeholders on this project. The Ministry and OCSA are hopeful that the Registry will be in operation September 2012.

Presently, the OCSA is in the process of forming a PSW Registry Steering Committee to work on the development of the Registry. ACE has been invited to provide a delegate for the Steering Committee and Research Lawyer, Clara Ho, will be ACE's representative on this Committee. ACE looks forward to working with OCSA on this very important initiative.

Meetings of the Steering Committee have not yet commenced. We will continue to keep our readers updated as further information concerning this important project becomes available.

ENERGY CONSUMER PROTECTION ACT, 2010

On January 1, 2011, the *Energy Consumer Protection Act*, 2010[1], (*ECPA*) came into force establishing new guidelines and regulations for licensed electricity retailers and gas marketers. The Ontario Energy Board ("OEB") is responsible for regulating those companies that offer retail contracts for electricity and natural gas to homeowners and small business in Ontario. The new rules apply to any energy or gas contracts entered into after January 1, 2011.

Under the new framework established by the *ECPA*, a salesperson representing an electricity retailer or gas marketer that comes to your door must wear a valid identification badge with his or her name, a recent photograph, and the name of the company that he or she works for. As well, the salesperson must provide you with a business card that includes all of the same information as well as the OEB number of the company that he or she represents. You are under no obligation to sign a contract with the salesperson nor do you have to show them your current gas or electricity bill. It is important to keep in mind that there is no guarantee that you will save by signing a contract.

The new *ECPA* also gives consumers additional rights to cancel contracts. You have a ten (10) day "cooling-off period" to cancel the contract without penalty once you have signed it. For electricity contracts, you have thirty (30) days after you receive your first bill to cancel your contract without having to pay a cancellation fee. In some cases, you may be required to verify your contract in order for it to continue. This is different from simply acknowledging receipt of the contract. Some gas marketers or electricity retailers get this verification by telephone. Once you verify the contract, you may be required to pay a cancellation fee should you wish to cancel your contract afterwards.

While the new framework and rules provide more protection, it is still important for consumers to know their rights for any contracts that they signed before January 1, 2011. For more information, we recommend that you contact the Ontario Energy Board Consumer Relations Centre at 1-877-632-2727 (toll-free within Ontario) or 416-314-2455 (within Greater Toronto Area or from outside Canada) between the hours of 8:30 a.m. to 5:00 p.m. (Eastern Time) or visit their website at: <http://www.ontarioenergyboard.ca/OEB/Consumers/Consumer +Protection>.

[1] SO 2010, c 8.

CONSUMER COMPLAINTS: BUYERS AND RENTERS BEWARE

Under the new *Energy Consumers Protection Act*, 2010[1], the Ontario Energy Board ("OEB") has conducted audits of a number of companies that sell natural gas or electricity contracts. In a column published in the Toronto Star by Ellen Roseman, she reports that the OEB audited twelve companies in August, 2011 and found that all of the companies had failed to comply with the new rules and regulations.[2]

Roseman's column goes further, however, to highlight a new problem with respect to companies using aggressive tactics to persuade people to replace their hot water heaters. She tells the story of Jose Martins, an 87 year-old Toronto man who was persuaded to replace his hot water heater by a salesperson who showed up at his house. The salesperson convinced Mr. Martins that the water heater would be replaced under a government program to get rid of inefficient older water heaters. While Mr. Martins' old water heater was not giving him any trouble, he was persuaded by the salesperson's aggressive tactics.

Soon after installation, Mr. Martins' new water heater started leaking. His daughter tried to assist him in cancelling the contract within the ten-day cooling-off period but the company refused. Mr. Martins was told that he would have to pay a $300.00 cancellation fee to cover the removal of the faulty water heater. Unfortunately, the replacement of water heaters falls outside of the scope of the OEB's jurisdiction. According to the Ontario Ministry of Consumer Services' website, in 2010 consumer complaints received about hot water heater rentals jumped to third place on their Top Ten Consumer Complaints list.[3]

If you have concerns about the tactics used by door-to-door salespersons coming to your home to sell products including burglar alarms, water purifiers or water heaters, contact the Ontario Ministry of Consumer Services at 416-326-8800 or 1-800-889-9768 to get information about making a complaint. More information is available on the Ministry of Consumer Services' website at: <http://www.sse.gov.on.ca/mcs/en/Pages/Complaint_Steps_to_File.aspx>.

[1] SO 2010, c 8.

[2] Ellen Roseman, "Man, 87, caught in water heater scam", The Toronto Star (14 September 2011) online: *The Toronto Star* <http://www.thestar.com/article/1053165--roseman-man-87-caught-in-water-tank-scam>.

[3] Ontario Ministry of Consumer Services, *Top Ten Consumer Complaints*, 2010, online: <http://www.sse.gov.on.ca/mcs/en/Pages/Top_Ten_Complaints.aspx>.

INTRODUCING ACE ARTICLING STUDENT, HEATHER CONKLIN

In July 2011, Heather Conklin joined the staff team at ACE as our Articling Student.

Heather graduated from the University of Toronto with a Bachelor of Arts (Honours) in English, Specialist Degree. She completed her law degree at Osgoode Hall Law School in June, 2011. During law school, Heather worked as a student caseworker at Parkdale Community Legal Services where she supported clients with social assistance and other poverty law issues. She spent her last summer of law school working at the Ministry of Community Safety and Correctional Services exploring human rights issues in the context of policing and corrections.

Heather is a valuable asset to ACE and we are very fortunate to have her with us. Please join us in welcoming Heather to our staff team.

ACE STUDENT VOLUNTEER: CHRIS OGILVIE

From time to time, ACE is fortunate to have student volunteers work with us on various issues of concern to seniors. Chris Ogilvie is one of our excellent volunteers.

Chris is currently a law student at the University of Toronto and has a particular interest in constitutional law. He first became involved with ACE through a Pro Bono Students Canada placement, working part-time. This past summer, he volunteered with ACE full-time and assisted staff with research and other work. We thank Chris for his hard work and dedication in supporting ACE and our staff.

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416.906.2111 | nick@ninedoors.com

PARKINSON SOCIETY CANADA LAUNCHES INNOVATIVE EDUCATION AND AWARENESS PROGRAM

By: Jon Collins, Education Program Development Coordinator
Parkinson Society Central & Northern Ontario

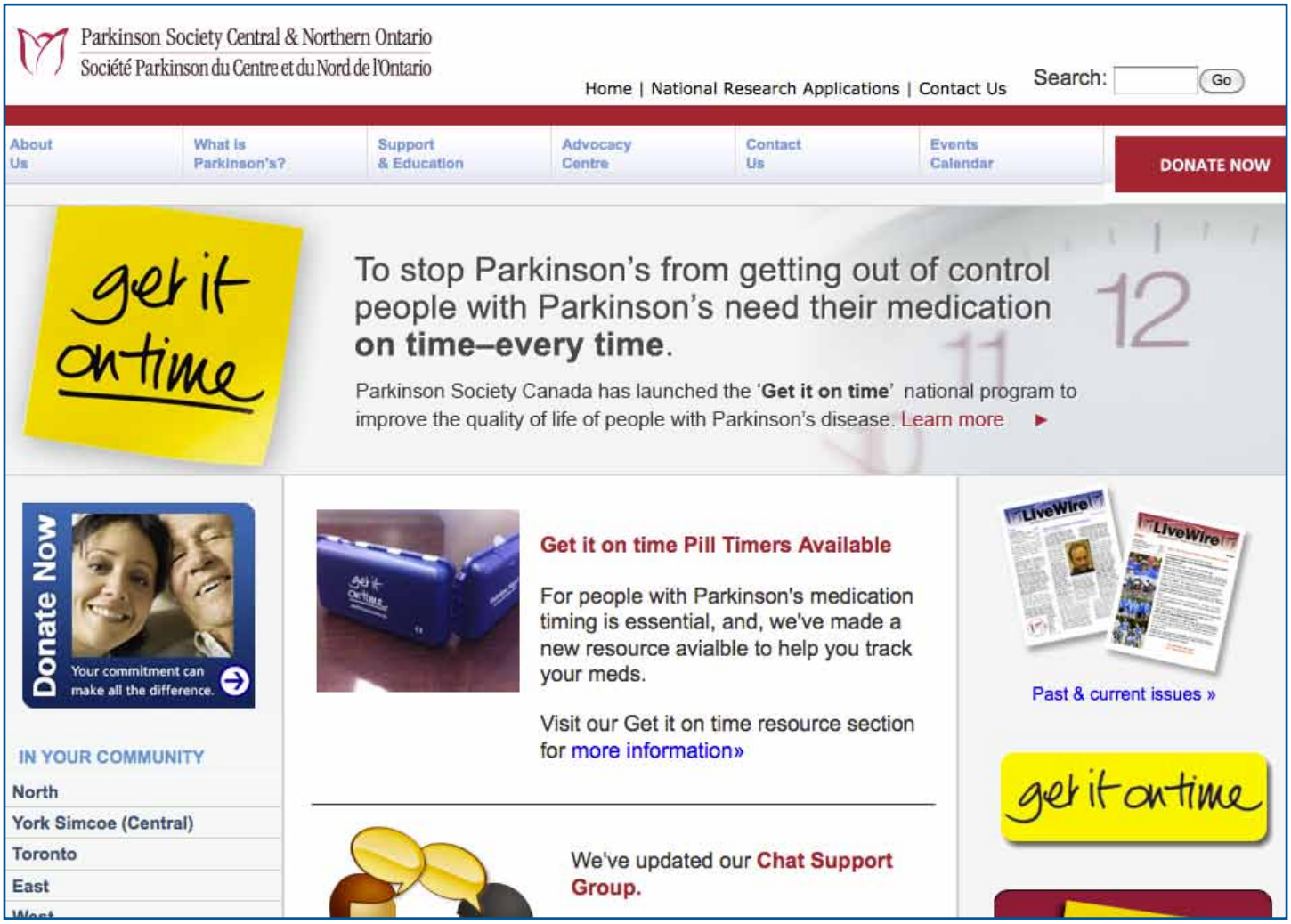
To highlight the importance of medication timing for people living with Parkinson's, Parkinson Society Canada has introduced **Get it on time**, an innovative education and awareness program designed to ensure that people with Parkinson's receive their medication on time, every time, whether they are in emergency rooms, hospital wards, or long-term care homes.

The timing of medication is of extreme importance to people living with Parkinson's, whether they are living in long-term care, at home, or in hospital.

Get it on time was developed and implemented by Parkinson's United Kingdom. The Program was launched in January, 2011 and uses the voices of people with Parkinson's and their care partners to target the **Get it on time** message to health care providers through in-service training and communication tools (i.e. information kits, posters, stickers to be attached to patient charts and care plans).

The program also has a self-advocacy component, encouraging people with Parkinson's to bring their own medication to the hospital or care facility and inform staff about their precise medication needs.

For more information, visit the website of the Parkinson Society Central & Northern Ontario at: <www.parkinsoncno.ca>



HOLIDAY HOURS

ACE will be closed on the following days during the holiday season:

- Monday, December 26
- Tuesday, December 27
- Monday, January 2, 2012

Seasons' greetings and best wishes for the new year from everyone at ACE!

COMMENTS FOR THE EDITOR

Comments about this newsletter may be sent to the editor, Clara Ho, via regular mail or email (hoc@lao.on.ca).

ELECTRONIC NEWSLETTERS

To receive a copy of this and future newsletters electronically, please send an email to gillardt@lao.on.ca.

APPLICATION FOR MEMBERSHIP

Advocacy Centre for the Elderly*
2 Carlton Street, Suite 701, Toronto, Ontario M5B 1J3 • Phone: 416-598-2656 • Fax: 416-598-7924
Please feel free to photocopy this page and send it to ACE to become a member!

Name (Individual/Corporate):_____

Corporate Contact (if applicable):_____

Address:_____ Apt.:_____

City:_____ Postal Code:_____

Telephone (Home):_____ Business:_____

Email:_____

MEMBERSHIP FEE (check one) ☐ Individual ($10.00 enclosed) ☐ Corporate ($25.00 enclosed)

In addition to my membership fee, a donation of $_____ is enclosed.**

Your membership is important. If the fee presents financial difficulties, please feel free to join anyway.

Committee Membership:
I am interested in seniors' issues and would consider membership on an ACE Committee.
☐ Yes ☐ No

Membership Expiry Date: Annual General Meeting, Fall 2012

By-Law No.1, 14.9 states: No owner or management official of a long term care facility, or employee of any organization representing long term care facilities shall be eligible to be elected to the Board of Directors of the Advocacy Centre for the Elderly.

* ACE is incorporated as a non-profit corporation under the name "Holly Street Advocacy Centre for the Elderly Inc."
** A tax receipt will be issued for donations over $10.00.