**OBJECTIVES**

This procedure will set out the appropriate actions to be taken during the Consent Process for Mature Minors OR Legal Representatives acting on behalf of Minor Patients.

- A Patient under the age of eighteen (18) years is presumed to be a **Minor Patient** without Capacity.
- A Patient under the age of eighteen (18) years may be assessed and determined to be a **Mature Minor**.

This procedure will address:

1. Presumption of Lack of Capacity
2. Who May Give Consent
3. Consent is Required
4. Exceptions to Consent
5. Accountability
6. Consent Process
7. Duration of Consent
8. Refusal of Treatment/Procedure
9. Withdrawal of Consent

APPLICABILITY

Compliance with this procedure is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted services providers as necessary). This procedure does not limit any legal rights to which you may otherwise be entitled.

PROCEDURE

1. Presumption of Lack of Capacity
   1.1 A Patient under the age of eighteen (18) years is presumed to be a Minor Patient without Capacity, unless assessed and determined to be a Mature Minor:
      a) Health Practitioners shall conduct the assessment for a Mature Minor by asking questions in order to determine whether the Minor Patient has the intelligence and maturity to provide consent for a Treatment/Procedure(s) without the input of their Legal Representative.
      b) The outcome of the assessment shall be documented in the Patient’s Health Record.

2. Who May Give Consent
   2.1 Subject to Sections 8.1 and 9.1 of this procedure, a Mature Minor may give or refuse consent to Treatment/Procedure(s), and their Legal Representative cannot override the Mature Minor’s decision.
   2.2 Despite Section 2.1 above, a court order may override the Mature Minor’s decision regarding a Treatment/Procedure.
   2.3 If the Minor is not considered to be a Mature Minor, subject to Sections 8.1 & 9.1, the Minor’s Legal Representative may give or refuse consent to Treatment/Procedure(s) for the Minor.
   2.4 Despite Section 2.3 above, a court order may override a Minor’s Legal Representative decision regarding a Treatment/Procedure.
   2.5 For clarity, if the Minor is not considered to be a Mature Minor, the following are examples of persons who may not consent to Procedure(s) for the Minor unless they are the Minor’s Legal Representative:
a) step-parent;
b) adult in an adult interdependent relationship (common-law relationship);
c) grandparent;
d) the parent’s girlfriend or boyfriend;
e) family friend or neighbour; or
f) nanny/babysitter.

2.6 Special Circumstances

a) Where Alberta Health Services is aware that two Legal Representatives disagree regarding the consent to a Minor’s Treatment/Procedure(s), the Legal Representatives should be encouraged to come to a consensus; otherwise the Treatment/Procedure(s) cannot proceed without a court order. If one Legal Representative is unwilling to permit the Minor to receive essential medical, surgical or other remedial treatment that is necessary for the health or well-being of the Minor, then the Most Responsible Health Practitioner shall report this to the Director of Child and Family Services Authority. The Director of Child and Family Services Authority may seek a court order permitting the Director to make decisions on behalf of the Minor.

b) Where the Minor’s Legal Representative has lost the Capacity to consent to Treatment/Procedure(s) for the Minor, the Most Responsible Health Practitioner shall report this to the Director of Child and Family Services Authority and consent to the Treatment/Procedure(s) may be obtained from the Director of Child and Family Services Authority or other authorized individual according to the Child, Youth and Family Enhancement Act.

3. Consent is Required

3.1 Before a Treatment or Procedure is provided, there must be Express or Implied Consent, unless a valid exception applies (see section 4 for exceptions).

a) Additional Treatment/Procedure(s) that have nothing to do with the original Treatment/Procedure(s) but are discovered to be convenient at the time, or even beneficial, may not be performed without prior consent except in the case of an emergency.

3.2 All consent shall be informed whether it is Express or Implied Consent.

3.3 The Most Responsible Health Practitioner is responsible for ensuring that there is valid and informed consent for any given Treatment/Procedure(s) and is also responsible for determining the most appropriate method of obtaining that consent. Informed Consent may be expressed verbally or in writing, or be implied.
Notwithstanding section 3.3, and with the exception of an emergency situation (in an emergency, please refer to section 4.1) Express written consent shall be obtained for the transfusion of blood and blood products.

3.4 The Most Responsible Health Practitioner shall consider the nature, risks, consequences and alternatives of the Treatment/Procedure(s). Where the Most Responsible Health Practitioner determines that Express Consent is required to evidence the Mature Minor’s or Legal Representative’s agreement to the Treatment/Procedure(s):

a) Verbal consent shall be documented by the Most Responsible Health Practitioner in the Patient’s Health Record; and/or

b) Written consent shall be documented by the Most Responsible Health Practitioner through obtaining the signature of the Mature Minor or their Legal Representative on the Consent Form, which shall then be attached to the Patient’s Health Record. Prior written consent shall not be obtained whenever analgesic, narcotic or anaesthetic agents will significantly affect the Patient’s level of consciousness.

3.5 Implied Consent may be presumed in (but is not limited to) circumstances where the Mature Minor/ Minor with Legal Representative presents voluntarily for an examination, investigation, minor or less invasive Treatment/Procedure(s) which the Most Responsible Health Practitioner determines does not require Express Consent.

a) Implied Consent must still be informed.

b) The Most Responsible Health Practitioner should be satisfied that the circumstances or the actions of the Mature Minor or Legal Representative imply permission for the examinations, investigations and Treatment/Procedure(s) proposed. If there is any doubt as to whether there is implied consent, the Most Responsible Health Practitioner shall obtain Express Consent from the Mature Minor or Legal Representative.

4. Exceptions to Consent

4.1 Emergency Health Care:

a) In emergency situations where a Mature Minor or Legal Representative is unable to provide consent, medical care and treatment can be provided as long as the following criteria are met:

- The Mature Minor or Minor has an illness or injury and their life or health is immediately threatened; and
  - There is no knowledge that the Mature Minor or Legal Representative would have objected to the medical care and treatment; or
If there is knowledge that the Mature Minor or Legal Representative would have objected to the Treatment/Procedure, the Director of Child and Family Services Authority has been contacted and has provided consent or obtained a court order.

b) The physician shall document that an emergency situation exists by completing the relevant section of the Consent Form. In all possible situations, a second physician shall confirm the existence of the emergency situation. A second physician’s signature is recommended when possible although it is recognized that in rural settings there may not always be a second physician available.

- Residents are not permitted to provide a written opinion to confirm the criteria for emergency health care.

c) The details of the emergency situation and all medical care and treatment decisions shall be documented on the Patient's Health Record. All reasonable efforts shall be made to contact the Patient's Legal Representative to advise that emergency medical care and treatment was provided.

d) This emergency exception is only valid during the emergency situation. All future Treatment/Procedure(s) provided outside the emergency exception shall require that consent is documented on the Patient’s Health Record.

4.2 Exceptional Circumstances:

a) the requirement for Informed Consent may be overridden by a warrant, subpoena, court order or according to applicable legislation (for example: treatment order under the Mental Health Act; orders under the Public Health Act; orders under the Mandatory Testing and Disclosure Act).

5. Accountability for Obtaining Consent

5.1 The accountability to obtain Informed Consent shall rest with the Most Responsible Health Practitioner(s) who is proposing and/or delivering the specific Treatment/Procedure(s). In most circumstances, the Most Responsible Health Practitioner is a physician but may be another Health Practitioner who is providing the Treatment/Procedure(s).

5.2 The Most Responsible Health Practitioner remains accountable for the Consent Process, although more than one Health Practitioner may be involved in the delivery of the Treatment/Procedure(s).

5.3 Exception: Sections 5.1 and 5.2 do not apply in the case of human tissue and organ donation. See procedure: Consent to Treatment/Procedure(s): Human Tissue and Organ Donation, section 4.
6. Consent Process for Minors/Mature Minors

The provision of consent, and determination of the Capacity to Consent, must relate to specific Treatment/Procedure(s).

6.1 Determination of Capacity to provide Informed Consent

a) The Most Responsible Health Practitioner must determine whether the individual under eighteen (18) years is a Minor or a Mature Minor (see section 1.0).

6.2 Providing Relevant Information

a) The Most Responsible Health Practitioner shall give the Mature Minor or Legal Representative, or ensure the Mature Minor or Legal Representative has received, the information that a reasonable person would require to understand the proposed specific Treatment/Procedure(s) and to make an informed decision including, but not limited to, information about:

- the condition for which the Treatment/Procedure(s) is proposed;
- the nature of the proposed Treatment/Procedure(s); including “basket(s)” of Procedures where clinically indicated and approved.
- the risks and benefits of the proposed Treatment/Procedure(s) that a reasonable person in the patient’s circumstances would expect to be told about (if the Most Responsible Health Practitioner becomes aware of particular circumstances of the patient that might affect the information they would want or their treatment decisions, the Most Responsible Health Practitioner is responsible for addressing those particular circumstances with further information as appropriate);
- alternatives to the proposed Treatment/Procedure(s); and
- the likely consequences of not undertaking the Treatment/Procedure(s).

b) Consent is not valid if obtained in circumstances of fraud or through coercion. All information provided to the Mature Minor or Legal Representative must be accurate and understandable by the Mature Minor or Legal Representative.

6.3 Understanding of Information

a) Consent will be considered valid only if the Most Responsible Health Practitioner is of the opinion that the Mature Minor or the Legal Representative understands the purpose, nature, risks, benefits, consequences and alternatives of the proposed Treatment/Procedure(s).

b) The Health Practitioner(s) involved in the Consent Process should, when possible, communicate with the Mature Minor or Legal Representative in a manner appropriate to the Mature Minor or Legal Representative’s ability to understand. The Health Practitioner(s) must review any barriers to communication including, but not limited to: hearing, sight, language, culture,
literacy, level of education, level of anxiety and stress, and environmental factors, including location of discussion.

c) The Mature Minor or Legal Representative shall be offered the opportunity to ask questions and to receive understandable answers.

d) If the Mature Minor or Legal Representative is unable to understand the discussion or to read or understand the Consent Form, the contents of the Consent Form shall be read and explained to the Mature Minor or Legal Representative in the presence of a witness and with the assistance of an interpreter, as necessary.

e) The Most Responsible Health Practitioner may allow, at the request of the Mature Minor or Legal Representative, any relatives or friends that accompany the Mature Minor or Legal Representative and offer their assistance, to help the Mature Minor or Legal Representative to understand or demonstrate an understanding of the information. That individual may not be the witness to the Consent Form.

f) The Mature Minor or their Legal Representative should be given time, when it is clinically safe to do so, to reflect on the information prior to making a decision.

6.4 Decision-Making

a) The ability to provide consent rests solely with the Mature Minor or Legal Representative but the discussion of information leading to the decision being made is a shared process between the Mature Minor or Legal Representative and the Most Responsible Health Practitioner.

- Should the Mature Minor or Legal Representative be unable or unwilling to permit essential medical, surgical or other remedial treatment that is necessary for the patient’s health or well-being, the Director of Child and Family Services Authority must be forthwith notified.

b) In the case of a Mature Minor, consent should not be obtained after the administration of sedating medication, or while the Mature Minor is under the influence of drugs, alcohol or in shock, as the circumstances may be such to render the Mature Minor incapable of giving informed and voluntary consent.

c) Consent must be voluntary (with certain exceptions under the Mental Health Act). A Mature Minor or Legal Representative must have the opportunity to accept or refuse a Treatment /Procedure(s) without fear, constraint, compulsion or duress.

d) The decision of a Mature Minor or Legal Representative to refuse or proceed with a particular Treatment/Procedure(s) shall not prejudice the Patient’s access to ongoing, future health care.
e) Consent discussions should not occur in circumstances where the Patient feels pressured or does not have a reasonable opportunity to reflect on the decision or ask questions. Specifically, except in emergency situations, consent discussions should not take place in the operating room or its environs.

6.5 Documentation of Consent Process

a) The Most Responsible Health Practitioner performing the Treatment/Procedure(s) shall ensure that the Consent Process has been followed and that the Consent Process and outcomes are documented appropriately in the Patient’s Health Record. Specifically, the following outcomes shall be documented:
   • agreement to the Treatment /Procedure(s);
   • refusal of the Treatment /Procedure(s) (see section 8);
   • withdrawal of consent previously given (see section 9).

b) While the requirements for documentation outlined in a) above are met by appropriately filling in the applicable Consent Form, where written consent has been deemed necessary, documentation on the Patient’s Health Record regarding the consent discussion is highly recommended.

c) Prior to the Mature Minor or Legal Representative signing the Consent Form, the Most Responsible Health Practitioner shall ensure that the name of the specific Treatment/Procedure(s) is filled in. No abbreviations shall be used on the Consent Form.

d) Consent may be obtained in the Most Responsible Health Practitioner’s office if applicable. Completed Consent Forms shall be forwarded to the applicable Alberta Health Services setting where the Patient will be receiving the Treatment/Procedure(s).

e) Completed Consent Forms required for Treatment/Procedure(s) may be in a faxed or scanned format. Where possible, and at the earliest opportunity, the original Consent Form shall be obtained and placed on the Patient’s Health Record.

f) In the event that an interpreter is used, the interpreter shall complete the relevant documentation on the Consent Form.

g) A blind or disabled person’s “mark” is recognized as a valid signature on the Consent Form.

h) The Consent Form shall be added to the Patient’s Health Record.

6.6 Telephone Consent by Legal Representative
a) Consent may be accepted by telephone when written consent is required but is not possible to obtain in person. It is recommended that the Most Responsible Health Practitioner follow the Consent Process via telephone, including reading the Consent Form to the Legal Representative, confirming the decision and documenting the outcome.

b) When possible, and in particular when the Most Responsible Health Practitioner feels that it is necessary to have a witness to the Consent Process, a witness shall be used. The telephone call may also be recorded.

c) At the earliest opportunity, a written Consent Form should be completed and placed on the Patient’s Health Record.

6.7 Witnessing a Consent or a Refusal of Treatment

a) Written consent should always be witnessed.

b) Any person, other than a relative of the Patient, the Most Responsible Health Practitioner or the interpreter for the Patient, may witness the signing of a Consent Form.

c) Before acting as a witness, the witness shall confirm the Patient’s identity or if the signee is not the Patient, request to see a form of identification. The witness may also confirm that the person making a mark on behalf of the Legal Representative or Mature Minor has been asked to do so. Witnessing a Consent Form indicates ONLY that the witness observed the Consent Form being signed and is not evidence of the Consent Process.

d) In the event that the Mature Minor or Legal Representative expresses doubt about the Consent Process and requests further explanation, the witness shall not sign the Consent Form and the Most Responsible Health Practitioner shall be notified.

7. Duration of Consent

7.1 A new consent shall be obtained and if that consent was previously obtained in writing, then a new Consent Form shall be completed, or changes made to the original form and initialled by the patient and the Most Responsible Health Practitioner (and witnessed), when one or more of the following occurs:

a) The Patient’s condition has materially changed.

b) The medical knowledge about the Patient’s condition or the treatment available has materially changed.

c) There has been a refusal to a portion of the Treatment/Procedure(s) originally planned or a refusal regarding the involvement of particular individuals in the Treatment/Procedure(s) (i.e. medical trainees).
7.2 The Most Responsible Health Practitioner is responsible for confirming the validity of consent prior to the delivery of the Treatment/Procedure(s).

8. Refusal of Treatment/Procedure(s)

8.1 A Mature Minor or Legal Representative may refuse to provide consent subject to the following:

a) If consent for essential medical, surgical or other remedial Treatment necessary for the health or well-being of the patient is refused, the Director of Child and Family Services Authority must be forthwith notified by the Most Responsible Health Practitioner or delegate.

b) The requirement for consent may be overridden by a warrant, subpoena, court order or by operation of legislation.

8.2 If a Mature Minor or Legal Representative refuses a Treatment/Procedure(s), the Most Responsible Health Practitioner shall explain to the Mature Minor or Legal Representative the risks and consequences of the refusal, without creating a perception of coercion.

a) This explanation can be witnessed by a second Health Practitioner.

b) The Most Responsible Health Practitioner shall document the refusal on the Patient’s Health Record.

8.3 Subject to 4.2 and 8.1, a Mature Minor or Legal Representative may refuse consent to blood testing for HIV, Hepatitis B and Hepatitis C. In the event of the exposure of a Health Practitioner to a Patient’s bodily fluids where a blood borne virus is suspected and the Mature Minor or Legal Representative refuses to consent to blood testing, the Health Practitioner should immediately contact Workplace Health & Safety.

9. Withdrawal of Consent

9.1 A Mature Minor or Legal Representative may, at any time, withdraw a previously given consent subject to the following:

a) If consent for essential medical, surgical or other remedial Treatment necessary for the health or well-being of the Patient is withdrawn, the Director of Child and Family Services Authority must be forthwith notified by the Most Responsible Health Practitioner or delegate.

b) The requirement for a consent (or the withdrawal of consent) may be overridden by a warrant, subpoena, court order or by operation of legislation.

9.2 It is important that the Mature Minor or Legal Representative understands the consequences of withdrawing consent for Treatment/Procedure(s). The Most Responsible Health Practitioner shall advise the Patient of the risks of not proceeding with the Treatment/Procedure(s). This discussion and the Patient’s withdrawal of
consent shall be documented on the Patient’s Health Record. Specifically, the Patient’s withdrawal of consent shall be noted on the Consent Form. Other documentation may include:

a) A summary of the information that was provided to the Mature Minor or Legal Representative about the Treatment/Procedure(s);

b) The Mature Minor's or Legal Representative's reasons for withdrawing consent, if known; and

c) The expected outcomes of not receiving the Treatment/Procedure(s).

9.3 The Mature Minor or Legal Representative may provide consent again at any time following an Informed Consent discussion.

DEFINITIONS

Alberta Health Services Setting means any environment where Treatment/Procedures and other health care is delivered by, on behalf of or in conjunction with Alberta Health Services.

Capacity means 1) the Patient understands the nature, risks and benefits of the Procedure and the consequences of consenting or refusing and 2) the Patient understands that this explanation applies to him/her.

In the context of treatment of a Formal Patient under applicable mental health legislation, and persons subject to Community Treatment Orders, mental competence is addressed in section 26 of Alberta’s Mental Health Act which states that a person is mentally competent to make treatment decisions if the person is able to understand the subject matter relating to the decisions and able to appreciate the consequences of making the decisions..

Community Treatment Order means an order issued under Section 9.1 of the Mental Health Act.

Consent Form means an Alberta Health Services approved form of documentation that can be used to provide evidence of the outcome of the Consent Process, that is, agreement to or refusal of a Treatment/Procedure(s).

Consent Process means a discussion or series of discussions and interactions between the Most Responsible Health Practitioner and the Mature Minor or Legal Representative including: i) the determination of Capacity, as necessary ii) the provision of relevant information, iii) the verification of understanding, iv) the decision-making and v) documentation of the Consent Process and outcome.

Express Consent means direct, explicit agreement to undergo a treatment/Procedure(s), given either verbally or in writing.

Formal Patient a Patient detained in a designated mental health facility under two admission certificates or two renewal certificates, in accordance with the Mental Health Act.
Consent to Treatment / Procedure(s) Minor / Mature Minors

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**Guardian** means, where applicable:

For a Minor:

a) as defined in the *Family Law Act* (see Appendix “A”)
b) as per agreement or appointment authorized by legislation (obtain copy of the agreement and verify it qualifies under legislation; e.g. agreement between the Director of Child and Family Services Authority and foster parent(s) under the *Child, Youth and Family Enhancement Act*, or agreement between parents under the *Family Law Act*; or as set out in the *Child, Youth and Family Enhancement Act* regarding Guardians of the child to be adopted once the designated form is signed);
c) as appointed under a will (obtain a copy of the will; also obtain Grant of Probate, if possible);
d) as appointed in accordance with a personal directive (obtain copy of personal directive);
e) as appointed by court order (obtain copy of court order) (e.g. order according to the *Child, Youth and Family Enhancement Act*); and
f) a divorced parent who has custody of the Minor.

For an Adult:

a) an individual appointed by the Court to make to make decisions on behalf of the Adult Patient when the Adult Patient lacks Capacity.

**Health Practitioner** means an individual who provides Treatment/Procedure(s) within their scope of practice and position description.

**Health Record** means the Alberta Health Services legal record of the Patient's diagnostic, Treatment and care information.

**Implied Consent** means consent inferred from the Patient’s or Alternate Decision-Maker’s (if applicable) actions and surrounding circumstances.

**Informed Consent** means the informed agreement of a Patient or Alternate Decision-Maker (if applicable) prior to the Patient undergoing a Treatment/Procedure(s) after being provided with the relevant information about the Treatment/Procedure(s), its risks and alternatives and the consequences of refusal.

**Legal Representative** means the following in relation to a Minor, as applicable:

a) Guardian;
b) Nearest Relative as defined in the Mental Health Act who has the authority to consent to Treatment for a Minor Formal Patient or Minor who is subject to a Community Treatment Order.

**Mature Minor** means a person aged less than eighteen (18) years, who has been assessed and determined as having the intelligence and maturity to appreciate the nature, risks, benefits, consequences, and alternatives of the proposed Treatment/Procedure(s), including the ethical, emotional and physical aspects.

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If you have any questions or comments regarding the information in this procedure, please contact the Clinical Policy Department at clinicalpolicy@albertahealthservices.ca. The Clinical Policy website is the official source of current approved clinical policies, procedures and directives.
Minor means a person aged less than eighteen (18) years.

Most Responsible Health Practitioner means the Health Practitioner who has responsibility and accountability for the specific Treatment/Procedure(s) provided to a Patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a Treatment/Procedure(s) within the scope of his/her practice.

Patient means all persons who receive or have requested health care or services from Alberta Health Services and its health care providers and also means, where applicable:
   a) a Co-Decision-Maker with the person; or
   b) an Alternate Decision-Maker on behalf of the person.

Treatment/Procedure means a specific treatment, investigative procedure(s), or series of treatments/procedures planned to manage a clinical condition.

CROSS REFERENCES

- Appendices
  - Appendix “A” – Overview of the definition of “Guardian” as set out in section 20 of the Family Law Act
- Alberta Health Services Policies and Procedures
  - Alberta Health Services Policy: Consent to Treatment/Procedure(s)
  - Alberta Health Services Procedure: Consent to Treatment/Procedure(s): Adults with Capacity
  - Alberta Health Services Procedure: Consent to Treatment/Procedure(s): Adults with Impaired Capacity or Lack of Capacity
  - Alberta Health Services Procedure: Consent to Treatment/Procedure(s): Human Tissue and Organ Donation
  - Alberta Health Services Procedure: Consent to Treatment/Procedure(s): Formal Patients and Persons subject to Community Treatment Orders under the Mental Health Act
  - Alberta Health Services Policy: Transmission of Information by Facsimile or Electronic Mail
- Alberta Health Services Forms
  - Consent to Specific Treatment/Procedure(s) (#09741)
- Legislation
  - Child, Youth and Family Enhancement Act
  - Health Professions Act
  - Human Tissue and Organ Donation Act
  - Mandatory Testing and Disclosure Act
  - Mental Health Act
  - Personal Directives Act
  - Protection of Children Abusing Drugs Act
  - Public Health Act

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If you have any questions or comments regarding the information in this procedure, please contact the Clinical Policy Department at clinicalpolicy@albertahealthservices.ca. The Clinical Policy website is the official source of current approved clinical policies, procedures and directives.
APPENDIX “A”

The following is an overview of the definition of “Guardian” as set out in section 20 of the Family Law Act

A Guardian is a parent if:

1. The Parent has acknowledged that he or she is the Parent of the child; AND
2. Has demonstrated an intention (see guidelines below) to assume the responsibility of a Guardian in respect of the child within one year of either becoming aware of the pregnancy or becoming aware of the birth.

Parentage (who is a parent):
There are three combinations of parent-child relationships recognized under the Family Law Act:

<table>
<thead>
<tr>
<th>Children conceived without assisted reproduction:</th>
<th>Children conceived with assisted reproduction and whose birth mother is the intended parent:</th>
<th>Children who were conceived with assisted reproduction and whose birth mother is a surrogate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth mother and Biological Father are the Parents, except in the case of adoption where one would refer to the adoption Court Order. If adoption is in progress, contact Clinical Legal Services.</td>
<td>The birth mother will be considered to be one parent.</td>
<td>Until there is a Court Order declaring parentage, the surrogate remains the only legal parent.</td>
</tr>
</tbody>
</table>

*see below for who is presumed to be the biological father.

The other parent will depend on how the Embryo was created:

1. If the embryo was created from the intended male parent’s sperm, then the other legal parent is the intended male parent.
2. If the embryo was created from donated sperm, then

Once the surrogate has relinquished her parental rights, a Court Order will declare the proper legal parents.
If there is a dispute over parentage, a court order may be sought to declare that someone is or is not a parent of a particular child. For Adoptions, a Court Order will be provided.

**INTENTION**

*May be shown by any of the following:*

1. Being married to the other Parent at the time of the birth of the child;
2. Being married to the other Parent after the birth of the child;
3. Being married to the other Parent that, within 300 days before the birth of the child ended by death, decree of nullity or judgment of divorce;
4. Being an adult Interdependent Partner of the other Parent at the time of birth of the child;
5. Being an adult Interdependent Partner with the other Parent after the birth of the child;
6. Having cohabitated with the other Parent for at least 12 consecutive months during which time the child was born;
7. Having entered into an Agreement with the other Parent to be a Guardian under the *Family Law Act*;
8. Having carried the pregnancy to term (for the birth mother);
9. Where the other Parent is the birth mother, voluntarily providing or offering to provide support for the birth mother during or after her pregnancy, not by court order;
10. Voluntarily providing or offering to provide reasonable direct or indirect financial support for the child;
11. Court Order (Court may find other evidence to be that of Intention);
12. Where the child is born as a result of assisted reproduction, being a Parent of the child under section 8.1 (see middle column under Parentage above).
**BIOLOGICAL FATHER**
The following will be presumed to be the biological father where the child was born without assisted reproduction (see first column under Parentage above):

The male person who:

1. Was married to the birth mother at the time of the child’s birth;
2. Was married to the birth mother by a marriage that within 300 days before the birth of the child ended by: death; decree of nullity; or judgment of divorce;
3. Married to the birth mother after the child’s birth and has acknowledged that he is the father;
4. Cohabitated with the birth mother for at least 12 consecutive months during which time the child was born and he has acknowledged that he is the father;
5. Cohabitated with the birth mother for at least 12 consecutive months and the period of cohabitation ended less than 300 days before the birth of the child;
6. Is registered as the parent of the child at the joint request of himself and the birth mother under the *Vital Statistics Act*, or under similar legislation in a province or territory other than Alberta;
7. Has been found by a court of competent jurisdiction in Canada to be the father of the child for any purpose.

**Note:** Two people *cannot* be presumed to be the biological father. If that is the case, then no one will be presumed to be the biological father.