NS Moms

Engaging Caregivers within the Law

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The NOVA SCOTIA Moms

Guidelines for Communication with Physicians

Caregiver mothers (Moms), you bring the most extraordinary dedication, insight, and compassion to the lives of your adult children living with severe mental illness. The care that Moms provide — often quiet, persistent, and deeply personal — is a powerful part of the recovery journey.

Most physicians understand that families see the day-to-day realities that cannot always be fully expressed during appointments, and many deeply value the perspective, commitment, and love that caregivers bring to the process of care.

Partner with Clinicians. When you share your timely observations, concerns, and updates with physicians you help build a fuller picture that supports safer, more responsive treatment. Your voice really matters. Your experience really matters.

Mental health uses a team approach and it may be easier to communicate with the nurse or social worker involved in your loved ones care rather than the physician. It may also be the non-physician clinician who sees your loved one the most. Include all their primary clinicians in your communication, e.g cc your email or registered mail to the involved nurse even if your question is primarily to the physician.

Remember. NS Moms are with you every step of your way on your recovery journey with your loved one.

Why your input is important

Caregiver mothers often hold essential knowledge about their adult child's history, daily realities, and early warning signs of change. When physicians listen to and thoughtfully consider caregiver input — while respecting patient autonomy, consent, and privacy — care becomes more informed, responsive, and safer.

Respectful partnership between physicians and caregivers strengthens continuity of care, supports better clinical understanding, and contributes to more hopeful outcomes. When caregiver voices are welcomed alongside clinical expertise and patient experience, the shared goals of recovery, safety, and dignity become more achievable for everyone involved.

Physicians are required to receive information presented by caregivers either in writing or verbally. Even when clinicians cannot share details in return, caregiver observations are essential to help identify emerging risks, treatment responses, functional changes, and patterns that may not be visible during brief clinical encounters. Families see what happens between appointments — changes in behaviour, medication effects, stressors, and early signs of relapse — making their perspective an essential part of the clinical picture.

When physicians acknowledge caregiver contributions families feel heard, trust grows, collaboration becomes stronger and clinical outcomes for our loved ones improve.

The Obligation to Share Information

Caregivers often believe that confidentiality prevents caregivers from meeting with and providing physicians with important information regarding their loved ones. THIS BELIEF IS WRONG. Confidentiality ONLY prevents physicians from providing private information that they have obtained in consultations to caregivers (e.g., that a person is smoking pot) - NOT the other way around.

According to the Law Physicians can and must do the following:-

1. provide information that is publicly available to a trusted caregiver about healthcare *[1]*
2. listen to caregiver families; this does not violate confidentiality (confidentiality in law applies to what the physician may tell a caregiver not what a caregiver may tell the physician) *[2]*
3. accept and collect collateral (i.e., medically relevant) information from trusted caregivers that is necessary to provide timely and appropriate care *[3]*
4. protect the source of collateral information when there is a risk of serious harm to the treatment or recovery of the individual, or harm to the mental or physical health of another individual *[4]* **.**
5. provide general information such as location, presence and condition to trusted caregivers *[5]*
6. provide information without consent to avert or minimize significant danger*, [6]*
7. collect information from others if the information is reasonably necessary for providing health care or assisting in providing health care to the individual and it is not reasonably possible to collect, directly from the individual *[7]*
8. make a capacity determination if there is reason to do *so* [8]
9. appoint a substitute decision maker (SDM) if the patient is or becomes incapable of understanding the situation or information or understanding the consequences of not consenting to disclose information to the caregiver *[9]*

Consent to Share Information

Individuals with serious mental illness often refuse consent to disclose vital information to caregivers due to the symptoms of their illness, including not understanding that they are ill. Using motivational interviewing techniques and being prepared with LEAP training is vital.

Physicians should have the conversation with the patient about consent as early as possible in the relationship and when the patient is healthy.

The physician can rely on "knowledgeable implied consent" to collect, use or disclose the individual's PHI. This is achieved if the physician clearly explains the purpose of the collection, use or disclosure of PHI. The explanation can either be verbal or through a readily-available written notice.

Physicians cannot presume capacity to refuse consent if there is reason to assess capacity. A patient must not only understand the information but also have the ability to appreciate the reasonably foreseeable consequences of a decision to refuse consent.

Important

In an Emergency - call 911.
Mental Health Mobile Crisis - 902-429-8167

Where to find the actual Nova Scotia Provincial Legal Information about Confidentially

[PHIA refers to the Personal Health Information Act of Nova Scotia.]

[1] s.37 PHIA
[2] NSH Information Sharing Guidelines
[3] s.31c.PHIA
[4] s.72 (1)(f) and (g) PHIA
[5] s.37 PHIA]
[6] 38(1)(d) PHIA] (criteria is "significant danger" as of April 1, 2026)
[7] s.31c PHIA
[8] s. 3b., s. 18, s. 19, s. 20 PHIA
[9]. 21(1) PHIA, s.17 and 18 IPTA

Read This Information

For medical advice contact a registered physician.

For legal advice contact Dalhousie Legal Aid or contact a lawyer.

Information in this pamphlet is based completely on the actual experiences of many caregiver Moms. It is not legal advice. It is not medical advice. It is purely the advice of experience with the Nova Scotia Health System. NSMoms can accept no responsibility for how you choose to use (or not to use) this information.

The cover page is designed by Cyndi Corbett.

(Please Note: Although Moms are often the most dedicated caregivers, the info in this pamphlet is for all trusted caregivers.)