

SAMPLE

ACKNOWLEDGEMENT

Physician: _____ **Telephone:** _____

Address: _____

Patient's Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Advance Health Care Directives

This acknowledgment that the physician, or one of his/her staff members, has provided and discussed Advance Health Care Directives information with me.

1. I am age 18 or older. (Circle one) **Yes** **No**
2. I understand I have the option of putting together an Advance Health Care Directive for my healthcare. My physician has provided me written information concerning these Advance Health Care Directives. I understand that it is my responsibility to provide my Doctor(s) with any documents that are required to carry out my Advance Health Care Directives.
3. I am aware that Advance Health Care Directives may be any one of the following:
 - a. A Durable Power of Attorney for Health Care.
 - b. The Declaration in the A Natural Death Act – Ex. A Living Will
 - c. I may write my wishes on paper so that my family may use the document in deciding my medical treatment in the event I am unable to do so.

Patient's Signature: _____ **Date:** _____

This document will be part of my medical record.

Note: Advance Health Care Directive information is reviewed with the member at least every 5 years and as appropriate to the member's circumstance.

Advance Health Care Directives – The Patient’s Right to Decide

All adult individuals in hospitals, nursing homes and other health care settings have certain rights. For example, the right to confidentiality of personal and medical records and to know what treatment one will receive.

You have the right to fill out a paper known as an “Advance Health Care Directive.” Your words explain in advance what kind of treatment you want or do not want under special, serious medical conditions, which might prevent you from telling your doctor how you want to be treated. For example, if you were in a coma and taken to a hospital, would you want the hospital’s medical staff to know your wishes about decisions affecting your treatment?

This article answers some questions related to a federal law that took effect in 1991. That law requires most hospitals, nursing facilities, hospices, home health care programs and health maintenance organizations (HMO’s) or health plans to give you information about advance directives and your legal choices in making decisions about medical care. The law is intended to increase your control over medical treatment decisions.

This information can help you make decisions before treatment. Because this is an important matter, you should talk to family, close friends and your Doctor before deciding whether you want an advance directive.

Finally, remember that state laws differ about legal choices available to individuals for treatment options that can be honored by hospitals and other health care providers and organizations. These health care professionals should have information for you on your state’s advance directive law.

What is an Advance Health Care Directive?

It is a written statement that you complete in advance of serious illness. It explains how you want medical decisions made. The two most common forms of advance health care directive are:

- Living Will
- Durable Power of Attorney for Health Care
- Others include: POLST (Physician Orders for Life Sustaining Treatment) and Five Wishes.

An Advance Health Care Directive allows you to state your choices for health care (or to name someone to make those choices for you) if you are unable to make decisions about your medical treatment. In short, an Advance Health Care Directive can enable you to make decisions about your future medical treatment. You decide the treatment you want and do not want.

What is a Living Will?

A Living Will generally states the kind of medical care you want (or don't want) if you become unable to make your own decision. It is called a Living Will because it takes effect while you are still living.

Most states have a version of a living will form. You can complete and sign a pre-printed living will form available in your own community. You can draw up your own form or write a statement of your preferences for treatment. You may also wish to speak to an attorney or your Doctor to be sure you have completed the document to reflect your wishes in a clear way that will be understood and followed.

What is a Durable Power of Attorney for Health Care?

In many states a Durable Power of Attorney for Health Care is a signed, dated and witnessed paper. This document names another person such as a husband, wife or close friend as your agent or proxy to make medical decisions for you if you become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. Some states have specific laws allowing a health care power of attorney and provide printed forms.

Should you use a Living Will or a Durable Power of Attorney for Health Care?

In some states, laws may make it preferable to have one or the other. It may also be possible to have both or to combine them in one document that describes treatment choices in a variety of situations (ask your doctor about these). That one document names someone (called your agent or proxy) to make decisions for you, should you be unable to make decisions for yourself.