

Company Name
New Admission Packet

Patient Name:

MR#

Advance Directives

It is your right to decide about the medical care you will receive. You have the right to be informed of treatment options available before giving consent for medical treatment. You also have the right to accept, refuse or discontinue any treatment at any time.

All of us who provide you with health care services are responsible for following your wishes. However, there may be times when you may not be able to decide, or make your wishes known.

Many people want to decide ahead of time what kinds of treatment they want to keep them alive. Advance Directives let you make your wishes for treatment known in advance.

Our agency complies with the Advance Directives Act of 1999 which requires us to:

- Provide you with written information describing your rights to make decisions about your medical care;
- Document advance directives prominently in your medical record and inform all staff;
- Comply with requirements of State law and court decisions with respect to Advance Directives; and
- Provide care to you regardless of whether or not you have executed an Advance Directive.

An Advance Directive is a document written before a disabling illness. The Advance Directive states your choice about treatment and may name someone to make treatment choices if you cannot.

There are generally four types of advance directives.

A **Directive to Physician (Living Will)** is a legal document that allows you to make your wishes known concerning the provision, withdrawal or withholding of artificial life supporting treatment. This is executed in advance of the time when you may not be able to participate in those decisions due to your medical condition. It only goes into effect when you can no longer make decisions and you are certified in writing by your attending physician as suffering from a terminal or irreversible condition.

A **Medical Power of Attorney** is a legal document, which allows you to designate a particular person to make decisions regarding your medical care when you are not able to do so. This person should be someone you trust to carry out your wishes. It may also be canceled or changed at any time.

An **Out-of-Hospital Do-Not-Resuscitate Order** is a document, prepared and signed by your physician, which directs health care professionals acting in an out-of hospital setting, such as your home, not to initiate or continue a life-sustaining treatment. A diagnosis of a terminal condition is no longer required for the execution of the Out-of-Hospital Do-Not-Resuscitate Order.

Declaration for Mental Health Treatment is a document which allows an adult who is not incapacitated to list instructions for consent to or refusal of mental health treatment. It allows a competent person to proclaim their preference for mental health treatment with psychoactive medications, electroconvulsive or convulsive treatments, or emergency medical care should the person be declared incapacitated.

Effective Period: Properly signed and witnessed, the Directive to Physician, Medical Power of Attorney and/or Out-of-Hospital Do-Not-Resuscitate Order must be properly executed and witnessed by two competent adults.

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At least one of the witnesses must be a person who is not:

1. Designated by the declarant to make a treatment decision;
2. Related to the declarant by blood or marriage;
3. Entitled to any part of the declarant's estate after declarant's death;
4. The attending physician;
5. An employee of the attending physician;
6. An employee of a health care facility in which the declarant is a patient if the employee is: providing direct patient care to the declarant or is an officer, director, partner or business office employee of the facility or any parent organization of the facility; or
7. Who, at the time the advance directive is executed, has a claim against any part of the declarant's estate after the declarant's death.

The Declaration for Mental Health Treatment must be signed by the person, called the principal, in the presence of two or more subscribing witnesses. A witness may not be, at the time of execution:

1. The principal's health or residential care provider or an employee of that provider;
2. The operator or employee of the operator of a community health care facility providing care to the principal;
3. A person related to the principal by blood, marriage or adoption;
4. A person entitled to any part of the principal's estate upon death; or
5. A person who has a claim against the estate of the principal.

If you executed a living will or durable power of attorney for health care before July 1, 1991, you may want to review it, since new laws have gone into effect which gives you more options and information. Even if you decide not to update it, the old documents are still legal.

We must document in your medical record whether or not you have executed an Advance Directive. We will abide by your Advance Directives. Care will be provided to you regardless of whether or not you have executed an Advance Directive. It is our policy to honor Advance Directive to the extent permitted by law and to support your right to actively participate in making health care decisions.

An ethics committee is available to serve in an advisory capacity when ethical issues, such as the withdrawal or withholding of life-sustaining treatments arise during the care of patients with or without an Advance Directive. Discussion shall involve the patient and/or designated representatives, the home care staff involved in the patient's care and the patient's physician.

Unless the physician has written the specific order "Do Not Resuscitate", it is our policy that every patient will receive cardiopulmonary resuscitation (CPR). If you do not wish to be resuscitated, you, your family, or person(s) holding your Medical Power of Attorney must request "Do Not Resuscitate" (DNR) orders from your physician. These orders are documented in your medical record and routinely reviewed; however, you may revoke your consent to such an order at any time.

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Procedures Agency Is Unable to Honor: The Agency recognizes each individual's right to make decisions concerning his/her care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives as permitted under law. The Agency will honor an individual's Advance Directive with the following exceptions:

1. The Agency will not honor a request to withhold comfort measures and/or pain management medications or treatments.
2. The Agency will not honor an Advance Directive of an individual who has been diagnosed as pregnant.

If other treatment decisions or directives are identified during the course of care that the Agency and/or the individual's physician are unwilling to honor, treatment will be provided until a reasonable opportunity to transfer the individual to another physician, facility, or agency has been afforded.