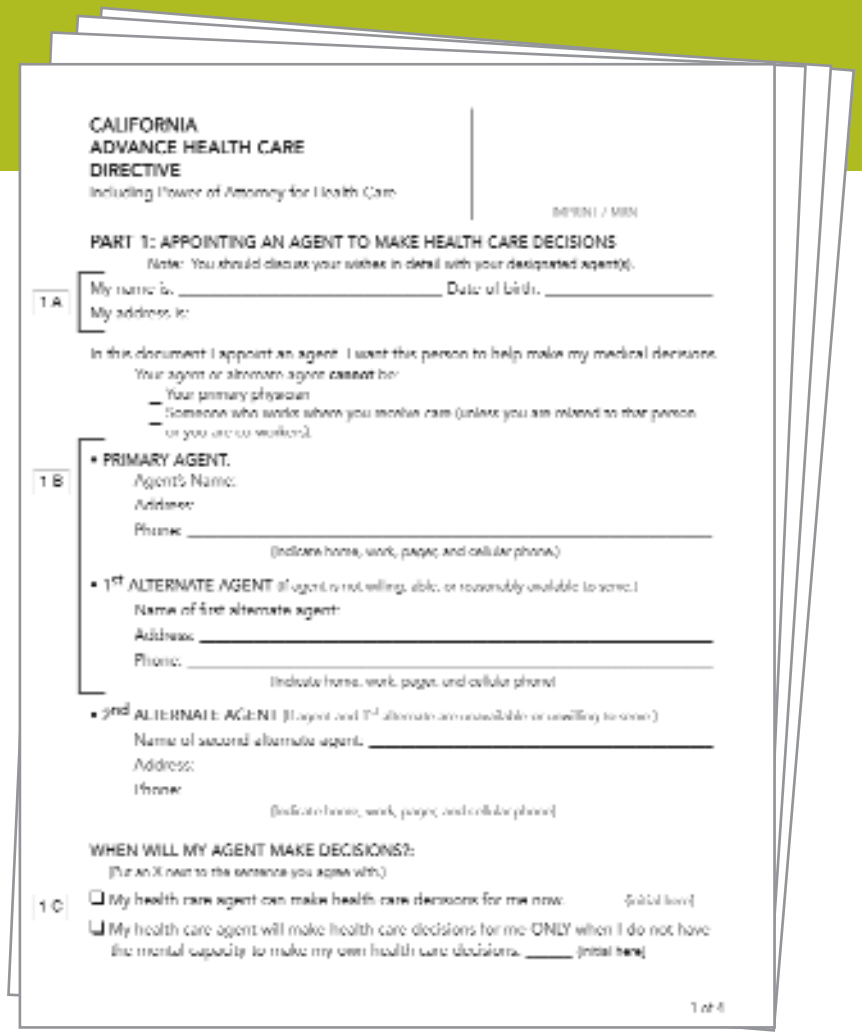
COMMUNICATE **YOUR HEALTH CARE** WISHES.

California Advance Health Care Directive Kit

KAISER PERMANENTE.

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE


CALIFORNIA
ADVANCE HEALTH CARE
DIRECTIVE
Including Power of Attorney for Health Care

PART 1: APPOINTING AN AGENT TO MAKE HEALTH CARE DECISIONS

Note: You should discuss your wishes in detail with your designated agent(s).

1A My name is: _____ Date of birth: _____
My address is:

In this document I appoint an agent. I want that person to help make my medical decisions.
Your agent or alternate agent cannot be:
_ Your primary physician
_ Someone who works where you receive care (unless you are related to that person or you are co-workers).

1B • PRIMARY AGENT.
Agent's Name:
Address:
Phone: _____
(Indicate home, work, pager, and cellular phone.)

• 1ST ALTERNATE AGENT (If agent is not willing, able, or reasonably available to serve.)
Name of first alternate agent:
Address: _____
Phone: _____
(Indicate home, work, pager, and cellular phone)

• 2nd ALTERNATE AGENT (If agent and 1st alternate are unavailable or unwilling to serve.)
Name of second alternate agent: _____
Address:
Phone:
(Indicate home, work, pager, and cellular phone)

WHEN WILL MY AGENT MAKE DECISIONS?:
(Put an X next to the sentence you agree with.)

1C ❑ My health care agent can make health care decisions for me now. (initial here)
❑ My health care agent will make health care decisions for me ONLY when I do not have the mental capacity to make my own health care decisions. _____ (initial here)

1 of 4

Give your loved ones peace of mind; make your wishes known now.

This form lets you communicate your health care wishes when you no longer can.

Your Packet Includes:

- Introduction
- Instructions for completing the "California Advance Health Care Directive" legal form
- "California Advance Health Care Directive" legal form
- "My Health Care Choices" communication form
- Roles and responsibilities of the health care agent

INTRODUCTION

What is an Advance Health Care Directive (AHCD)?

If you are able, it is up to you to make all of your health care decisions. However, if you are unable or unwilling to make decisions, the law provides for you to designate someone to make decisions on your behalf.

An Advance Health Care Directive or AHCD is a legal document that allows you to tell others how you want to receive your health care when you are too sick to talk about the type of care you might or might not want.

This form also lets you identify the person(s) you choose who will work with your doctors and others to help make sure your wishes about your health care decisions are honored. This person is called the **health care agent**.

You can also write down your wishes about organ donation and identify your personal care physician.

Unlike the earlier Durable Power of Attorney for Health Care (DPAHC) documents, the Advance Health Care Directive will not expire, but will remain in effect until you revoke or change it. (Please note: If you have a signed DPAHC that was valid **before** July 1, 2000, it remains valid.)

Any adult who is 18 or older who is able to make decisions can establish an Advance Health Care Directive.

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part of 98168 (Revised 12-05)

Why is it so important to have a signed Advance Health Care Directive?

Completing an AHCD can help your loved ones and your doctor by reducing confusion and disagreement over your personal wishes and choices at a time when you are too sick to express them yourself. So it's important to share with your doctor, family and close friends ***now,* before you are too sick to talk or write** about the things that are important to you regarding your quality of life, your choices on health care treatments, and how you would want to spend your final days.

If this is a legal document, will I need to see a lawyer to complete it?

No, you will not need a lawyer to help you complete an AHCD.

Why do I need to choose an agent?

Often many family members are involved in medical decision-making. Even when you write down and share your wishes with others close to you, occasionally people will disagree about the best path of action for you. This is why you need to *select one person* to help ensure that your wishes are honored and to make any additional health care decisions on your behalf. It is best to choose a close relative or personal friend who you trust, who understands your values, and who will agree to honor your wishes. You can also name another person(s) to act in your behalf in the event the first person is no longer available or able to make decisions for you. These people are called the **alternate agent(s)**. You can also indicate if you do **not** want a specific person(s) involved in making decisions for you.

If you are concerned and want to spare loved ones from the burden of decision-making, you may want to consider choosing a *close family friend* who understands your wishes to act as your agent.

Try to select an agent who is most likely to be comfortable executing your wishes. Make your wishes known to him or her, as well as to everyone else who is likely to be close to you in such circumstances. This is especially important if you anticipate conflict.

What if I don't choose a health care agent?

If you are too sick to make your own decisions, your doctors will ask those closest to you to act on your behalf. If there is great disagreement between family members and decisions can not be reached in a timely fashion, your care could be jeopardized. Also, if there is no one willing or available to make decisions on your behalf, a court appointed guardian who doesn't know your values and wishes may have to make critical decisions for you.

What types of decisions can my health care agent make?

Your agent can:

- change your doctor, nurse, or social worker
- decide where you receive medical care
- make decisions about your medications, tests, and medical treatment
- decide what happens to your body and organs after you die

Becoming your agent does *not* mean that he/she assumes financial responsibility for you.

Your agent may make all health care decisions for you, **unless** you limit their authority.

Who cannot be my health care agent?

Your health care agent cannot be:

- your doctor managing your care.
- an operator or employee of a community care facility or a residential care facility where you are receiving care.
- an employee of the health care institution where you are receiving care, unless that person is related to you by blood, marriage, adoption, or is a co-worker.

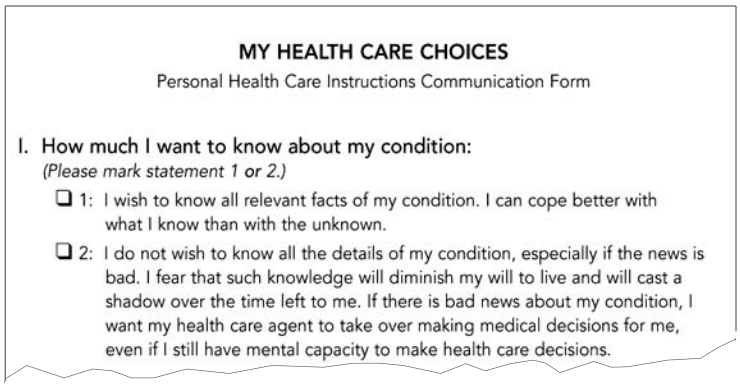
When does my health care agent make decisions for me?

Your agent will usually make decisions only if you are unable to make them yourself, such as, if you have lost the ability to understand things or communicate clearly.

You can also appoint your agent to speak on your behalf at any time, even when you are still capable of making your own decisions.

If you do not have an Advance Directive and suddenly become ill, you can appoint a **temporary agent(s)** to let the doctor know who you want to make decisions for you. Your oral instruction is just as legal as a written one.

What if I want to provide specific health care instructions that are not on the AHCD form?



MY HEALTH CARE CHOICES

Personal Health Care Instructions Communication Form

I. How much I want to know about my condition:
(Please mark statement 1 or 2.)

❑ 1: I wish to know all relevant facts of my condition. I can cope better with what I know than with the unknown.

❑ 2: I do not wish to know all the details of my condition, especially if the news is bad. I fear that such knowledge will diminish my will to live and will cast a shadow over the time left to me. If there is bad news about my condition, I want my health care agent to take over making medical decisions for me, even if I still have mental capacity to make health care decisions.

You can write more detailed health care instructions on additional sheets of paper, or you can use the communication form, ***"My Health Care Choices,"*** which was designed to help you clarify your wishes for your doctor and loved ones. (See attached, after the AHCD form.)

Attach your instruction sheet(s) to the Advance Health Care Directive and write the number of pages you are attaching.

Sign and date the attachments and have them witnessed or notarized at the same time you have your form witnessed or notarized.

Inform your agent(s) and doctor(s) about your specific health care instructions sheet(s) to ensure they understand your wishes.

What should I do after I have completed my AHCD?

You must sign the form.

Have two witnesses sign the form. If you do not have witnesses, you need a notary public. A notary public's job is to make sure it is you who is signing the form. Your witnesses must be over the age of 18, someone who knows you and either is present when you sign the form or, believes you are the person who signed the form.

Your witnesses cannot be:

- your health care provider or an employee of your health care provider.
- your agent or alternate agent(s).
- an operator or employee of an operator of a community care or residential care facility.

At least one of the witnesses ***cannot*** be related to you by blood, marriage or adoption, be named in your will, or be someone who would benefit from your estate.

What should I do after I have my AHCD signed and witnessed?

- Make several copies of the form. Keep the original in an easily accessible place, and tell others where you put them. **Do not** keep your AHCD in a deposit box because other people may need access to it.
- Give photocopies to your agent and alternate agent(s), your doctor, your health care medical records department, and to everyone who might be involved with your health care such as your family, clergy, or friends. Photocopies are just as valid as the original.
- Make a list of all the people and facilities who receive copies of your AHCD.
- Tell these people to present a copy of the form when requested by your health care providers or emergency medical personnel.
- Keep a copy for yourself in a visible, easy-to-find location and **not** locked up in a drawer.
- Take a copy of the form with you if you are going to be admitted to a hospital, nursing home or other health care facility.

If you spend extended periods of time in another state, you may want to consider completing an Advance Directive for that state. Otherwise, you should take a copy of your completed forms along with you when you travel.

What if I change my mind after completing my AHCD?

You can change or cancel your AHCD at any time. Remember to recover all the old forms and replace them with your new AHCD.

Where can I find more information about Advance Directives?

- Contact your local Kaiser Permanente Health Education Center or Department.
- Log on to **www.members.kp.org**. Click on "Health Encyclopedia" under "Get Health Advice." For the Advance Directive Form, click on "Your plan"→"Forms & publications"→ "Advance Directive forms".

INSTRUCTIONS FOR COMPLETING THE "CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE" LEGAL FORM


CALIFORNIA
ADVANCE HEALTH CARE
DIRECTIVE
Including Power of Attorney for Health Care

PART 1: APPOINTING AN AGENT TO MAKE HEALTH CARE DECISIONS

1 A

An Advance Health Care Directive has 3 parts:

Part 1: Choose a health care agent.

A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.

Part 2: Make your own health care choices.

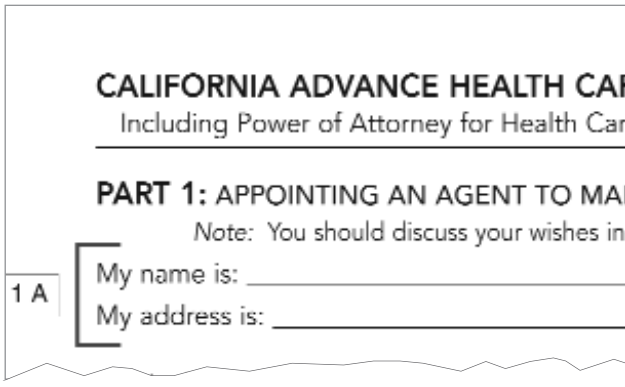
You can have a say about how you want to be treated.

This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

Part 3: **Sign the form**.

It must be signed before it can be used.

You can do Part 1, Part 2, or both — whichever you want. But be sure to sign the form in Part 3.


CALIFORNIA ADVANCE HEALTH CA
Including Power of Attorney for Health Car

PART 1: APPOINTING AN AGENT TO MA

Note: You should discuss your wishes in

1 A

My name is: _____

My address is: _____

Go to **PART 1**, page 1:

1 A Print your first name, last name, date of birth, address, city, state, and ZIP code so it is clear who is making this directive.

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part of 98168 (Revised 12-05)

Choosing your health care agent

Whom should I choose to be my health care agent?

A family member or friend who:

- is at least 18 years old
- knows you well
- can be there for you when you need them
- you trust to do what is best for you
- can tell your doctors about the decisions you made on this form

Your agent cannot be your doctor or someone who works at your hospital or clinic where you get health care, unless they are a family member or your co-worker.

What will happen if I do not choose a health care agent?

- If you are too sick to make your own decisions, your doctors will probably ask your closest loves ones to make decisions for you.
- If there is someone you DON'T want to make your decisions, you can say so in this form.

What kind of decisions can my health care agent make?

Your agent can agree to, say "no" to, change, stop or choose:

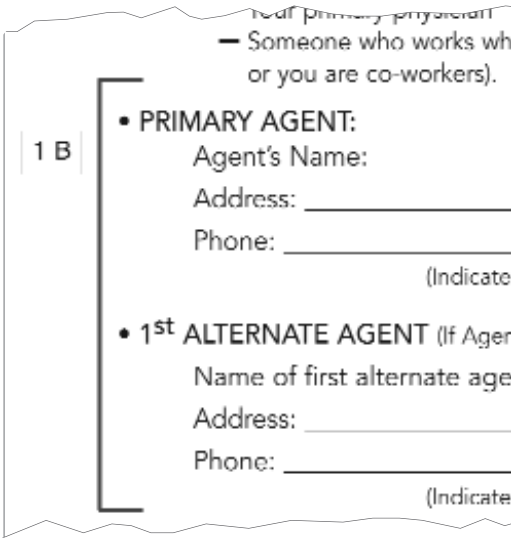
- doctors, nurses, social workers
- hospitals or clinics
- medical treatment, medications, or tests
- what happens to your body and organs after you die

1 B

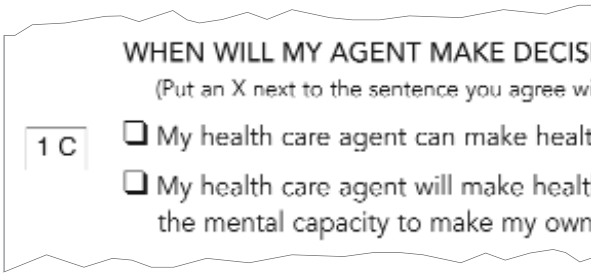
Write in the name of your agent. Your agent is the person who you want to make medical decisions for you if you are too sick to make them yourself.

In case the first person cannot do it, write in who should help make your medical decisions.

Your health care agent can start helping with your medical decisions right away; or you can ask that they get involved only if you cannot make your own decisions.


— Someone who works wh
or you are co-workers).
1 B
• PRIMARY AGENT:
Agent's Name:
Address: _____
Phone: _____
(Indicate
• 1st ALTERNATE AGENT (If Ager
Name of first alternate age
Address: _____
Phone: _____
(Indicate

1 C If you want your agent to start *right away* **or**, *only when you cannot make your own decisions,* place an "X" in the appropriate box and sign your initials in the space.

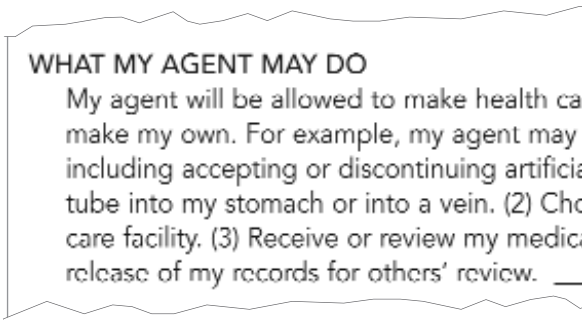

WHEN WILL MY AGENT MAKE DECIS
(Put an X next to the sentence you agree w
1 C
❑ My health care agent can make healt
❑ My health care agent will make healt
the mental capacity to make my own

Choices about health care treatments

Your agent can make choices about all kinds of medical treatments, such as blood transfusions, surgery and medicines. Your agent can even decide about life support treatments (treatments that try to make you live longer when some part of your body has stopped working).

1 D Sign your initials to indicate that you understand that your agent will be able to make all these kinds of decisions.

*If you do **not** want your agent to be able to make these decisions, this is probably not the right advance health care directive form for you.*


WHAT MY AGENT MAY DO
My agent will be allowed to make health ca
make my own. For example, my agent may
including accepting or discontinuing artificia
tube into my stomach or into a vein. (2) Cho
care facility. (3) Receive or review my medica
release of my records for others' review. ___

What if someone else tries to make the decisions?

Is there someone who might argue with your agent and you don't want that person to interfere with your agent's decisions? If there is no such person, check the 1 E "No Exclusions" box and sign your initials.


WHO MAY *NOT* MAKE MY MEDICAL DECISIO
❑ No Exclusions _____ [initial here]
or ❑ The following individual(s) are to be EX
decision-making for me:

If there is such a person, you can **exclude** that person from making health care decisions for you by writing their name in the space and signing your initials.

Examples of Life Support Treatments:

CPR or cardiopulmonary resuscitation when your heart stops

cardio = heart pulmonary = lungs resuscitation = try to restart

This involves all of these actions:

- pressing hard on your chest (this usually breaks ribs) to try pump the blood
- electrical shocks to try to restore heart beat
- a tube into your windpipe attached to a bag to pump air into your lungs
- medicines in your veins

Breathing machine or ventilator when the lungs aren't working well enough on their own

The machine pumps air into your lungs through a tube in your windpipe.

You are not able to talk when you are on the machine.

Dialysis when your kidneys stop working

A dialysis machine cleans your blood. Your blood has to go into the machine and then back onto your body through tubes placed into your neck, arm or groin.

It takes a few hours at a time, three or four days a week.

Feeding tube when you can't swallow

The tube is placed down your throat into your stomach, or it can also be surgically inserted through your abdomen into your stomach.

Each medical treatment might have benefits, but each might have unexpected or unintended results. None of them is certain to make you live longer. Each of these treatments can create new problems, including the need to be restrained. Some of these treatments might be done for a long time, or might be tried for a short time and then stopped.

Talk to your doctor about whether any of these treatments might be needed for your medical illness, and how they might affect your life.

Do you have opinions about wanting or not wanting some of these treatments? You may write them down and/or talk about them with the person who will be your agent.

End of life care

If you might die soon, your health care agent can:

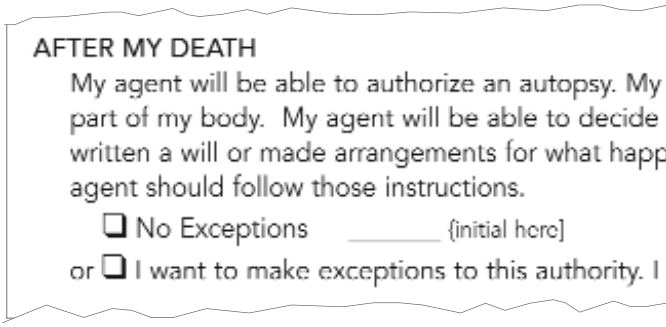
- decide if you are allowed to die a natural death or if you go on life support
- decide if you die at home or in the hospital
- decide if you get treatment aimed at making you as comfortable as possible, or treatments to make you live as long as possible
- decide if you get a visit by a minister, chaplain, priest, rabbi, or other spiritual counselor.

After your death

Your health care agent can:

- decide if any of your organs will be donated. Donated organs can save lives.
- request, consent to, or refuse an autopsy. An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.
- decide what happens to your body, such as burial or cremation.

1 F If you want to leave these decisions to your agent after your death, check the box "No Exceptions" and sign your initials.

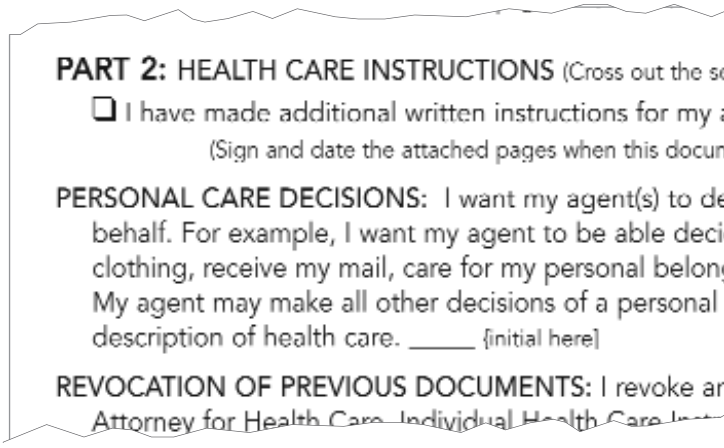

AFTER MY DEATH
My agent will be able to authorize an autopsy. My
part of my body. My agent will be able to decide
written a will or made arrangements for what happ
agent should follow those instructions.
❑ No Exceptions _____ {initial here}
or ❑ I want to make exceptions to this authority. I

If you do not want your agent to make these decisions, you may put in writing your own decisions about what should happen to your body after death.

Part 2: Health care instructions

2 A You may write extra pages in your own words, or use the enclosed "My Health Care Choices" communication form to guide your agent in making difficult decisions.

2 B Some personal care decisions are not automatically given to your health care agent. If you want your health care agent to be able to make personal care decisions, initial this paragraph.



PART 2: HEALTH CARE INSTRUCTIONS (Cross out the s

❑ I have made additional written instructions for my

(Sign and date the attached pages when this docu

PERSONAL CARE DECISIONS: I want my agent(s) to d
behalf. For example, I want my agent to be able deci
clothing, receive my mail, care for my personal belon
My agent may make all other decisions of a personal
description of health care. _____ {initial here}

REVOCATION OF PREVIOUS DOCUMENTS: I revoke a
Attorney for Health Care, Individual Health Care

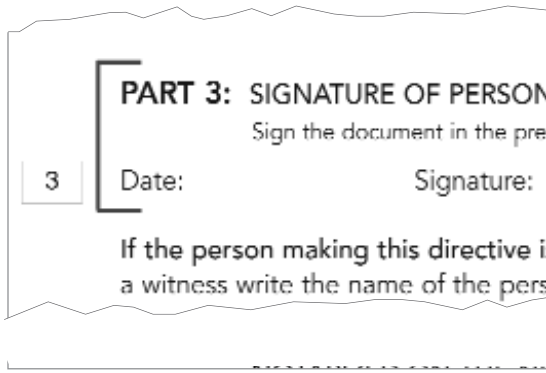
Part 3: Signing the form

Before this form can be used, you must:

- sign this form.
- have two witnesses sign the form.

If you do not have witnesses, you need a notary public. A notary public's job is to make sure it is you who is signing the form.

3 Sign your name and write the date on page 3.



PART 3: SIGNATURE OF PERSON

Sign the document in the pre

3 Date: Signature:

If the person making this directive i
a witness write the name of the pers

Witnesses

Your witnesses must:

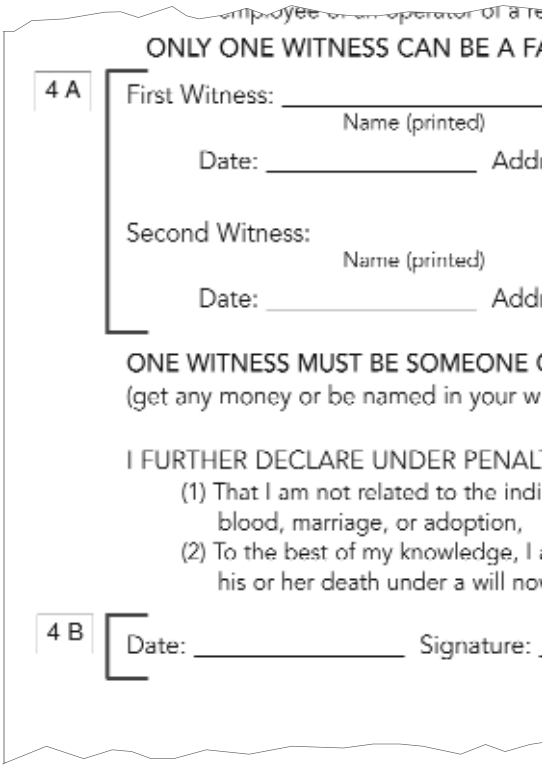
- be over 18 years of age.
- know who you are.
- believe that you are the one who signed the form.

Your witnesses cannot:

- be your health care agent, doctor, nurse, or social worker.
- work at the place that you live.

4 A

If you have witnesses, have them sign on page 3.



Only one witness can be a family member.

4 B

The second witness must be someone other than family and must not benefit financially (get any money or be named in your will) after you die.

Notary as Witness

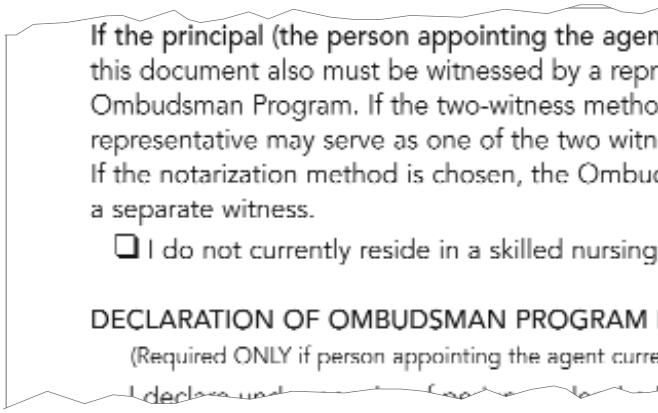
Take this form to a notary public **only** if two witnesses have not signed this form.

Bring photo I.D. (driver's license, passport, etc.)

Go to page 4 of the form.

If you do not live in a nursing home,

4 C check the box next to "I do not currently reside in a skilled nursing facility" and sign your initials.


If the principal (the person appointing the agen
this document also must be witnessed by a repr
Ombudsman Program. If the two-witness metho
representative may serve as one of the two witn
If the notarization method is chosen, the Ombu
a separate witness.

❑ I do not currently reside in a skilled nursing

DECLARATION OF OMBUDSMAN PROGRAM

(Required ONLY if person appointing the agent curre

If you do live in a nursing home:

- Give this form to your nursing home director or social worker if you live in a nursing home. You will need an additional witness.
- California law requires nursing home residents to have the nursing home ombudsman as a witness of advance directives.
- In addition to the ombudsman, you will need either a notary or one other witness who will meet the qualifications listed above.

What do I do with the form after I fill it out?

Keep the original for yourself. Make copies of the form to share with those who care for you. Keep a list of who has copies.

- family
- friends
- doctors
- nurses
- social workers

Remember to talk to all of these people about your choices.

What if I change my mind?

- Complete a new form.
- Collect all the old forms from your agent(s) and loved ones.
- Give out copies of the new form to all the same people.

What if I have questions about the form?

Take it to your family, friends or to your doctor, nurse, or social worker to answer your questions.

What if I want to make health care choices that are not on this form?

- Write your choices on a piece of paper or on the enclosed "My Health Care Choices" communication form.
- Sign the paper or supplement the same day you sign the form.
- Keep the paper with this form and copies of the paper with copies of your form.
- Talk about your choices with those who care about you.

Talk with your agent about what your medical treatment should accomplish.

You may want to consider the following questions when discussing your health care choices with your agent:

- When would you want them to keep on trying?
- When is it time to allow a natural death?

The **"Roles and Responsibilities of the Health Care Agent"**—the last 3 pages of this booklet—are designed to help you and your agent understand their potential duties in carrying out your health care wishes. Please share that document with your agent.

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

Including Power of Attorney for Health Care

IMPRINT / MRN

PART 1: APPOINTING AN AGENT TO MAKE HEALTH CARE DECISIONS

Note: You should discuss your wishes in detail with your designated agent(s).

1 A

My name is: _____ Date of birth: _____

My address is: _____

In this document I appoint an agent. I want this person to help make my medical decisions.

Your agent or alternate agent **cannot** be:

- Your primary physician
- Someone who works where you receive care (unless you are related to that person or you are co-workers).

1 B

• PRIMARY AGENT:

Agent's Name: _____

Address: _____

Phone: _____

(Indicate home, work, pager, and cellular phone.)

• 1st ALTERNATE AGENT (If agent is not willing, able, or reasonably available to serve.)

Name of first alternate agent: _____

Address: _____

Phone: _____

(Indicate home, work, pager, and cellular phone)

• 2nd ALTERNATE AGENT (If agent and 1st alternate are unavailable or unwilling to serve.)

Name of second alternate agent: _____

Address: _____

Phone: _____

(Indicate home, work, pager, and cellular phone)

WHEN WILL MY AGENT MAKE DECISIONS?:

(Put an X next to the sentence you agree with.)

1 C

❑ My health care agent can make health care decisions for me while I still have mental capacity to make decisions. _____ {initial here]

❑ My health care agent will make health care decisions for me ONLY when I do not have the mental capacity to make my own health care decisions. _____ {initial here]

WHAT MY AGENT MAY DO

My agent will be allowed to make health care decisions for me just as I can presently make my own. For example, my agent may (1) accept or refuse treatment for me, including accepting or discontinuing artificial nutrition and fluid that is given through a tube into my stomach or into a vein. (2) Choose for me a particular physician or health care facility. (3) Receive or review my medical information and records, or permit release of my records for others' review. _____ {initial here} 1 D

WHO MAY ***NOT*** MAKE MY MEDICAL DECISIONS

❑ No Exclusions _____ {initial here} 1 E

or ❑ The following individual(s) are to be EXCLUDED from any part of health care decision-making for me:

_____ _____ {initial here}

AFTER MY DEATH

My agent will be able to authorize an autopsy. My agent will be able to donate all or part of my body. My agent will be able to decide what to do with my body. If I have written a will or made arrangements for what happens to my body after my death, my agent should follow those instructions.

❑ No Exceptions _____ {initial here} 1 F

or ❑ I want to make exceptions to this authority. I write them here:

_____

_____ {initial here}

or ❑ I want to make exceptions to this authority. See the attachment to this form.

(Sign and date the attached pages when this document is witnessed.)

PART 2: HEALTH CARE INSTRUCTIONS (Cross out the sections that do not apply)

❑ I have made additional written instructions for my agent and attached them. 2 A

(Sign and date the attached pages when this document is witnessed.)

PERSONAL CARE DECISIONS: I want my agent(s) to decide about personal care on my behalf. For example, I want my agent to be able to decide where I will live, choose my clothing, receive my mail, care for my personal belongings and care for my pet(s) if any. My agent may make all other decisions of a personal nature not included in the description of health care. _____ {initial here} 2 B

REVOCATION OF PREVIOUS DOCUMENTS: I revoke any previously-executed Power of Attorney for Health Care, Individual Health Care Instruction, or Natural Death Act Declaration. I have the right to revoke this directive later by creating a new one. _____ {initial here}

PART 3: SIGNATURE OF PERSON WHO IS MAKING THIS DIRECTIVE

Sign the document in the presence of the witnesses or the Notary.

3 Date: _____ Signature: _____

If the person making this directive is unable to write, have the person make a mark. Have a witness write the name of the person making this directive and sign the next page.

PART 4: THIS DOCUMENT MUST EITHER BE SIGNED BY TWO WITNESSES OR NOTARIZED ON THE NEXT PAGE.

WITNESSES: Certain individuals cannot serve as witnesses. Those rules are set forth in the following witness statements:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA

(1) That the individual who signed or acknowledged this Advance Health Care Directive is personally known to me, or that the individual's identity was proven to me by convincing evidence,

(2) That the individual signed or acknowledged this Advance Directive in my presence,

(3) That the individual appears to be of sound mind and under no duress, fraud, or undue influence,

(4) That I am not a person appointed as agent by this Advance Directive, and

(5) That I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

ONLY ONE WITNESS CAN BE A FAMILY MEMBER.

4 A First Witness: _____ _____
Name (printed) Signature

Date: _____ Address: _____

Second Witness: _____ _____
Name (printed) Signature

Date: _____ Address: _____

ONE WITNESS MUST BE SOMEONE OTHER THAN FAMILY and must not benefit financially (get any money or be named in your will) after you die. Have that person sign again below:

I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA

(1) That I am not related to the individual executing this Advance Health Care Directive by blood, marriage, or adoption,

(2) To the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

4 B Date: _____ Signature: _____

ONLY if the person making this directive is unable to write, witnesses complete this section:

_____, being unable to write, made his/her mark in our presence and requested the first of the undersigned to write his/her name, which he/she did, and we now subscribe our names as witnesses thereto.

_____ _____

Signature of Witness #1 Signature of Witness #2

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

(Not required if two-witness method is followed)

State of California, County of _____

On this ____ day of _____, _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed it.

WITNESS my hand and official seal.

Signature _____

(seal)

If the principal (the person appointing the agent) currently resides in a nursing facility, this document also must be witnessed by a representative of California's Long-Term Care Ombudsman Program. If the two-witness method is chosen, the Ombudsman Program representative may serve as one of the two witnesses, or may serve as a third witness. If the notarization method is chosen, the Ombudsman Program representative serves as a separate witness.

❑ I do not currently reside in a skilled nursing facility. _____ {initial here]

4 C

DECLARATION OF OMBUDSMAN PROGRAM REPRESENTATIVE

(Required ONLY if person appointing the agent currently resides in a nursing facility.)

I declare under penalty of perjury under the laws of California that I am an ombudsman designated by the California Department of Aging and that I am serving as a witness as required by Section 4675 of the California Probate Code.

_____ _____ _____

Name (printed) Signature Date

MY HEALTH CARE CHOICES

Personal Health Care Instructions Communication Form

I. How much I want to know about my condition:

*(Please mark statement 1 **or** 2.)*

- ❑ 1: I wish to know all relevant facts of my condition. I can cope better with what I know than with the unknown.
- ❑ 2: I do not wish to know all the details of my condition, especially if the news is bad. I fear that such knowledge will diminish my will to live and will cast a shadow over the time left to me. If there is bad news about my condition, I want my health care agent to take over making medical decisions for me, even if I still have mental capacity to make health care decisions.

II. How strictly I want my agent to follow my instructions:

I am writing how I want health care decisions made. **I want my agent strictly to follow this document.** If other decisions come up that I have not made here, I want my agent to rely on other information he or she has about my wishes and my values.

Additional comments:

III. If I am dying, it is important for me to be:

- ❑ at home.
- ❑ in the hospital.

Additional Instructions:

Initials: _____

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IV. Near the end of life, when would you want your doctors to consider allowing your disease to take its natural course? When is it time to allow a natural death? For example, which of these sentences do you most agree with: 1 or 2?

❑ 1: My life is only worth living if I can:
(Check all that apply; add more if you want.)

- ❑ talk to family or friends
- ❑ communicate in some way with my loved ones
- ❑ recover enough to feed, bathe, or take care of myself
- ❑ be free from pain
- ❑ live without being hooked up to machines
- ❑ _____
- ❑ I am not sure

❑ 2: My life is always worth living no matter how sick I am, even if I am unable to communicate at all and even if I won't get better.

V. If I am so sick that I may die soon:

❑ Any treatments can be tried to see if they will help. Even if treatments **do not work** and there is little hope of getting better, **I want to stay on life support** machines until I die.

❑ Any treatments can be tried to see if they will help. If the treatments **do not work** and there is little hope of getting better, **I do not want to stay on life support** machines and would want to die a more natural death, in comfort.

❑ I have already decided that I do **not** want to have the following treatments, even if it means that I might die by not having them:

- ❑ I want **no** attempts at CPR.
- ❑ I want **no** breathing machine.
- ❑ I want **no** dialysis.
- ❑ I want **no** blood transfusion.
- ❑ I want **no** artificial feeding and hydration.
- ❑ I want **no** medicines of any kind unless they are provided for my comfort.
- ❑ _____
- ❑ **I do not want any life support** treatments at all, even if it means that I might die by not having them.

Initials: _____

VI. Religion or spirituality is

❑ important to me

❑ unimportant to me

What my doctors should know about my religion or spirituality:

VII. After my death

❑ I want to donate my organs. *Which organs do you want to donate?*

- ❑ any organs
- ❑ only the following organs _____

❑ I **do not** want to donate my organs.

❑ I want my **health care agent** to decide.

VIII. What my agent and doctors should know about how I want my body to be treated after I die:

❑ I **do not** want an autopsy.

❑ I **want** an autopsy if there are questions about my death.

❑ I want my **health care agent** to decide about autopsy.

❑ My preferences about funeral/burial/cremation are_____

_____

_____.

❑ I want my **health care agent** to decide about burial or cremation.

Additional instructions:

Signature: _____ Date: _____

If you are completing this form at the same time as your Advance Health Care Directive, please remember to attach it so your signature can also be witnessed or verified by a notary public.

End of forms section

Roles and responsibilities of the health care agent

The role of a **health care agent** may be one of the most important roles anyone can have. It is a way to fulfill a request made by a loved one to carry out their wishes about how they want to receive care when they are no longer able to express those wishes.

How do I become a health care agent?

Health care agents are typically chosen when a person completes an **Advance Health Care Directive**. The Advance Health Care Directive is a legal document which allows a person to document in advance the type of care they would or would not want, as well as identify someone 18 years or older who is close to them who has agreed to carry out their wishes at a time when they can no longer speak for themselves. This person is called the "health care agent." The terms "surrogate" or "proxy" are sometimes used in the place of "agent" but all share the same meaning.

The person completing the Advance Health Care Directive knows the health care agent well and trusts them to carry out their wishes and advocate on their behalf. The agent, therefore, should have a good understanding of their loved one's values and treatment preferences beforehand so they are prepared to carry out their role as agent when that time comes. Becoming an agent **does not mean** that you assume financial responsibility for your loved one.

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As the health care agent, when would I start making health care decisions for my loved one?

On occasion, the agent may be asked to make health care decisions for a loved one even when that person is still capable of making his or her decisions. Most often, however, it is when your loved one ***is no longer able*** to make their own health care decisions. Your role as the health care agent will be ***activated*** when care providers decide your loved one is too ill to participate in discussions about treatment options. When this decision is reached, the care providers will begin to rely on you to help determine the continued course of treatment for your loved one. However, when or if your loved one regains the ability to make their own decisions, your role as the agent may no longer be needed (or ***deactivated***), and the health care team will again work with your loved one to make these decisions.

How would I make health care decisions?

Your role as the health care agent will be to make decisions, in consultation with your loved one's care providers, based on what you know or how you feel your loved one would make them. This is a very important responsibility. The decisions you make will depend on the following:

- Your loved one's written statements regarding certain treatment options in their Advance Directive as well as conversations held with health care providers that are documented in their medical record.
- Conversations held with you or others regarding types of health care treatment they may or may not want, their values and spiritual preferences.
- Treatment decisions with the health care team on issues that may not be clearly covered by your loved one's written preferences in their Advance Directive, by documented conversations with health care providers or prior conversations with you and others close to them.

What types of decisions will I be asked to make?

Your loved one's health care providers will be available to help you understand what is involved in any proposed treatment or procedure, as well as the risks or benefits and other options. Depending on how sick your loved one might be, you may be asked to make the following types of decisions. Your task as agent will be to make choices based on what your loved one would probably choose if he or she were well enough to make the decision, ***even if it is not what you would choose for yourself***. These decisions may include:

- use of a breathing machine or ventilator. This is a machine that pumps air into the lungs and breathes for you when you can no longer breathe on your own.
- surgical operations or procedures
- starting, changing or stopping certain medications
- use of artificial nutrition and hydration when you can no longer swallow food
- blood transfusions
- use of CPR (cardiopulmonary resuscitation) to restart the heart
- use of a dialysis machine that cleans the blood when the kidneys are no longer working
- choosing or changing health care providers, arranging transfers to other health care facilities such as another hospital or nursing home
- contacting your loved one's minister, clergy, or other spiritual advisor for spiritual support
- deciding where your loved one spends their final days (at home, in the hospital, or elsewhere), donating organs/tissues, authorizing an autopsy, or making decisions about what will be done with the body

Making the tough health care decisions – end of life care

There may come a time when your loved one's condition worsens and it is clear he or she will not get better. When that time comes, you may be asked to make decisions about starting or stopping life-sustaining treatments. These are perhaps the toughest decisions you may have to make.

Many people say they do not want to die slowly, hooked up to machines, be fed artificially through tubes in their arms or stomach, or suffer from pain. Rather than thinking of this as withholding necessary treatment from your loved one, you may be protecting them from unnecessary pain, suffering, and prolongation of the dying process. More than ever, you will need to draw upon your loved one's stated or expressed wishes, their outlook on life, values, and spirituality to determine how they would want to spend the final days of their life.

We are here to help you.

When the time comes, you will not have to face these decisions alone. Our doctors, nurses, social workers, and other staff are here to help answer your questions and discuss treatment options, as well as provide the emotional support you may need to help carry out your loved one's wishes.

Keeping Track of My Advance Health Care Directive

Date of my Advance Health Care Directive (AHCD): _____.

Where I have put extra, easy-to-find copies of my AHCD:

_____

All the people and facilities to whom I have given copies of my AHCD:

name: _____
address: _____
_____
phone: _____
(home, work, cell, and pager)

name: _____
address: _____
_____
phone: _____
(home, work, cell, and pager)

name: _____
address: _____
_____
phone: _____
(home, work, cell, and pager)

name: _____
address: _____
_____
phone: _____
(home, work, cell, and pager)

name: _____
address: _____
_____
phone: _____
(home, work, cell, and pager)

name: _____
address: _____
_____
phone: _____
(home, work, cell, and pager)

name: _____
address: _____
_____
phone: _____
(home, work, cell, and pager)

name: _____
address: _____
_____
phone: _____
(home, work, cell, and pager)

Cut out and place in your wallet with your medical card.

Important notice to medical personnel:
I have a California Advance Health Care Directive.

_____
Signature

In an emergency, please consult my health care agent(s):

_____
primary agent name

_____
address city / state / zip

_____
phone (cell, home) **see other side**

Fold

_____
alternate agent name

_____
address city / state / zip

_____
phone (cell, home)

My Advance Health Care Directive is located at:

_____
_____
_____

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.

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