



Introduction to Your Advance Health Care Directive

This is a copy of an Advance Health Care Directive. It is a legal document for use in the State of California and can serve one or more purposes. It may be typed or handwritten in ink. **Please read the instructions** on the document as they explain what purpose each part serves and how to complete it. You may complete Part 1 or Part 2, or both. You may choose to have a family member or friend assist you with this, but be sure that you are comfortable with the decisions that are written.

Part 1 - Power of Attorney for Health Care

This is entirely separate from any Power of Attorney you established for your finances. Health Care requires a completely separate document from you to appoint a Health Care Agent who can make medical treatment decisions for you should you ever become unable to do so yourself. When selecting an Agent, consider who you think would best understand your wishes and be able to follow through with them, without the burden of guilt. Ideally, it should be someone who lives near you and/or would be able to travel to the facility where you are being treated, to see you and discuss things with your doctors. It does not have to be a relative. It cannot be your doctor.

You may also decide when your Agent should begin making medical treatment decisions for you, whether it is now or only if you are unable to do so. Finally, it allows you to limit the type of medical decisions your Agent may make, including whether they can make decisions after you die regarding donation, autopsy and burial.

Part 2 - Instructions for Health Care

Many people feel very strongly about what they want or do not want done for medical treatment. This is your opportunity to ensure that your wishes are conveyed and respected. This part gives you two choices that address whether or not you would want aggressive or heroic treatment if you were suffering from a terminal condition, vegetative state, or a condition that would result in an undesirable quality of life. You may check one of these boxes and/or you may also write more specific wishes regarding what you would or would not want a healthcare team to do. You are encouraged to discuss any questions or concerns about treatment with your physician.

You may be as specific as you would like regarding the type of treatment and situation. Different treatments you might consider are cardiopulmonary resuscitation (chest compressions), defibrillation (electric shock to the heart with paddles), being placed on a ventilator (breathing machine), surgery, pain management and feedings through a tube. The situations you might want to consider are those in which you have suffered

irreversible injury to the brain and/or body, such that your previous quality of life is not likely to return. This could be due to head trauma, stroke, terminal illnesses or the failure of your organs.

If you do not have enough room to write, you may add a piece of paper, which you should sign and date at the end.

Part 3 – Donation of Organs/Tissues at Death

It will be helpful to your loved ones and the healthcare team if you complete this section. You can designate any usable organs and tissues to help another person through transplantation, for research or for both. Note: If your organs and tissues cannot be used for transplantation, they will be designated for research unless you state otherwise.

Part 4 – Primary Physician – Write your doctor's information here.

Part 5, you must sign and date the document.

On the last page, you must have your signature witnessed or notarized.

If you wish to have your signature witnessed, choose two people who are 1) present when you sign it; 2) not mentioned in the document; 3) not employees of the facility in which you live; and 4) not Huntington Hospital staff, volunteers or physicians. One of the witnesses must not be related to you in any way or be named in your Will, and must sign a statement that says such.

If finding appropriate witnesses is inconvenient or difficult, the hospital can refer you to a Notary while you are here, or you may locate one in the community through the phone book. Notaries charge a fee for their service.

If you reside in a skilled nursing facility, their Ombudsman must witness your signature on this form.

Once the advance directive is witnessed or notarized, it is a legal-binding document, and the original should be kept with your important papers. You should have several copies made. Give a copy to each Agent you designated in the document, and bring a copy with you each time you are registered at the hospital for admission or a procedure. Give a copy to each physician who cares for you, and discuss your wishes with them.

If you would like further explanation or assistance, please ask your nurse to contact the Clinical Social Worker assigned to your unit or program.

PLEASE NOTE: This information is not intended to be all-inclusive and does not constitute a recommendation by Huntington Hospital. This information is only intended to identify some of the resources that may be available to you.