

Advanced Directives . . . Information You Should Know

There is an important medical document that you need to know about which can have a profound impact on the delivery of medical care that you receive. The document is called “**An Advanced Directive**”.

As part of the Omnibus Budget Reconciliation Act of 1990, the Patient Self Determination Act became law on December 1, 1991. As a result, health care organizations that receive Medicare or Medicaid payments have to provide adult patients with written information about their rights to make decisions about their medical care.

What is an Advanced Directive?

An Advanced Directive (AD) is a document that provides a person the opportunity to give directions about future medical care. It can also serve as a legal document designating another individual to make decisions for you if you are unable to make those decisions yourself. This document will speak for you if you become incapacitated.

As a prospective patient, you can complete an Advanced Directive document if you are 18 years or older, and of sound mind. You do not need a lawyer to complete an Advanced Directive form. Remember, Advanced Directive forms can be modified or even revoked at any time as long as you make your wishes clearly known.

Types of Advanced Directives

A **Durable Power of Attorney for Health Care** allows you to name an individual to make health care decisions when you are not able to do so. The Durable Power of Attorney for Health Care is legal under California law, so you will have to check local laws in your city or state. There is another type of advanced directive called a “**living will**”, which gets its name from the fact that document takes effect while you are alive but unable to speak for yourself. Lastly, there is another directive called a **Do Not Resuscitate or DNR** order. This order basically tells hospital personnel that you as a patient do not wish for any life saving resuscitative actions from taking place to save your life (e.g. shocking your heart if it stops beating or placing you on a ventilator for breathing).

For more information, please contact your health care provider, patient relation department or hospital or health care facility.

Patient Signature

Date

Patient ID Here