



ACKNOWLEDGEMENT OF ADVICE FOR
ADVANCE HEALTH CARE DIRECTIVE

Patient Name: _____ Patient DOB: _____

Advance Health Care Directives

This acknowledgement confirms that my physician, or one of their staff members, has discussed Advance Health Care Directives with me and at my request, will provide me with an Advance Health Care Directive form. I also confirm that:

1. I may decline to complete an Advance Health Care Directive.
2. Advance Health Care Directives may be any of the following:
 - a. A Durable Power of Attorney for Health Care.
 - b. A living will.
 - c. A piece of paper where I have written my wishes so that my family may use the document in deciding my medical treatment in the event I am unable to do so.
3. I may put together my own Advance Health Care Directive for my healthcare and decline the Advance Health Care Directive form offered by my Doctor.
4. My physician has provided written information concerning Advance Health Care Directives.
5. It is my responsibility to provide my Doctor(s) with any documents that are required to carry out my Advance Health Care Directives. I must physically bring or mail my Advance Health Care Directive to the Clinic if I wish to see it complied by.

Patient Signature: _____ Today's 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.



INFORMATION ABOUT ADVANCE HEALTH CARE DIRECTIVES

What is an Advanced Healthcare Directive?

Advanced Directives or Advanced Healthcare Directives are legal documents that provide instructions for medical care and only go into effect if you cannot communicate your own wishes. There are different types of Advanced Healthcare Directives. Two of the most common Advanced Directives for healthcare are a Living Will and a Durable Power of Attorney. Alternately, Friends of Family Health Center can also provide you with an Advanced Directive form created by the State of California.

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.