

DECLINATION OF ADVANCE HEALTH CARE DIRECTIVE

Patient Name:	Patient DOB:
A	dvance Health Care Directives
	t my physician, or one of their staff members, has discussed me and at my request, will provide me with an Advance Health Care
in deciding my medical tre 3. I may put together my own Advance Health Care Directive for 4. My physician has provided written 5. It is my responsibility to provide	hay be any of the following: hey for Health Care. ave written my wishes so that my family may use the document atment in the event I am unable to do so. dvance Health Care Directive for my healthcare and decline the rm offered by my Doctor. In information concerning Advance Health Care Directives. my Doctor(s) with any documents that are required to carry out ctives. I must physically bring or mail my Advance Health Care
This document will be part of my medica	ıl record.
Patient Signature:	Today's Date:
Note: Advance Health Care Directive information is	s reviewed with the member at least every 5 years and as appropriate to the member's

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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 Jaws 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.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS

English

ATTENTION: If you need help in your language, call (562) 690-0400 (TTY: 711).

Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (562) 690-0400 (TTY: 711). These services are free of charge.

(Arabic) العربية

.(TTY: 711) انتباه :إذا كنت بحاجة إلى المساعدة بلغتك، فاتصل بـ)562 (690-690) التباه :إذا كنت بحاجة إلى المستندات بطريقة برايل والطباعة الكبيرة، متاحة أيضًا الخدمات والمساعدات للأشخاص ذوي الإعاقة، مثل المستندات بطريقة برايل والطباعة الكبيرة، متاحة أيضًا . (TTY: 711) اتصل بـ)562 (690-0400) .

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ։ Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք (562) 690-0400 (TTY։ 711)։ Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր։ Ձանգահարեք (562) 690-0400 (TTY։ 711)։ Այդ ծառայություններն անվճար են։

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅ (562) 690-0400 (TTY: 711)។ មានសេវាជំនួយសម្រាប់មនុស្សជួបពិការភាព ដូចជាឯកសារពុម្ពអក្សរធំ និងអក្សរប្រាយ។ សូមទូរស័ព្ទទៅ (562) 690-0400 (TTY: 711)។ សេវាកម្មទាំងនេះមានដោយឥតគិតថ្លៃ។

繁體中文 (Chinese)

请注意:如果您需要以您的母语提供帮助,请致电(562)690-0400(TTY:711)。 我们还为残疾人士提供辅助服务,如盲文和大字体阅读材料。请致电(562)690-0400(TTY:711)。这些服务都是免费的。

(Farsi) فارسى

. تماس بگیرید (TTY: 711) توجه :اگر به کمک به زبان خود نیاز دارید، با شماره)562 (690-0400 .خدمات و کمکهایی برای افراد دارای معلولیت مانند اسناد به خط بریل و چاپ بزرگ نیز در دسترس هستند . تماس بگیرید .این خدمات رایگان هستند (TTY: 711) با شماره)562 (690-0400

हिन्दी (Hindi)

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है, तो कृपया (562) 690-0400 (TTY: 711) पर कॉल करें। दृष्टिहीन और विकलांग लोगों के लिए ब्रेल और बड़े अक्षरों में दस्तावेज़ जैसी सहायता और सेवाएं भी उपलब्ध हैं। कृपया (562) 690-0400 (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab rau koj hom lus, hu rau (562) 690-0400 (TTY: 711). Muaj kev pab thiab kev pabcuam rau cov neeg xiam oob khab xws li ntawv Braille thiab ntawv loj. Hu rau (562) 690-0400 (TTY: 711). Cov kev pabcuam no yog pub dawb xwb.

日本語 (Japanese)

注意: 母国語での支援が必要な場合は、(562) 690-0400 (TTY: 711) までお電話ください。 点字や大きな文字の書類など、障害をお持ちの方のための支援やサービスもご利用いただけます。 (562) 690-0400 (TTY: 711) までお電話ください。これらのサービスは無料です。

<u>한국어 (Korean)</u>

주의: 귀하의 언어로 도움이 필요하시면 (562) 690-0400 (TTY: 711) 번으로 전화하십시오. 점자 및 큰 글씨 문서와 같은 장애인을 위한 보조 서비스도 제공됩니다. (562) 690-0400 (TTY: 711) 번으로 전화하십시오. 이 서비스는 무료입니다.

ລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ໃຫ້ໂທໄປທີ່ (562) 690-0400 (TTY: 711) ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ບໍລິການສຳລັບຜູ້ພິການ ເຊັ່ນ ເອກະສານເປັນຕົວໜັງສື Braille ແລະ ອັກສອນໃຫຍ່.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan, douc waac daaih lorx taux (562) 690-0400 (TTY: 711). Douc waac benx domh sou se mbenc nzoih bun longc. Naaiv deix nzie weih gong-bou jauvlouc se benx wang-henh.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ (562) 690-0400 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਾਲੇ ਦਸਤਾਵੇਜ਼ਾਂ ਵਰਗੀਆਂ ਸਹਾਇਤਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। (562) 690-0400 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем языке, звоните по номеру (562) 690-0400 (ТТҮ: 711). Предоставляются услуги для людей с ограниченными возможностями, такие как документы шрифтом Брайля или крупным шрифтом. Звоните по номеру (562) 690-0400 (ТТҮ: 711). Эти услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al (562) 690-0400 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al (562) 690-0400 (TTY: 711). Estos servicios son gratuitos.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทร (562) 690-0400 (TTY: 711) เรายังมีบริการช่วยเหลือสำหรับผู้พิการ เช่น เอกสารอักษรเบรลล์และเอกสารตัวอักษรขนาดใหญ่ โทร (562) 690-0400 (TTY: 711) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою мовою, телефонуйте за номером (562) 690-0400 (ТТҮ: 711). Ми також надаємо послуги для осіб з інвалідністю, такі як документи шрифтом Брайля або великим шрифтом. Телефонуйте за номером (562) 690-0400 (ТТҮ: 711). Ці послуги надаються безкоштовно.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số (562) 690-0400 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn. Vui lòng gọi số (562) 690-0400 (TTY: 711). Các dịch vụ này đều miễn phí.