

COASTAL PRIMARY CARE

2215 Nebraska Avenue
Fort Pierce, Florida 34950
(772) 489-6011

Midway
4995 South US Highway One
Fort Pierce, Florida 34982
(772) 465-3225

HEALTH CARE ADVANCED DIRECTIVE THE PATIENT'S RIGHT TO DECIDE

All adult individuals in health care facilities such as hospitals, nursing homes, hospice, home health agencies and health maintenance organizations have certain rights under Florida law.

You have a right to fill out a paper known as "advance directive." The paper says in advance what kind of treatment you want or do not want under special, serious medical conditions - conditions that would stop you from telling your doctor how you want to be treated. For example, if you were taken to a health care facility in a coma, would you want the facility's staff to know your specific wishes about decisions affecting your treatment?

WHAT IS AN ADVANCE DIRECTIVE?

An "advance directive" is a written or oral statement which is made and witnessed in advance of serious illness or injury, about how you want medical decisions made. Two forms of advance directives are:

- A "Living Will" and
- Health Care Surrogate Designation

An advance directive allows you to state your choices about health care or to name someone to make those choices for you if you become unable to make those decisions about your medical treatment. An advance directive can enable you to make decisions about your future medical treatment.

WHAT IS A LIVING WILL?

A "living will" generally states the kind of medical care you want if you become unable to make your own decisions. It is called a "living will" because it takes effect while you are still living. Florida law provides a suggested form for a living will. You may use it or some other form. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way so that your wishes will be understood.

WHAT IS A HEALTH CARE SURROGATE DESIGNATION?

A "healthcare surrogate designation" is a signed, dated and witnessed paper naming another person such a wife, husband, daughter, son or close friend as your agent to make medical decisions for you, if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. Florida law provides a suggested form for designation of a health care surrogate. You may use it or some other form. You may wish to name a second person to stand in for you, if your first choice is not available.

WHICH IS BETTER?

You may wish to have both or combine them into a single document that describes treatment choices in a variety of situations and name someone to make decisions for you should you be unable to make your own decisions for yourself.

DO I HAVE TO WRITE AN ADVANCE DIRECTIVE UNDER FLORIDA LAW?

No, there is no legal requirement to complete an advance directive. However, if you have not made an advanced directive or designated a health care surrogate, health care decisions may be made for you by a court appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative or a close friend in that order. This person would called a proxy.

CAN I CHANGE MY MIND AFTER I WRITE A LIVING WILL OR DESIGNATE A HEALTH CARE SURROGATE?

Yes, you may change your mind or cancel these documents at any time. Any change should be written, signed and dated. You can also change an advance directive by oral statement.

WHAT IF I HAVE FILLED OUT AN ADVANCE DIRECTIVE IN ANOTHER STATE AND NEED TREATMENT IN A HEALTHCARE FACILITY IN FLORIDA?

An advance directive completed in another state, in compliance with the other state's law, can be honored in Florida.

WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE IF I CHOOSE TO HAVE ONE?

Make sure that someone such as your doctor, lawyer or family member knows that you have an advance directive and where it is located.

Consider the following:

- If you have designated a health care surrogate, give a copy of the written designation form or the original to the person.
- Give a copy of your advance directive to your doctor for your medical file.
- Keep a copy of your advance directive in a place where it can be found easily.
- Keep a card or note in your purse or wallet which states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your **doctor, lawyer and/or family member has the latest copy.**

For further information ask those in charge of your care.

1. _____ I have read and understand the above information.
2. _____ I have _____ have not executed an advance directive.
3. _____ I understand that provision of medical care to me will not be based on whether or not I have executed an advance directive.

PATIENT _____

DATE _____

WITNESS _____

DATE _____