

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE INFORMATION SHEET

Advance Health Care Directives are written instructions which communicate your wishes about the care and treatment you want if you reach a point where you can no longer make your own health care decisions. The Advance Health Care Directive allows you to appoint an agent to make health care decisions for you and/or give instructions about your own health care. It replaces both the Durable Power of Attorney for Health Care (DPAHC) and the Natural Death Act Declaration although both remain valid unless expired. **A DPAHC executed prior to 1992 should be replaced by a new Advance Health Care Directive.**

Under California law, adult persons with decision-making capabilities have the right to accept or refuse medical treatment or life sustaining procedures. Artificial nutrition and hydration are among the medical procedures you have the right to accept or refuse. The AHCD form has a section on your wishes for end of life care. You may write more detailed instructions regarding your health care wishes by attaching more sheets of paper to the form.

We recommend you name only one person as your health care agent and others as alternate agents. This will minimize disagreements between them about health care decisions you have made.

Reasons why you may want to prepare an Advance Health Care Directive

- To ensure you receive the care and services you desire
 - To ensure the refusal of treatment at a determined stage if you have previously stated your desires to do so
 - To designate the person you would like to make decisions on your behalf
 - To ensure that family and friends understand your wishes regarding health care.
- If you do not make your wishes clear, your family members and friends may not agree about what type of care and treatment you would want. It is possible that your desires will not be carried out, since a conflict may lead to a lengthy court delay.

To be valid, an Advance Health Care Directive must be signed by two qualified adult witnesses who are present when you sign or acknowledge they know your signature. You do not need to sign it before a notary public or need a lawyer to fill it out. The following do not qualify as witnesses: your health care provider or their staff, or an operator or employee of a community care facility or residential care facility for the elderly. Additionally, at least one of the witnesses cannot be related to you by blood, marriage or adoption, be named in your will, or be entitled to any portion of your estate upon your death. Please note there are special rules for skilled nursing facility residents.

It should take less than 20 minutes to fill out this form. It is wise to discuss your wishes for end of life care with your loved ones now, even if you presently are well. It will help minimize their distress in making difficult decisions on your behalf

if you are ever incapacitated by injury or illness. Find someone you trust who can be your "agent" in case of emergency. Your agent does not sign this form. This form is valid indefinitely and can be changed or added to at any time. Just be sure your agents and physician(s) have an updated form. We recommend you fill one out **before** you have a serious illness, even if you're not yet clear on your wishes regarding end of life care.

To Do:

- 1) Review form.
- 2) Talk to family member(s) or friend(s) who will be your agent(s).
- 3) Sign form with 2 witnesses or a notary.
- 4) Make copies for your agent(s), one for your doctor and one back-up for emergencies.
- 5) Place your chart number at the top of one copy and mail it to your doctor for placement in your chart.
- 6) Bring a copy if you are going to be admitted to a hospital or nursing home.

Where do I get an Advance Health Care Directive?

Forms and help are available from a variety of sources:

California Medical Association

P O Box 7690

San Francisco, CA 94120-7690

(415) 882-5175

website: cmanet.org

Advance Health Care Directive Kit, cost is \$5