



ADVANCE DIRECTIVES INFORMATION, INSTRUCTIONS, AND ACKNOWLEDGEMENT

The Center supports your rights to consent to or refuse medical treatment, including your right to have advance directives. An “advance directive” is a written document in which a competent individual specifies what type of medical treatment the person would wish to receive if unable to make health care decisions.

An advance directive also names the individual who is authorized to make decisions for a patient when the patient cannot do so. An advance directive can be used to refuse medical treatment under certain circumstances.

The decision to have an advance directive is purely voluntary. No family member, or the Center, or any other entity or individual can force a patient to have an advance directive or to dictate the instructions contained in an advance directive.

There are two types of advance directives:

- A “durable power of attorney for health care,” also known as a patient advocate document or a health care proxy.
- A “living will.”

The focus of a durable power of attorney for health care is on who makes the decisions when a patient cannot; the focus of a living will is on what the decisions are in the event of incapacity.

While a durable power of attorney for health care can be applicable in a situation of temporary disability, a living will is limited to care during terminal illness or permanent unconsciousness.

A durable power of attorney gives another person the power to make medical treatment and related personal care decisions when a patient cannot do so for himself. Any person of sound mind who is at least 18 years of age may have a durable power of attorney for healthcare.

The person given decision-making power under a durable power of attorney is called a “patient advocate.” Any person age 18 or older is eligible for designation as a patient advocate.

A patient advocate may be given the right to make decisions to withhold or withdraw life-sustaining treatment, provided that the patient expresses this in a clear convincing manner and acknowledges that such decisions could or would allow the patient’s death.

Before a patient advocate can act, he must sign an acceptance of such responsibility before acting on the patient’s behalf. A patient may appoint a second person to serve as patient advocate in case the first named individual is unable to serve.

In Michigan, a durable power of attorney has legal force, requiring compliance with its terms, if made properly. To be valid, a durable power of attorney for health care must be made in writing, must be signed by the patient, must be witnessed by two adults, and must be accepted by the patient advocate.

A living will is a written statement in which the person informs doctors and family members what type of medical care he would wish to receive should he become terminally ill or permanently unconscious and unable to make or communicate decisions about his continued care. Michigan has not yet passed a law giving living wills legal force.

An individual may have both a durable power of attorney for health care and a living will.

An advance directive is to be implemented only when the individual is unable to communicate his consent to medical care. The determination that a patient is unable to participate in medical treatment decisions must be made by a physician.

Please acknowledge on the following page that you have received and reviewed this advance directives information and provide your advance directives instructions, if any.

ADVANCE DIRECTIVES ACKNOWLEDGEMENT

I hereby acknowledge that the Center has given me information about my rights to provide advance directives. I understand that I am not required to execute an advance directive as a condition to receive care at the Center. I understand the terms of my advance directive will be followed by the Center to the extent required or allowed by law.

Please check the appropriate boxes:

Yes No I wish to exercise my right to provide advance directives for my care.

Yes No I have brought a Durable Power of Attorney for Health Care.

Yes No I wish for you to provide me a form to execute a Durable Power of Attorney for Health Care

Yes No I have brought a Living Will.

Yes No I wish for you to provide me a form to execute a Living Will.

Yes No I have brought a Do-Not-Resuscitate Order.

Yes No I wish for you to provide me a form to execute a Do-Not-Resuscitate Order.

Patient Name: _____

Patient's Signature: **X** _____

Date: _____

Witness Signature: _____