PARTNERSHIP HEALTHPLAN of CALIFORNIA

# ADVANCE CARE PLANNING

**Advance Care Planning - Conversation Guide**

**Advance Health Care Directives - FAQ's**

**PREPARE Pamphlet**

**Advance Health Care Directive**

*As part of Partnership HealthPlan of California's Offering and Honoring Choices work, we are interested in expanding access to Advance Care Planning for our members. Advance Care Planning is making decisions about the care you would want to receive if you become unable to speak for yourself. We recognize that achieving this goal will require a shift in culture within the communities we serve. To start, we want to begin changing culture today!*

*Please take the time and join us in learning more about Advance Care Planning, and complete an Advance Care Directive – for your family's sake, for your sake.*

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

# Advance Care Planning – Conversation Guide

We'd like to think our loved ones will always be healthy, independent and able to make decisions for themselves, but things can change suddenly. They might have an accident or a serious illness and no longer be able to speak for themselves. When that happens, doctors often turn to their loved ones to speak for them. If that happens, will you know what care they would want?

Talking with loved ones now and helping them plan for future medical needs is the best way to make sure that their wishes will be respected. But, talking about this is not always easy.

### The Coalition for Compassionate Care of California has developed this guide to help you start the conversation.

In it you will find:

- Suggestions on how to raise the issue
- Responses to concerns they might express
- Questions you might want to ask

As your loved one reflects on and expresses her/his wishes, we recommend you encourage her/him to:

- Write her/his wishes down in an Advance Directive document. An Advance Directive is a statement, shared with both family and the doctor, about how she/he wants to be treated if she/he becomes seriously ill and cannot speak for herself/himself.
- Appoint a spokesperson – a Healthcare Power of Attorney – you or someone else who understands her/his wishes and will be able to speak for her/him if she/he is unable to do so.

Once you start talking, don't feel that you need to get everything done at once. Rather, view it as a process. Even after your loved one has made her/his wishes known, these wishes may change over time. Once you've started, however, it will be easier to talk about changes or related issues in the future.

Keep in mind that other family members and loved ones also need to understand your loved one's wishes. Depending on how close they may be, geographically or emotionally, this can be challenging. Encourage your loved one to talk to family members – one at a time or at a family gathering. Offer to support her/him as she/he reaches out to any who may be resistant. The more those close to your loved one are aware of her/his wishes, the more likely those wishes will be carried out.

### Ways to raise the issue

Talk about the recent illness or death of a relative or someone you know, or someone in the news, like a celebrity. What did you think about what happened with so-and-so? Is that the kind of care you would have wanted? Why or why not?

Share an article or story about the topic. Maybe there was a movie, a segment on the evening news, or a TV show that got you thinking.

Use the opportunity of a medical appointment or build on a financial planning session to discuss her/his wishes.

## Responding to concerns

**"I am feeling fine, so we don't need to talk about this now. We can wait and handle things as they come up."**

We'd both like to think that you will always be healthy and able to make decisions for yourself. But things can happen suddenly. Things can change. You might have an accident or develop a serious condition and not be able to speak for yourself. So, making your wishes known now will help everyone, including the doctors, be able to care for you the way you want.

*Or…*

You make decisions every day about your life and your healthcare. I've seen how independent you've always been, how you have operated on your own for so long. That's why I want to understand your wishes to make sure that you maintain your independence as long as possible. Why leave really important decisions to chance?

**There is no need to talk about this because "The doctor will make the decisions anyway," or "I trust you (your father, your brother) to know what to do," or "It's all in God's hands anyway…"**

Though your doctor will help, she or he will still turn to us (your family) to make the choices for you. It will be very difficult for us to know what to do if you haven't talked about your wishes. And, it puts a real burden on all of us to have to make decisions on your behalf when we aren't sure what you would want.

**"My attorney has taken care of it all," or "I've already filled out the form."**

It's great that you have already started the planning process. If the time comes that you can't make decisions for yourself, it would help me and others who love you if we could understand what care you would want. Perhaps we could start by sitting down together and reviewing your form.

**"This is too hard (or morbid or depressing) to talk about."**

While it can be hard to talk about, it's very important for our family. If we have to guess what you would like, we will feel anxious about making the right decision. And, we may disagree and not know what to do. Talking about this now will be a wonderful gift you can give to me and all of us who love you. Let's see how it goes.

## Questions you might ask

- If you could plan it today, what would the last day or week of your life look like?
- Who would be there?
- Where would you like to be?
- What are your ideas and hopes about the end of your life?
- What are your fears or concerns about the process of dying?
- Have you thought about what kinds of care you might want during a severe illness or when you are dying?
- Where would you prefer to spend your last days if you are ill? At home, with one of us, in a nursing home, or in the hospital?
- Who do you want to make medical decisions for you if you are unable to speak for yourself?
- Do you believe that life should always be preserved as long as possible? If not, what kinds of mental or physical conditions would make you think that life-prolonging treatment should no longer be used? For example, if you were:
    - ☐Unaware of your surroundings
    - ☐Unable to appreciate or continue important relationships
    - ☐Unable to think well enough to make everyday decisions
    - ☐In severe pain or discomfort
- Is there any particular music, flowers, photographs or art you would like to have around you near the end of life?
- What are your wishes regarding a funeral? Burial vs. cremation?

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

# Advance Health Care Directives
# Frequently Asked Questions for Consumers

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### What is an Advance Health Care Directive (AHCD)?

An AHCD is a way to make your healthcare wishes known if you are unable to speak for yourself or prefer someone else to speak for you. An AHCD can serve one or both of these functions:

- Power of Attorney for Health Care (to appoint an agent)
- Instructions for Health Care (to indicate your wishes)

### Is the AHCD different from a Durable Power of Attorney for Healthcare?

Legislation enacted in July 2000 replaced the Durable Power of Attorney for Health Care and the Natural Death Act Declaration with the Advance Health Care Directive. However, if you had already completed a form that was valid before July 1, 2000, it is still valid.

### Why should I complete an AHCD?

People of all ages may unexpectedly be in a position where they cannot speak for themselves, such as an accident or severe illness. In these situations, having an AHCD assures that your doctor knows your wishes about the kind of care you want and/or who the person is that you want to make decisions on your behalf.

### Does this mean only one person can decide for me? What if I want others involved too?

Often many family members are involved in decision making, and most of the time, that works well. Occasionally, people will disagree about the best course of action, so it is usually best to name one person as the agent (with a back up, if you want). You may also indicate if there is someone who you do NOT want to make your decisions for you.

### I thought the doctors make all those life-and-death decisions?

Doctors tell you about your medical condition, the different treatment options that are available to you and what may happen with each type of treatment. Though doctors provide guidance, you or your designated decision maker makes the decision to have a treatment, refuse a treatment or stop a treatment.

### What if something happens to me and no form has been completed?

If you are not able to speak for yourself, the doctor and healthcare team will turn to one or more family members or friends. The most appropriate decision maker is the one with a close, caring relationship with you, is aware of your values and beliefs and is willing and able to make the needed decisions.

### My “values and beliefs?” But I haven't talked with anyone about these!

It’s a good idea to talk with family or close friends about the things that are important to you regarding quality of life and how you would want to spend your last days. Knowing the things that are most important to you will help your loved ones make the best decisions possible on your behalf.

**What if I don't want to appoint an agent? Or don't have one to appoint?**

You do not have to appoint an agent. You can still complete the Instructions for Health Care, and this will provide your doctors with some basic information to guide your care.

**What kinds of things can I write in my Instructions for Health Care?**

You can, if you wish, write your preferences about accepting or refusing life-sustaining treatment (like CPR, feeding tubes, breathing machines), receiving pain medication, making organ donations, indicating your main doctor for providing your care, or other things that express your wishes and values. If you have a chronic or serious illness, you may also want to talk with your doctor about specific treatments that you could face and ask him/her to help you document your decisions on a POLST form.

**What is a POLST form?**

POLST stands for Physician Orders for Life-Sustaining Treatment and was adopted in California in 2009. It is a voluntary form, which must be signed by you (or your agent) and your physician, and indicates the types of life-sustaining treatment you do or do not want if you are seriously ill. POLST asks for information about your preferences for CPR, use of antibiotics, feeding tubes, etc. POLST doesn't replace your AHCD, but when you are seriously ill, it helps translate it into medical orders that must be followed in all healthcare settings.

**If I appoint an agent, what can that person do?**

Your agent can make all decisions for you, just like you would if you could. Your agent can choose your doctor and where you will receive your care, speak with your healthcare team, review your medical record and authorize its release, accept or refuse medical treatments and make arrangements for you when you die. You should instruct your agent on these matters so he or she knows how to decide for you. The more you tell your agent the better he or she will be able to make those decisions on your behalf.

**When does my agent make decisions for me?**

Usually the agent makes decisions only if you are unable to make them yourself – such as, if you've lost the ability to understand things or communicate clearly. However, if you want, your agent can speak on your behalf at any time, even when you are still capable of making your own decisions. You can also appoint a "temporary" agent – for example, if you suddenly become ill, you can tell your doctor if there is someone else you want to make decisions for you. This oral instruction is just as legal as a written one.

**Are there other oral instructions that don't involve a written form?**

Yes. You can make an individual healthcare instruction orally to any person at any time, and it is considered valid. All healthcare providers must document your wishes in your medical record. But it is often easier to follow your instructions if they are written down.

**Can I make up my own form or use one from another state?**

Yes. Any type of form is legal as long as it has at least three things:

1. Your signature and date,
2. The signature of two qualified witnesses with their witness statements (see below), and
3. If you reside in a skilled nursing facility, the signature of the patient advocate or ombudsman.

**Witness Statement:** Witnesses must sign a statement on the AHCD indicating that they a) know who you are or have been shown proof of your identity, b) are 18 years old or more, c) are not your healthcare provider or working for your provider, d) are not your healthcare agent, and

e) are not employed in the place where you live.

One of the two witnesses must sign a statement indicating that they are not related to you by blood, marriage or adoption and will not receive any property or money from you after your death.

### Do I need an attorney to help with this?

No. Completing an AHCD isn't difficult, and an attorney is not necessary. But the most important part of this is talking to your loved ones. Without that conversation, the best form in the world may not be helpful!

### What should I do with the form after I complete it?

Make copies for all those who are close to you. Take one to your doctor to discuss and ask that it be included in your medical record. Photocopied forms are just as valid as the original. Be sure to keep a copy for yourself in a visible, easy-to-find location – not locked in a drawer.

### What if I change my mind?

You can revoke your form or your oral instructions at any time. Also, it's a good idea to try to find old forms and replace them with new ones.

### Can doctors or hospitals require a patient to have an AHCD?

No, they cannot require you to complete one. But doctors and hospitals should have information available to you and your family about the form and your right to make healthcare decisions.

## Resources

### Advance Health Care Directive Forms

- Download forms in English, Spanish and Chinese from the CCCC website at **Coalitionccc.org**. Click on Advance Care Planning.
- Forms are often available at no charge from your local hospital – call the Social Services or Patient Education department. Or ask your doctor.
- The California Medical Association has an Advance Healthcare Directive Kit available in English or Spanish for $5 that includes a form, wallet card and answers to commonly asked questions about advance directives. For single copies, visit **cmanet.org.**
- *Five Wishes* is a user-friendly advance directive that addresses the medical, personal, emotional and spiritual wishes of seriously-ill people. For more information, **visit agingwithdignity.org**.
- Caring Connections has state-specific forms that can be downloaded at **caringinfo.org**.

### Booklets for Consumers

- ***Finding Your Way: A Guide for End-of-Life Medical Decisions.*** This 13-page, easy-to-read booklet helps those who are starting the advance care planning process. Also available in Spanish.
- ***Mrs. Lee's Story: Medical Decisions Near the End of Life.*** This 16-page booklet written in Chinese and English relates the story of 91-year old Mrs. Ming Lee and includes basic information on advance care planning and advance directives, pain management and hospice care.

These booklets can be viewed at **CoalitionCCC.org**. Click on Advance Care Planning.

# PREPARE

A program to help you make medical decisions for yourself and others

**Step 1** Choose a medical decision maker.

**Step 2** Decide what matters most in life.

**Step 3** Choose flexibility for your decision maker.

**Step 4** Tell others about your medical wishes.

**Step 5** Ask doctors the right questions.

**For more information:**

**Go to www.prepareforyourcare.org**

**Call 1-888-750-2217**

## Step 1 Choose a Medical Decision Maker

Choose someone you trust to help make decisions for you in case you become too sick to make your own decisions.

**A good decision maker will:**

- ask doctors questions
- respect your wishes

**If there is no one to choose right now, do Steps 2, 4, and 5.**

### How to say it:

"If I get sick in the future and cannot make my own decisions, would you work with my doctors and help make medical decision for me?"

**OR**

"I do not want to make my own medical decisions. Would you talk to the doctors and help make medical decisions for me now and in the future?"

## Step 2 Decide What Matters Most in Life

This can help you decide on medical care that is right for you.

**Five questions** can help you decide what matters for your medical care:

1. **What is most important in life?** Friends? Family? Religion?
2. **What experiences have you** had with serious illness or death?
3. **Can you imagine health experiences** worse than death?
4. **Is it most important** to you to:
   - Live as long as possible, even with pain or disability?
   - Or, try treatments for a period of time, but stop if you are suffering?
   - Or, focus on quality of life and comfort, even if your life is shorter?
5. **Have you changed your mind** about what matters most in your life over time?

## Step 3 Choose Flexibility for Your Decision Maker

**Flexibility** gives your decision maker leeway to work with your doctors and possibly change your prior medical decisions if something else is better for you at that time.

### How to say it:

#### Total Flexibility:

"I trust you to work with my doctors. It is OK if you have to change my prior decisions if something is better for me at that time."

#### Some Flexibility:

"It is OK if you have to change my prior decisions. But, there are some decisions that I never want you to change. These decisions are…"

#### No Flexibility:

"Follow my wishes exactly, no matter what."

## Step 4 Tell Others About Your Medical Wishes

This will help you get the medical care you want.

### How to say it:

**To your decision maker and doctors:**

"This is what is most important in my life and for my medical care…"

**To your doctor and family and friends:**

"I chose this person to be my decision maker and I want to give them (TOTAL, SOME, or NO) flexibility to make decisions for me."

**Your doctors can help you put your medical wishes on an advance directive form.**

## Step 5 Ask Doctors the Right Questions

- **Write down** questions ahead of time.
- **Bring someone** with you.
- Tell doctors at the **start of the visit** if you have questions.

### How to say it:

**If your doctor recommends something, ask about the:**

- **Benefits** – the good things that could happen
- **Risks** – the bad things that could happen
- **Options** for different kinds of treatment
- **What your life will be like** after treatment

**Make sure you understand:**

"What I'm hearing you say is… Is this right?"

Action Plan

## Your Action Plan

**By** _____

**I will** _____

_____

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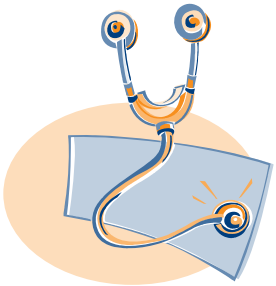
# California Advance Health Care Directive

**This form lets you have a say about how you want to be treated if you get very sick.**

- **This form has 3 parts. It lets you:**

**Part 1: Choose a health care agent.**

A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.



**Part 2: Make your own health care choices.**

This form lets you choose the kind of health care you want.

This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

**Part 3: Sign the form.**

It must be signed before it can be used.

**You can fill out Part 1, Part 2, or both.**
**Fill out only the parts you want. Always sign the form in Part 3.**
**2 witnesses need to sign on page 10 or a notary public on page 11.**

**Go to the next page**

**If you only want a health care agent** go to Part 1 on page 3.

**If you only want to make your own health care choices** go to Part 2 on page 6.

**If you want both** then fill out Part 1 and Part 2.

**Always sign the form in Part 3 on page 9.**

**2 witnesses need to sign on page 10 or a notary public on page 11.**

## What do I do with the form after I fill it out?

Share the form with those who care for you:

- doctors
- nurses
- social workers
- family & friends
- health care agent

## What if I change my mind?

- Fill out a new form.
- Tell those who care for you about your changes.
- Give the new form to your health care agent and doctor.

## What if I have questions about the form?

- Bring it to your doctors, nurses, social workers, health care agent, family or friends to answer your questions.

## What if I want to make health care choices that are not on this form?

- Write your choices on a piece of paper.
- Keep the paper with this form.
- Share your choices with those who care for you.

# PART 1 Choose your health care agent

**The person who can make medical decisions for you if you are too sick to make them yourself.**

## Whom should I choose to be my health care agent?

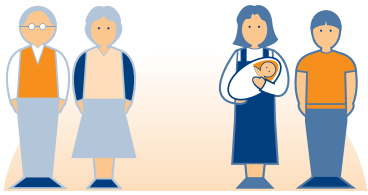
A family member or friend who:

- is at least 18 years old
- knows you well
- can be there for you when you need them
- you trust to do what is best for you
- can tell your doctors about the decisions you made on this form

Your agent cannot be your doctor or someone who works at your hospital or clinic, unless he/she is a family member.

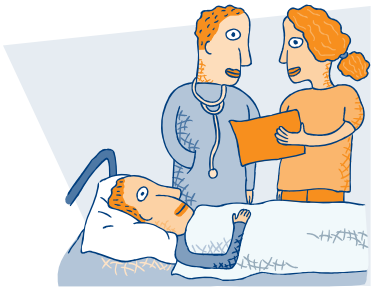
## What will happen if I do not choose a health care agent?

If you are too sick to make your own decisions, your doctors will ask your closest family members to make decisions for you.



If you want your agent to be someone other than family, you must write his or her name on this form.

## What kind of decisions can my health care agent make?



Agree to, say no to, change, stop or choose:

- doctors, nurses, social workers
- hospitals or clinics
- medications, tests, or treatments
- what happens to your body and organs after you die

Your agent will need to follow the health care choices you make in Part 2.

**Go to the next page**

# Other decisions your agent can make:

## Life support treatments – medical care to try to help you live longer

- **CPR or cardiopulmonary resuscitation**

  cardio = heart  pulmonary = lungs  resuscitation = to bring back

This may involve:

– pressing hard on your chest to keep your blood pumping

– electrical shocks to jump start your heart

– medicines in your veins

- **Breathing machine or ventilator**

  The machine pumps air into your lungs and breathes for you.

  You are not able to talk when you are on the machine.

- **Dialysis**

  A machine that cleans your blood if your kidneys stop working.

- **Feeding Tube**

  A tube used to feed you if you cannot swallow. The tube is placed down your throat into your stomach. It can also be placed by surgery.

- **Blood transfusions**

  To put blood in your veins.

- **Surgery**
- **Medicines**

## End of life care – if you might die soon your health care agent can:

– call in a spiritual leader

– decide if you die at home or in the hospital

**Show your health care agent this form.**

**Tell your agent what kind of medical care you want.**



Go to the next page

# Your Health Care Agent

**I want this person to make my medical decisions.**

first name _____ last name _____

street address _____ city _____ state _____ zip code _____

( ) – ( ) –

home phone number _____ work phone number _____

**If the first person cannot do it, then I want this person to make my medical decisions.**

first name _____ last name _____

street address _____ city _____ state _____ zip code _____

( ) – ( ) –

home phone number _____ work phone number _____

**Put an X next to the sentence you agree with.**

- ❑ My health care agent can make decisions for me right after I sign this form.
- ❑ My health care agent will make decisions for me **only** after I cannot make my own decisions.

**You may write down your health care choices on this form. How do you want your health care agent to follow these choices? Put an X next to the one sentence you most agree with.**

- ❑ I want my health care agent to work with my doctors and to use her/his best judgment. It is OK for my agent to follow my health care choices on this form as a **general guide**.

  Even though it is OK to follow my choices as a general guide, there are some choices I do not want changed:

  _____

  _____

- ❑ I want my health care agent to follow my health care choices on this form **exactly**. I never want my agent to change my choices, even if the doctors think this is not good for me.

**To make your own health care choices** go to Part 2 on the next page.

**To sign this form** go to Part 3 on page 9.

# PART 2 Make your own health care choices

**Write down your choices so those who care for you will not have to guess.**

- **Think about what makes your life worth living.**

  ❑ **My life is only worth living if I can:**
  **Put an X next to all the sentences you most agree with.**

  - ❍ talk to family or friends
  - ❍ wake up from a coma
  - ❍ feed, bathe, or take care of myself
  - ❍ be free from pain
  - ❍ live without being hooked up to machines
  - ❍ I am not sure

or

❑ **My life is always worth living no matter how sick I am**

- **If I am dying, it is important for me to be:**

  ❑ at home ❑ in the hospital ❑ I am not sure

- **Is religion or spirituality important to you?**

  ❑ no ❑ yes If you have one, what is your religion?

  _____

- **What should your doctors know about your religion or spirituality?**

  _____

  _____

**If you are sick, your doctors and nurses will always try to keep you comfortable and free from pain.**



Go to the next page

**Life support treatments** are used to try to keep you alive. These can be CPR, a breathing machine, feeding tubes, dialysis, blood transfusions, or medicine.

**Put an X next to the one choice you most agree with.**
**Please read this whole page before you make your choice.**

## If I am so sick that I may die soon:

- ❑ Try all life support treatments that my doctors think might help.

  If the treatments **do not work** and there is little hope of getting better, **I want to stay** on life support machines.

**or**

- ❑ Try all life support treatments that my doctors think might help.

  If the treatments **do not work** and there is little hope of getting better, **I do not want to stay** on life support machines.

**or**

- ❑ Try all life support treatments that my doctors think might help **but not** these treatments. Mark what you do not want.

  - ❍ CPR
  - ❍ dialysis
  - ❍ breathing machine
  - ❍ feeding tube
  - ❍ blood transfusion
  - ❍ medicine
  - ❍ other treatments _____

**or**

- ❑ I **do not want any** life support treatments.

**or**

- ❑ I want my **health care agent** to decide for me.

**or**

- ❑ I am not sure.

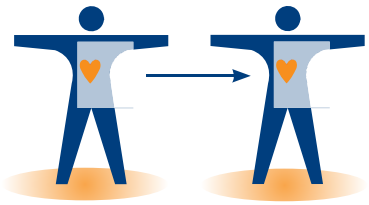
**Go to the next page**

## Part 2: Make your own health care choices

**Your doctors may ask about organ donation and autopsy after you die. Please tell us your wishes.**

**Put an X next to the one choice you most agree with.**

- **Donating (giving) your organs can help save lives.**



❑ I **want** to donate my organs.

Which organs do you want to donate?

❍ any organ

❍ only_____

❑ I **do not** want to donate my organs.

❑ I want my **health care agent** to decide.

❑ I am not sure.

- **An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.**

❑ I **want** an autopsy.

❑ I **do not** want an autopsy.

❑ I want an autopsy if there are questions about my death.

❑ I want my **health care agent** to decide.

❑ I am not sure.

- **What should your doctors know about how you want your body to be treated after you die?**

_____

_____



**Go to Part 3 on the next page to sign this form**

# PART 3 Sign the form

## Before this form can be used, you must:

- sign this form
- have two witnesses sign the form

If you do not have witnesses, a notary public must sign on page 11.

A notary public's job is to make sure it is you signing the form.

## Sign your name and write the date.

/ /

sign your name date

print your first name print your last name

address city state zip code

## Your witnesses must:

- be over 18 years of age
- know you
- see you sign this form

## Your witnesses cannot:

- be your health care agent
- be your health care provider
- work for your health care provider
- work at the place that you live (if you live in a nursing home go to page 12)

## Also, one witness cannot:

- be related to you in any way
- benefit financially (get any money or property) after you die

**Witnesses need to sign their names on the next page.**

**If you do not have witnesses, take this form to a notary public and have them sign on page 11.**

# Have your witnesses sign their names and write the date

By signing, I promise that _____ signed this form while I watched.
(name)

He/she was thinking clearly and was not forced to sign it.

I also promise that:

- I know him/her or this person could prove who he/she was
- I am 18 years or older
- I am not his/her health care agent
- I am not his/her health care provider
- I do not work for his/her health care provider
- I do not work where his/her lives

One witness must also promise that:

- I am not related to his/her by blood, marriage, or adoption
- I will not benefit financially (get any money or property) after he/she dies

**Witness #1**

/ /

sign your name | date

print your first name | print your last name

address | city | state | zip code

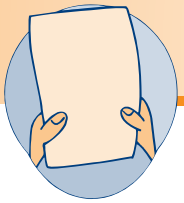
**Witness #2**

/ /

sign your name | date

print your first name | print your last name

address | city | state | zip code



## You are now done with this form.

**Share this form with your doctors, nurses, social workers, friends, family, and health care agent.**

**Talk with them about your choices.**

# NOTARY PUBLIC

- Take this form to a notary public **ONLY** if two witnesses have not signed this form.
- Bring photo I.D. (driver's license, passport, etc.)

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

**State of California**

County of _____

On _____ before me, _____, personally
Date — Here insert name and title of the officer

appeared_____
Name(s) of Signer(s)

_____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

**Description of Attached Document**

Title or Type of document: _____

Date: _____ Number of pages: _____

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: _____

☐ Individual

☐ Guardian or conservator

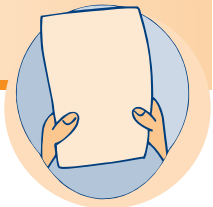
☐ Other _____

**RIGHT THUMBPRINT OF SIGNER**

**Top of thumb here**

(Notary Seal)

## You are now done with this form.



**Share this form with your doctors, nurses, social workers, friends, family, and health care agent.**

**Talk with them about your choices.**

# For California Nursing Home Residents ONLY

- **Give this form to your nursing home director only if you live in a nursing home.**
- **California law requires nursing home residents to have the nursing home ombudsman as a witness of advance directives.**

## STATEMENT OF THE PATIENT ADVOCATE OR OMBUDSMAN

"I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code."

/ /

sign your name date

print your first name print your last name

address city state zip code

This advance directive is in compliance with the California Probate Code, Section 4671-4675. http://www.leginfo.ca.gov/calaw.html

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Revised 1/18/2010



Designed by Rebecca Sudore, MD & Mahat Papartassee for the San Francisco Department of Public Health