

LIVING WILL and DESIGNATION OF HEALTH CARE SURROGATE FORMS and INSTRUCTIONS

The **Designation of Health Care Surrogate** and **Living Will** (Advance Directives) are legal documents you may complete to help ensure that your wishes are carried out when you are unable to speak for yourself. **It is very important that your wishes expressed in these documents be discussed with your physician and family / significant other.**

You must be an adult (age 18 or older) and of sound mind when completing these forms. These documents must be signed by you in the presence of two adult witnesses. Only one witness may be your spouse or a relative. The person you designate as your Health Care Surrogate cannot be a witness. These documents do **not** need to be notarized.

These documents are valid as long as you do not rescind them, declare them void, or provide an expiration date. These documents will become void at time of death. If you decide at any time to revoke any portion of these documents, **immediately** notify your attending / treating physician. Also, retrieve and destroy all copies given to others and complete a new document(s).

Keep the original document and give copies to:

- ◆ individual designated as your Health Care Surrogate
- ◆ family member(s), friends, as appropriate
- ◆ your physician (s) or primary health care provider
- ◆ the hospital each time you are admitted
- ◆ nursing home or assisted living facility if this is your home
- ◆ clergy, and / or attorney (optional)

The Designation of Health Care Surrogate, Living Will and these instructions are based on Florida law and are intended to be general guidelines only. If further guidance is needed or questions arise regarding these documents, your physician, clergy, or attorney should be contacted.

THE DESIGNATION OF HEALTH CARE SURROGATE document allows you to appoint another person to make health care decisions on your behalf when you are unable to do so. It is recommended that you appoint an adult who knows your wishes and will carry them out. It is suggested that you choose a person who has exhibited special care and concern for you and has maintained regular contact and is familiar with your personal, religious, moral and cultural beliefs.

THE LIVING WILL document lets your physician(s) and others know your choices regarding the use of life prolonging procedures if you are unable to make decisions for yourself. Your physician and your Health Care Surrogate are to follow the directives of the Living Will. Your physician is required to make a reasonable effort to transfer your care to another physician if he / she is unable or unwilling to carry out your wishes specified in the Living Will.

Note: A completed Living Will does **not** mean an automatic No Code / Do Not Resuscitate (DNR). Speak with your physician if you would like to be a No Code / DNR.

Definitions of Terms in the Living Will:

Terminal means a condition caused by injury, disease, or illness from which there is no reasonable probability of recovery and which, without treatment, can be expected to cause death.

End Stage Condition means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and for which, to a reasonable degree of

medical probability, treatment of the irreversible condition would be ineffective.

Persistent Vegetative State means a permanent and irreversible condition of unconsciousness in which there is the absence of voluntary action or cognitive behavior of any kind; and an inability to communicate or interact purposefully with the environment.

FLORIDA HOSPITAL POLICY SUMMARY

As a patient at Florida Hospital, you have the right to formulate these Advance Directives and to make decisions concerning your medical care, including the right to accept or refuse medical / surgical treatment. Florida Hospital is committed to helping facilitate your expressed wishes concerning your health care. Florida Hospital shall honor your Advance Directive within the limits of the law and Florida Hospital's mission philosophy, and capability. You will receive the same medical treatment from Florida Hospital whether or not you have completed and signed an Advance Directive.

When you are admitted as an inpatient to a nursing unit you will be asked on the Personal Health History Form if you have completed an Advance Directive. If you have already signed an Advance Directive and didn't bring it with you, you will be asked to complete another one unless there is a copy in your Florida Hospital medical record within the last year.

If you are a patient in Florida Hospital, you may receive additional information concerning Advance Directives by watching the hospital's educational TV channel. If you would like further information, please ask your nurse to contact your physician, a Chaplain, or Case Management.

IF you are in the hospital and completing this form please ask your nurse to make a copy to place in your medical record.