

**FLORIDA**

**ADVANCE**



**INFORMATION ONLY**

**DIRECTIVES**

**Legal Documents  
To Assure Future Health Care Choices**

# **ADVANCE DIRECTIVES**

## **YOUR RIGHT TO MAKE HEALTH CARE DECISIONS UNDER THE LAW IN FLORIDA**

### **INTRODUCTION**

Florida and federal law give every competent adult, 18 years or older, the right to make their own health care decisions, including the right to decide what medical care or treatment to accept, reject, or discontinue. If you do not want to receive certain types of treatment or you wish to name someone to make health care decisions for you, you have the right to make these desires known to your doctor, hospital or other health care providers, and in general, have these rights respected. You also have the right to be told about the nature of your illness in terms that you can understand, the general nature of the proposed treatments, the risks of failing to undergo these treatments and any alternative treatments or procedures that may be available to you.

However, there may be times when you cannot make your wishes known to your doctor or other health care providers. For example, if you were taken to a hospital in a coma, would you want the hospital's medical staff to know what your specific wishes are about the medical care that you do or do not want to receive.

This book describes what Florida and federal law have to say about your rights to inform your health care providers of the medical care and treatment you want or do not want, and about your right to select another person to make these decisions for you, if you are physically or mentally unable to make them yourself.

To make these difficult issues easier to understand, we have presented the information in the form of questions and answers. Because this is a very important matter, we urge you to talk to your spouse, family, close friends, personal advisor, your doctor and your attorney before deciding whether or not you want an advance directive.

### **QUESTIONS AND ANSWERS**

#### **GENERAL INFORMATION ABOUT ADVANCE DIRECTIVES**

##### **What are "Advance Directives"?**

Advance directives are documents which state your choices about medical treatment or name someone to make decisions about your medical treatment, if you are unable to make these decisions or choices yourself. They are called "advance" directives, because they are signed in advance to let your doctor and other health care providers know your wishes concerning medical treatment. Through advance directives, you can make legally valid decisions about your future medical care.

Florida law recognizes 2 types of advance directives:

- 1) A Living Will Declaration.
- 2) A Designation of Health Care Surrogate.

### **Do I have to have an Advance Directive?**

No. It is entirely up to you whether you want to prepare any documents. But if questions arise about the kind of medical treatment that you want or do not want, advance directives may help to solve these important issues. Your doctor or any health care provider cannot require you to have an advance directive in order to receive care; nor can they prohibit you from having an advance directive. Moreover, under Florida law, no health care provider or insurer can charge a different fee or rate depending on whether or not you have executed an advance directive.

### **What will happen if I do not make an Advance Directive?**

You will receive medical care even if you do not have any advance directives. However, there is a greater chance that you will receive more treatment or more procedures than you may want.

If you cannot speak for yourself and do not have any advance directives, your doctor or other health care provider will look to the following people in the order listed for decisions about your care:

- 1) Your guardian, if a court has appointed one, who is authorized to make health care decisions for you;
- 2) Your spouse;
- 3) An adult child, or if you have more than one adult child, a majority of those children who are reasonably available for consultation;
- 4) Either of your parents;
- 5) An adult brother or sister, or if you have more than one, a majority of those who are reasonably available for consultation;
- 6) Any other of your adult relatives who have exhibited special care or concern for you and who is familiar with your activities, health, and religious or moral beliefs;
- or 7) A close friend who has exhibited special care and concern for you and who is familiar with your activities, health, and religious or moral beliefs.

### **How do I know what treatment I want?**

Your doctor(s) must inform you about your medical condition and what different treatments can do for you. Many treatments have serious side effects. Your doctor must give you information, in language that you can understand, about serious problems that medical treatment is likely to cause. Often, more than one treatment might help you and different people might have different ideas on which is best. Your doctor can tell you the treatments that are available to you, but he or she cannot choose for you. That choice depends on what is important to you.

### **Whom should I talk to about Advance Directives?**

Before writing down your instructions, you should talk to those people closest to you and who are concerned about your care and feelings. Discuss them with your family, your doctor, friends and other appropriate people, such as a member

of your clergy or your lawyer. These are the people who will be involved with your health care, if you are unable to make your own decisions.

### **When do Advance Directives go into effect?**

It is important to remember that these directives only take effect when you can no longer make your own health care decisions. As long as you are able to give "informed consent," your health care providers will rely on **YOU** and **NOT** on your advance directives.

### **What is "Informed Consent"?**

Informed consent means that you are able to understand the nature, extent and probable consequences of proposed medical treatments and you are able to make rational evaluations of the risks and benefits of those treatments as compared with the risks and benefits of alternate procedures **AND** you are able to communicate that understanding in any way.

### **How will health care providers know if I have any Advance Directives?**

All hospitals, nursing homes, home health agencies, convalescent homes, HMOs and all other health care facilities that accept federal funds must ask if you have made an advance directive, and if so, they must ensure that it is made part of your medical records.

### **Will my Advance Directives be followed?**

Generally, yes, if they comply with Florida law. Federal law requires your health care providers to give you their written policies concerning advance directives. A summary statement of those policies is provided for you at the back of this book. It may happen that your doctor or other health care provider cannot or will not follow your advance directives for moral, religious or professional reasons, even though they comply with Florida law. If this happens, they must immediately tell you. Then they must also help you transfer to another doctor or medical facility that will do what you want within 7 days.

### **Can I change my mind after I write an Advance Directive?**

Yes. At any time, you can cancel or change any advance directive that you have written. To cancel your directive, simply destroy the original document and tell your family, friends, doctor and anyone else who has copies that you have cancelled them. To change your advance directives, simply write and date a new one. Again, give copies of your revised documents to all the appropriate parties, including your doctor.

### **Do I need a lawyer to help me make an Advance Directive?**

A lawyer may be helpful and you might choose to discuss these matters with him or her, but there is no legal requirement in Florida to do so. You may use the forms that are provided in this booklet to execute your advance directives.

**INFORMATION ONLY**

## **Can I provide for organ donation in my Florida Advance Directives?**

Yes. Florida law now provides that you can include a statement concerning your wishes to donate your tissues and organs after death in both of Florida's advance directive documents. You do **NOT** have to donate your organs after death to fill out an advance directive document.

## **Will being an organ donor affect my care at the hospital?**

No. If you are injured or ill and are taken to a hospital emergency room, you will receive the best possible care, whether or not you are an organ donor. Donation procedures begin only after all efforts to save your life have been exhausted and death has been declared.

## **Does my religion permit organ donation?**

Almost every major faith either supports organ or tissue donation or finds it acceptable as a personal decision for their members. The Gypsy faith is the only one holding any restrictions regarding donation due to their belief in the afterlife.

## **Can I still have a regular funeral service?**

Yes. A traditional open casket funeral service can still take place, even though many organs and tissues have been donated. The surgical procedures used are performed by highly skilled professionals and the appearance of the donor's body is unchanged.

## **Will my Florida Advance Directive be valid in another state?**

The laws on advance directives differ from state to state, so it is unclear whether a Florida advance directive will be valid in another state. Because an advance directive is a clear expression of your wishes about medical care, it will influence that care no matter where you are admitted. However, if you plan to spend a great deal of time in another state, you might want to consider signing an advance directive that meets all the legal requirements of that state.

## **Will an Advance Directive from another state be valid in Florida?**

Yes. An advance directive executed in compliance with another state's laws will be valid in Florida to the extent permitted by Florida law.

## **What should I do with my Advance Directives?**

You should keep them in a safe place where your family members can get to them. Do **NOT** keep the original copies in your safe deposit box. Give copies of these documents to as many of the following people as you are comfortable with: your spouse and other family members; your doctor; your lawyer; your clergy person; and any local hospital or nursing home where you may be residing. Another idea is to keep a small wallet card in your purse or wallet which states that you have an advance directive and who should be contacted. Wallet cards are provided for you at the back of this booklet for that purpose.

**INFORMATION ONLY**

# LIVING WILL DECLARATION

## **What is a "Living Will"?**

A living will is a document which tells your doctor or other health care providers whether or not you want life-prolonging treatments or procedures administered to you if you are in a terminal condition, a persistent vegetative state or an end-stage condition. It is called a "living will" because it takes effect while you are still living.

## **Is a "Living Will" the same as a "Will" or "Living Trust"?**

No. Wills and living trusts are financial documents which allow you to plan for the distribution of your financial assets and property after your death. A living will only deals with medical issues while you are still living. Wills and living trusts are complex legal documents and you usually need legal advice to execute them. You do not need a lawyer to complete your Florida living will.

## **When does a Florida Living Will go into effect?**

A Florida living will goes into effect when: 1) your doctor has a copy of it, and 2) your doctor has concluded that you are no longer able to make your own health care decisions, and 3) your doctor and another doctor have determined that you are in a terminal condition, a persistent vegetative state or an end-stage condition.

## **What are "life-prolonging" treatments?**

These are treatments or procedures that are not expected to cure your terminal condition or make you better. They only prolong dying. Examples are mechanical respirators which help you breathe, kidney dialysis which clears your body of wastes, and cardiopulmonary resuscitation (CPR) which restores your heartbeat.

## **What is a "terminal" condition?**

A terminal condition is defined as an incurable condition for which administration of medical treatment will only prolong the dying process and without administration of these treatments or procedures, death will occur in a relatively short period of time.

## **What is a "persistent vegetative state"?**

A persistent vegetative state means that a patient is in a permanent coma or state of unconsciousness caused by illness, injury or disease. The patient is completely unaware of himself or herself, his or her surroundings and environment, and to a reasonable degree of medical certainty, there can be no recovery.

## **What is an "end-stage" condition?**

An "end-stage" condition is defined as an irreversible condition caused by injury, illness or disease which results in severe and permanent deterioration, incapacity and physical dependence, and to a reasonable degree of medical certainty, medical treatment would not be effective.

## **Is a Living Will the same as a "Do Not Resuscitate (DNR)" order?**

No. A Florida living will covers almost all types of life-prolonging treatments and procedures. A "Do Not Resuscitate" order covers 2 types of life-threatening situations. A DNR order is a document prepared by your doctor at your direction and placed in your medical records. It states that if you suffer cardiac arrest (your heart stops beating) or respiratory arrest (you stop breathing), your health care providers are not to try to revive you by any means.

## **Will I receive medication for pain?**

Unless you state otherwise in the living will, medication for pain will be provided where appropriate to make you comfortable and will not be discontinued.

## **Can my doctor be sued or prosecuted for carrying out the provisions of a Florida Living Will?**

No. Florida law specifically states that no health care facility, doctor or any person acting under the direction of the facility or doctor is subject to criminal prosecution or civil liability, and will not be deemed to be engaged in unprofessional conduct as a result of carrying out the provisions of a Florida living will.

## **Does a Florida Living Will affect insurance?**

No. The making of a living will, in accordance with Florida law, will not affect the sale or issuance of a life insurance policy, nor shall it invalidate or change the terms of any insurance policy. In addition, the removal of life-support systems, according to Florida law, shall not, for any purpose, constitute suicide, homicide or euthanasia, nor shall it be deemed the cause of death for the purposes of insurance coverage.

## **Does a Florida Living Will have to be signed and witnessed?**

Yes. You must sign (or have someone sign the document in your presence and at your direction, if you are unable to sign) and date the living will.

Florida does not place any restrictions on who can witness your living will, except that at least one witness must not be a blood relative or your spouse.

## **DESIGNATION OF A HEALTH CARE SURROGATE**

### **What is a Designation of a Health Care Surrogate (DHCS)?**

A DHCS is a legal document which allows you (the "principal") to appoint another person (the "attorney-in-fact" or "surrogate") to make medical decisions for you if you should become temporarily or permanently unable to make decisions yourself. The person you choose as your attorney-in-fact does not have to be a lawyer.

### **Who can I select to be my Surrogate?**

You can appoint almost any adult to be your surrogate. You should select a person(s) knowledgeable about your wishes, values, religious beliefs, in whom you

have trust and confidence, and who knows how you feel about health care. You should discuss the matter with the person(s) you have chosen and make sure that they understand and agree to accept the responsibility.

You can select a member of your family, such as your spouse, child, brother or sister, or a close friend. If you select your spouse and then become divorced, the appointment of your spouse as your surrogate is revoked.

Florida law does not place any restrictions on who you can appoint as your surrogate. However, it is usually not a good idea to appoint your primary doctor, his or her employees, the owner or operator of a health care facility in which you are a resident or any of his or her employees. This is due to a possible conflict of interest between being your surrogate and having a direct bearing on the kind of health care you will or will not receive.

### **When does the DHCS take effect?**

The DHCS usually becomes effective when you are temporarily or permanently unable to make your own health care decisions and your surrogate consents to start making those decisions. Effective January 1, 2016, Florida law provides that you can give your surrogate the power to IMMEDIATELY receive health care information for you and also make health care decisions for you. Remember, as long as you are capable of making your own treatment decisions, you have the right to do so.

### **What decisions can your surrogate make?**

Unless you limit his or her authority in the DHCS, your surrogate will be able to make almost every treatment decision in accordance with accepted medical practice that you could make, if you were able to do so. If your wishes are not known or cannot be determined, your surrogate has the duty to make decisions in your best interests in the performance of his or her duties. These decisions can include authorizing, refusing or withdrawing treatment, even if it means that you will die. As you can see, the appointment of a surrogate is a very serious decision on your part.

### **Are there any decisions my Surrogate cannot make?**

Yes. Florida law prohibits your surrogate from consenting to:

- 1) Certain experimental treatments;
- 2) Sterilization;
- 3) Electroshock therapy;
- 4) Psychosurgery;
- 5) Abortion; or
- 6) Voluntary admission to a mental facility.

### **What happens if I regain the capacity to make my own decisions?**

If your doctor determines that you have regained the capacity to make or to

communicate health care decisions, then two things will happen:

- 1) Your surrogate's authority will end; and
- 2) Your consent will be required for treatment.

If your doctor later determines that you no longer have the capacity to make or communicate health care decisions, then your surrogate's authority will be restored.

### **Can there be more than one Surrogate?**

Yes. While you are not required to do so, you may designate alternates who may also act for you, if your primary surrogate is unavailable, unable or unwilling to act. Your alternates also have the same decision-making powers as the primary surrogate.

### **Can I appoint more than one person to share the responsibility of being my Surrogate?**

You should appoint only **ONE** person to be your surrogate. Any others you want to be involved with your health care decisions should be appointed as your alternates. If two or more people are given equal authority and they disagree on a health care decision, one of the most important purposes of the DHCS--to clearly identify who has the authority to speak for you--will be defeated. If you are afraid of offending people close to you by choosing one over another to be your surrogate, ask them to decide among themselves who will be your primary surrogate and then select the others as alternates.

### **Can my Surrogate be legally liable for decisions made on my behalf?**

No. Your health care surrogate or your alternates cannot be held liable for any treatment decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs incurred for your care, just because he or she is your surrogate.

### **Can my Surrogate resign?**

Yes. Your surrogate and your alternates can resign at any time by giving written notice to you, your doctor or the hospital or nursing home where you are receiving care.

### **Does the DHCS have to be signed and witnessed?**

Yes. You must sign (or have someone sign the DHCS in your presence and at your direction, if you are unable to sign) and date it. Then it must be witnessed by 2 qualified adults.

The following people **CANNOT** witness your signature of the DHCS:

- 1) The person appointed as your health care surrogate; or
- 2) The person(s) appointed as your alternate health care surrogate(s).

In addition, at least one of the witnesses must not be related to you by blood or be your spouse.

## How is the DHCS different from the Living Will?

A living will only applies if you are terminally ill, in a persistent vegetative state, or an end-stage condition and unless you write in other specific instructions, it only tells your doctor what you do **NOT** want.

The DHCS also allows you to appoint someone to make any health care decisions for you if you cannot make them. It covers all health care situations in which you are incapable of making decisions for yourself. It also permits you to give specific instructions to your surrogate about the type of care you want to receive.

The DHCS allows your surrogate to respond to any medical situations that you might not have anticipated and to make decisions for you with knowledge of your values and wishes. Since the DHCS is more flexible, it is the advance directive most people choose. Some people, however, do not have someone whom they trust or who knows their values and preferences. These people should consider creating a living will.

## Does the State of Florida have a written position on Advance Directives?

Yes. The Office of Health Care Administration has issued the following statement on advance directives. Although most of the information in the statement has been previously covered, we are reprinting the statement in its entirety.

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

You have a right to fill out a paper known as an "advance directive." The paper says in advance what type 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 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 or do not want if you become unable to make your own decisions. It is called a "living will" because it takes affect while you are still living. Florida law provides a suggested form for a living will -- that form is included in this booklet. 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 "health care surrogate designation" is a signed, dated, and witnessed paper naming another person such as a husband, wife, 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 the designation of a health care surrogate. That form is included in this booklet. 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 names someone to make decisions for you should you be unable to make 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 advance 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 be called a proxy.

Can I change my mind after I have a living will or designate a health care surrogate? Yes, you may change or cancel these documents at any time. Any changes should be written, signed and witnessed. 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 health care 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."

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# FLORIDA LIVING WILL DECLARATION

Declaration, made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I, \_\_\_\_\_, willfully and voluntarily make known my desire that my dying should not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated and

\_\_\_\_\_ I have a terminal condition  
initial

**OR**

\_\_\_\_\_ I have an end-stage condition  
initial

**OR**

\_\_\_\_\_ I am in a persistent vegetative state  
initial

and if my primary physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with or without the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.

In the event that I have been determined to be unable to provide informed and express consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## ADDITIONAL INSTRUCTIONS (OPTIONAL):

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## ORGAN DONATION (OPTIONAL)

I provide the following instructions regarding donation of my organs and tissues at the time of my death.

(INITIAL ONLY ONE)

(  ) I want to donate all of my organs and tissues.

(  ) I want to donate the following specific organs and tissues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## DECLARANT'S SIGNATURE

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

**SIGNATURE** \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code) (Date of Birth)

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## WITNESS STATEMENT

I declare that the person who signed this document is personally known to me to be the Declarant; that the Declarant signed this document in my presence; or directed another person to sign this document in my presence; and that I have signed this document in the presence of the Declarant and also in the presence of the other witness, and that the Declarant appears to be under no duress, fraud or undue influence.

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

# FLORIDA DESIGNATION OF HEALTH CARE SURROGATE

I, \_\_\_\_\_, designate as my health care  
(Principal Name)  
surrogate under section 765.202, Florida Statutes:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If my health care surrogate is not willing, able, or reasonably available to perform his or her duties, I designate as my alternative health care surrogate:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## INSTRUCTIONS FOR HEALTH CARE

I authorize my health care surrogate to:

\_\_\_\_\_ Receive any of my health information, whether oral or recorded in any form  
initial or medium, that:

1. Is created or received by a health care provider, health care facility, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
2. Relates to my past, present, or future physical or mental health or condition; the provision of health care to me; or the past, present, or future payment for the provision of health care to me.

I further authorize my health care surrogate to:

\_\_\_\_\_ Make all health care decisions for me, which means he or she has the  
initial authority to:

1. Provide informed consent, refusal of consent, or withdrawal of consent to any and all of my health care, including life-prolonging procedures.
2. Apply on my behalf for private, public, government, or veterans' benefits to defray the cost of health care.
3. Access my health information reasonably necessary for the health care surrogate to make decisions involving my health care and to apply for benefits for me.
4. Decide to make an anatomical gift pursuant to part V of chapter 765, Florida Statutes.

\_\_\_\_\_ Specific instructions and restrictions: \_\_\_\_\_  
initial

While I have decisionmaking capacity, my wishes are controlling and my physicians and health care providers must clearly communicate to me the treatment plan or any change to the treatment plan prior to its implementation.

To the extent I am capable of understanding, my health care surrogate shall keep me reasonable informed of all decisions that he or she has made on my behalf and matters concerning me.

This health care surrogate designation is not affected by my subsequent incapacity except as provided in chapter 765, Florida statutes.

Pursuant to section 765.104, Florida statutes, I understand that I may, at any time while I retain my capacity, revoke or amend this designation by:

1. Signing a written and dated instrument which expresses my intent to amend or revoke this designation;
2. Physically destroying this designation through my own action or by that of another person in my presence and under my direction;
3. Verbally expressing my intention to amend or revoke this designation; or
4. Signing a new designation that is materially different from this designation.

My health care surrogate's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I initial either or both of the following lines:

If I initial this line \_\_\_\_\_, my health care surrogate's authority to receive my health information takes effect immediately.

If I initial this line \_\_\_\_\_, my health care surrogate's authority to make health care decisions for me takes effect immediately. Pursuant to section 765.204(3), Florida statutes, any instructions or health care decisions I make, either verbally or in writing, while I possess capacity shall supercede any instructions or health care decisions made by my surrogate that are in material conflict with those made by me.

**PRINCIPAL SIGNATURE**

(Sign and date this form here)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**SIGNATURE OF WITNESSES**

First Witness

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

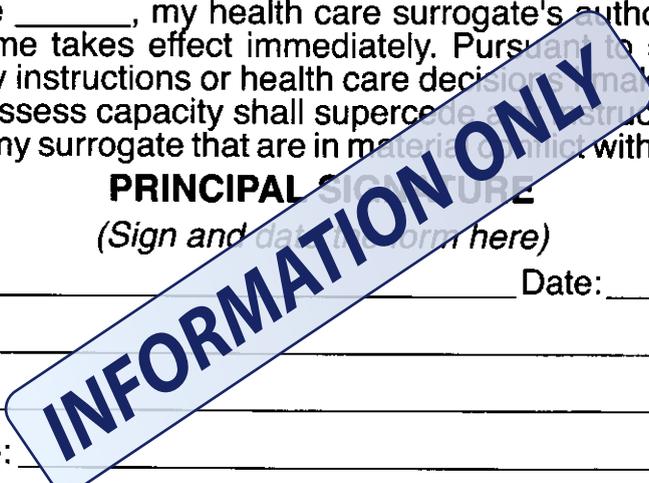
Second Witness

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

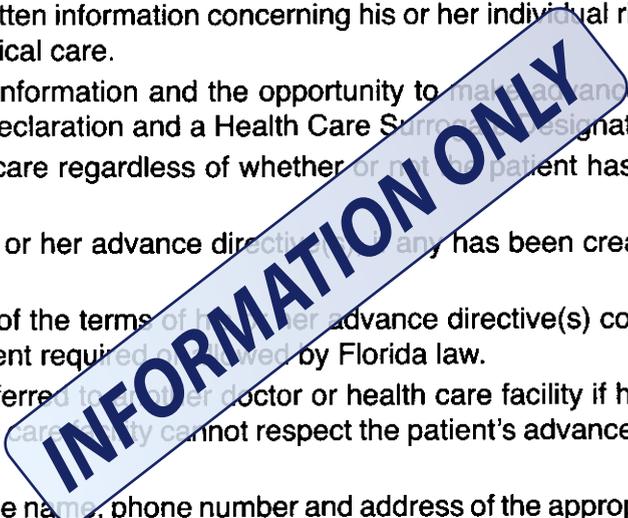
City, State, Zip Code: \_\_\_\_\_



# A SUMMARY STATEMENT OF HEALTH CARE POLICIES REGARDING PATIENTS' RIGHTS OF SELF-DETERMINATION

*(Since a summary like this cannot answer all possible questions or cover every circumstance, you should discuss any remaining questions with a representative of this health care facility.)*

1. Prior to the start of any procedure or treatment, the physician shall provide the patient with whatever information is necessary for the patient to make an informed judgment about whether the patient does or does not want the procedure or treatment performed. Except in an emergency, the information provided to the patient to obtain the patient's consent shall include, but not necessarily be limited to, the intended procedure or treatment, the potential risks, and the probable length of disability. Whenever significant alternatives of care or treatment exist, or when the patient requests information concerning alternatives, the patient shall be given such information. The patient shall have the right to know the person responsible for all procedures and treatments.
2. The patient may refuse medical treatment to the extent permitted by law. If the patient refuses treatment, the patient will be informed of significant medical consequences that may result from such action.
3. The patient will receive written information concerning his or her individual rights under Florida state law to make decisions concerning medical care.
4. The patient will be given information and the opportunity to make advance directives--including, but not limited to, a Florida Living Will Declaration and a Health Care Surrogate Designation.
5. The patient shall receive care regardless of whether or not the patient has or has not made an advance directive.
6. The patient shall have his or her advance directive, if any has been created, made a part of his or her permanent medical record.
7. The patient shall have all of the terms of his or her advance directive(s) complied with by the health care facility and caregivers to the extent required or allowed by Florida law.
8. The patient shall be transferred to another doctor or health care facility if his or her doctor(s), or agent of his or her doctor(s), or the health care facility cannot respect the patient's advance directive requests as a matter of "conscience."
9. The patient shall receive the name, phone number and address of the appropriate state agency responsible for receiving questions and complaints about these advance directive policies.



## WALLET CARDS FOR FLORIDA ADVANCE DIRECTIVES

Complete and cut out the cards below. Put them in the wallet or purse you carry most often, along with your driver's license or health insurance card. **NOTE: Please be sure to make a copy of page 2 of 2 (the reverse page of this one) before cutting out these wallet card or you will be cutting out part of the last page of the Designation of Health Care Surrogate.**

✂

**ATTN: FLORIDA HEALTH CARE PROVIDERS**

---

(Your Name)

I have created the following **Advance Directives**:

*(Check one or both)*

**Florida Living Will Declaration**

**Health Care Surrogate Designation**

Please contact \_\_\_\_\_

(Name)

at \_\_\_\_\_

(Address)

and \_\_\_\_\_ for more information.

(Telephone)

✂

**FLORIDA ORGAN DONOR CARD**

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(Your Name)

I have donated an anatomical gift, if medically acceptable, in my: *(Check one or both)*

**Florida Living Will Declaration**

**Health Care Surrogate Designation**

Please contact \_\_\_\_\_

(Name)

at \_\_\_\_\_

(Address)

and \_\_\_\_\_ for more information.

(Telephone)

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