

Advanced Health Care Directive
Acknowledgement Form

Background

In accordance with California Probate Code 4600 et seq. and Federal requirements under Title 42, clients 18 years of age and older shall receive information about Advance Health Care Directives and be informed of their right to make decisions about their medical treatment.

To Be Completed by Staff

The client was given a copy of the Advance Health Care Directive Fact Sheet at the first face-to-face contact or clinic visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "NO" please explain why the client was not given the Fact Sheet:		
Does the client have an Advance Health Care Directive currently in place?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the client would like to execute an Advance Health Care Directive, please refer them to the resources identified on the Fact Sheet. If a client already has an Advance Health Care Directive, insert a copy into the client's Clinical Record in Section 2 (Consents and Notices).		
This Form was interpreted in _____ (language) for the client and/or responsible adult. If a translated version of this Form was signed by the client and/or responsible adult, the translated version must be attached to the English version.		
Client <input type="checkbox"/> was given <input type="checkbox"/> declined a copy of this Form on _____ by _____		
	Date	Initials

To Be Completed by the Client/Responsible Adult

I have been asked about having an Advance Health Care Directive, and I have been given or offered an <u>Advanced Health Care Directive Fact Sheet</u> .			
_____ Print Patient Name	_____ Signature of Patient or Patient's Representative	_____ Relationship to Patient (If not self)	_____ Date
_____ Print Witness/Interpreter Name	_____ Signature of Witness/Interpreter	_____ Date	

*Responsible Adult/Patient Representative = Guardian, Conservator, or Parent of minor when required.
 **Witness/Interpreter = Person who either witnessed the signing of the form (may be staff or other person) or the person who interpreted this form into another language for the client (must include the language it was interpreted into).
 This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPPA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Advanced Health Care Directive Fact Sheet

What is an Advance Health Care Directive?

An Advance Directive is a legal document that allows an individual to state in advance their wishes should they become unable to make healthcare decisions.

In California, an Advance Directive consists of two parts:

(1) appointment of an agent for healthcare; and (2) individual health care instructions.

What can an Advance Health Care Directive do for a person with a psychiatric disability?

- It allows you to make treatment choices now in the event you need mental health treatment in the future. You can tell your doctor, institution, provider, treatment facility, and judge what types of treatment you do and do not want.
- You can select a friend or family member to make mental health care decisions, if you cannot make them for yourself.
- It can improve communications between you and your physician.
- It may reduce the need for long hospital stays.
- It becomes a part of your medical record.

Who can fill out an Advance Health Care Directive?

Any person 18 years or older who has the “capacity” to make health care decisions. “Capacity” means the person understands the nature and consequences of the proposed healthcare, including the risks and benefits.

When does an Advance Health Care Directive go into effect?

An Advance Health Care Directive goes into effect when the person’s primary physician decides the person does not have “capacity” to make their own healthcare decisions. This means the individual is unable to understand the nature and consequences of the proposed healthcare. **The fact that a person has been admitted into a psychiatric facility does not mean the person lacks “capacity.”**

How long is an Advance Health Care Directive in effect?

In California, an Advance Health Care Directive is indefinite. You can change your mind at any time, as long as you have the “capacity” to make decisions. It is a good idea to review your Advance Health Care Directive yearly to make sure your wishes are stated.

Do I have to have an Advance Health Care Directive?

No. It is just a way of making your wishes known in writing, while you are capable. Your choices are important.

Where do I get legal advice about an Advance Health Care Directive?

- Your Attorney
- Protection and Advocacy, Inc.
- Mental Health America of Los Angeles (213) 413-1130, Ext. 26

Where can I get the Advance Health Care Directive Form?

- Your Attorney
- Stationary Stores
- Mental Health America of Los Angeles (213) 413-1130, Ext. 26

Who should have a copy of the Advance Health Care Directive?

- You (Your Advance Health Care Directive should be kept in a safe place, but easily accessible.)
- Your agent (the person designated to make health care decisions if you are unable to do so.)
- Each of your health care providers;
- Each of your mental health providers.

It is important that you keep track of who has a copy of your Advance Health Care Directive in case you make changes in the document. Complaints concerning non-compliance with the advance health care directive requirements may be filed with the California Department of Health Services (DHS) Licensing and Certification by calling 1-800-236-9747 or by mailing to P.O. Box 997413, Sacramento, California 95899-7413.