

# Do you have an advance directive?



In 1991, New York State passed the Health-Care Proxy Law which allows a competent adult to delegate the authority to make health-care decisions, should he or she become unable to do so, to another adult.

The health-care proxy is a simple, yet powerful tool. By appointing an agent to act on your behalf when you cannot, you help to ensure that your health-care wishes will be carried out. On the next page, you will find a blank advance directive. If you do not already have an advance directive in place, we suggest that you use this one. You may either copy it, or tear it out along the perforation.

This is an important legal form. It gives the person you choose as your agent the authority to make all health care decisions for you, except to the extent you say otherwise in this form. "Health care" means any treatment, service, or procedure to diagnose or treat your physical or mental condition.

• Unless you say otherwise, your agent will be allowed to make all health care decisions for you, including decisions to remove or provide life-sustaining treatment.

• Your agent must know your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube), in order to refuse or consent to those measures for you.

• Your agent will start making decisions for you when your doctors decide that you are not able to make health care decisions for yourself.

• You may write on this form any information about treatment that you do not desire and treatments that you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you.

If you want to give your agent written instructions, do so right on the form. For example, you could say:

*If I become terminally ill, I do/don't want to receive the following treatments . . . .*

*If I am in a coma or unconscious, with no hope of recovery, then I do/don't want . . . .*

*If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want . . . .*

*I have discussed with my agent my wishes about \_\_\_\_\_ and want my agent to make all decisions about these measures.*

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list of the treatments about which you may leave instructions.

artificial respiration • nutrition and water by artificial means • cardiopulmonary resuscitation (CPR) • antipsychotic medication • electric shock therapy • antibiotics • psychosurgery • dialysis • transplantation • blood transfusions • abortion • sterilization

Talk about choosing an agent with your family or close friends. You should discuss this form with a doctor or other health care professional before you sign it to make sure you understand the types of decisions that may be made for you. You may also wish to give your doctor a signed copy. You do not need a lawyer to fill out this form.

You can choose any adult (18 or older) to be your agent. If you select a doctor as your agent, he or she may have to choose between acting as your agent or as your attending doctor; a physician cannot do both at the same time. Also, if you are a patient or resident of a hospital or nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. You should ask staff at the facility to explain those restrictions.

Tell the person you choose that he or she will be your health care agent. Be sure to discuss your health care wishes and this form with your agent, and give that person a signed copy. Your agent cannot be sued for health care decisions made in good faith.

Even after you have signed this form, you have the right to make health care decisions as long as you are able to do so, and treatment cannot be given to you or stopped if you object. You can cancel the control given to your agent by telling him or her or your health care provider orally or in writing.

After it is signed, give a copy of your proxy to your agent, your doctor, and any other family members or close friends you want. You can also keep a copy in your wallet or with other important papers. Take the form with you when you go to the hospital to file in your medical record.

This form will remain valid indefinitely unless you set an expiration date or condition for its expiration, as noted under item 4 on the form. If you are unable to sign and date the health care proxy yourself, you may direct someone else to sign in your presence. Be sure to include your address. The witnesses signing the form must be at least 18 years old. The person who is appointed agent or alternate agent cannot sign as a witness.

### Health Care Proxy

1) I, \_\_\_\_\_, hereby appoint \_\_\_\_\_

(name, home address, and telephone number) as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

2) Optional instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows. (Attach additional pages if necessary.)

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

(Unless your agent knows your wishes about artificial nutrition and hydration [feeding tubes], your agent will not be allowed to make decisions about artificial nutrition and hydration.)

3) Name of substitute or fill-in agent if the person I appoint above is unable, unwilling, or unavailable to act as my health care agent \_\_\_\_\_

(name, address, and telephone number)

4) Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below. The proxy shall expire (specific date or conditions, if desired).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

5) Statement by Witness (must be 18 or older); I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

\_\_\_\_\_  
Witness 1

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness 2

\_\_\_\_\_  
Address