Palms Medical Group
Your home for health, wellness, life

ADVANCE DIRECTIVE

You have the right to control decisions relating to your medical care, including the decision to have withheld or withdrawn the medical or surgical means or procedures to prolong your life.

WHAT IS AN ADVANCED DIRECTIVE?

It is a written statement which is made and witnessed in advance of a serious illness or injury. It directs how you want medical decisions made. There are two types of Advance Directives:

* Living Will
* Health Care Surrogate Designation

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.

WHAT IS A HEALTH SURROGATE DESIGNATION?

It is a signed, dated and witnessed legal document 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.

DO YOU NEED BOTH A LIVING WILL AND A HEALTH CARE SURROGATE DESIGNATION?

You may 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 YOU HAVE TO WRITE AN ADVANCE DIRECTIVE UNDER FEDERAL LAW?

No, there is not legal requirement to complete an advanced directive.

MAY YOU CHANGE YOUR MIND AFTER YOU FILL OUT OR WRITE A LIVING WILL OR DESIGNATE A HEALTH CARE SURROGATE?

Yes, you may change or cancel the document(s) at any time. Any change should be written, signed and dated. You may also change an advance directive by oral statement.

WHAT IF YOU HAVE FILLED OUT AN ADVANCE DIRECTIVE, LIVING WILL, OR HEALTH SURROGATE IN ANOTHER STATE?

An advance directive completed in another state, in compliance with the state's law, can be honored in Florida.

WHAT TO DO WITH AN ADVANCE DIRECTIVE, LIVING WILL, OR HEALTH SURROGATE FORM IF YOU HAVE ONE?

Make sure that someone such as your Primary Care Physician, lawyer or family member knows that you have one and where it is located.

CONCLUSION

Understanding your options will enable you to make informed decisions about the care you wish to receive or refuse. Take this opportunity to protect yourself and your family from making unnecessarily painful decisions in the future.

I WOULD LIKE TO FILL OUT AN: **ADVANCE DIRECTIVE/LIVING WILL ___YES NO___**
HEALTH CARE SURROGATE FORM ___YES NO___

I ALREADY HAVE AN ADVANCE DIRECTIVE _____

_____

SIGNATURE **DATE**