

An advance directive is a legal document that appoints a person(s) to make healthcare decisions for you if you are not able to speak for yourself, and provides guidance or instructions about making healthcare decisions for you. Advance directives must be in writing. These documents tell your family, friends, and CARTI care team who you want to make decisions for you, and what your wishes are regarding your care.

Types of advance directives include:

- **Durable Power of Attorney for Health Care**

A Durable Power of Attorney for Health Care is a document that appoints a person who can make medical decisions for you if you are incapacitated or unable to make decisions for yourself. This document may also be called a Health Care Power of Attorney, a Medical Power of Attorney, or a Designation of Healthcare Proxy. The person you choose to act on your behalf is called your Healthcare Agent. This person may also be called your Healthcare Proxy, Healthcare Attorney-in-fact, or Healthcare Representative. This person should be someone you trust to make decisions about your care if you are unable to do so.

- **Living Will**

A Living Will is a document that tells your doctors and caregivers what type of medical care you wish to receive if you become terminally ill or permanently unconscious. It tells your loved ones and your care team exactly what your wishes are. A Living Will takes effect after two doctors agree that you are terminally ill or permanently unconscious and determine you are unable to make or communicate decisions about your care.

If you are able to make your own decisions, your doctors will ask you what you want even if you have signed advance directives. Advance directives are used only if your medical condition deteriorates such that you cannot make your own decisions. If you would like more information about advance directives, please ask your CARTI physician or care team. You may also contact your local Department of Health, local Area Agency on Aging, or an attorney.

You are not required to give advance healthcare directives in order to receive care at CARTI. It is CARTI's policy to honor a patient's healthcare decisions to the full extent required or permitted by law.

Please initial beside your response and sign below:

_____ Yes, I have a Living Will and/or Durable Power of Attorney for Health Care. I understand that it is my responsibility to provide this documentation to CARTI. I understand that if my wishes change, it is my responsibility to inform CARTI as soon as possible.

_____ No, I do not have a Living Will or Durable Power of Attorney for Health Care, but I have received this Advance Directive Notice to Patients.

_____ No, I do not have a Living Will or Durable Power of Attorney for Health Care, and I do not wish to discuss advance directives at this time.

By signing below, you acknowledge that you have received this Advance Directive Notice to Patients from CARTI.

Patient Signature

Date

Time

Patient Name