



2ADM



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

THE ALABAMA DEPARTMENT OF PUBLIC HEALTH, THE ALABAMA MEDICAID AGENCY AND THE ALABAMA STATE BAR HAVE PREPARED THE FOLLOWING INFORMATION ON ADVANCE DIRECTIVES.

“DECIDING ABOUT YOUR HEALTH CARE

If you are 19 or older, the law says you have the right to decide about your medical care.

If you are very sick or badly hurt, you may not be able to say what medical care you want.

If you have an advance directive, your physician and family will know what medical care you want if you are too sick or hurt to talk or make decisions.

What is an advance directive?

An advance directive is used to tell your physician and family what kind of medical care you want if you are too sick or hurt to talk or make decisions. If you do not have one, certain members of your family will have to decide on your care.

You must be at least 19 years old to set up an advance directive. You must be able to think clearly and make decisions for yourself when you set it up. You do not need a lawyer to set one up, but you may want to talk with a lawyer before you take this important step. Whether or not you have an advance directive, you have the same right to get the care you need.

Types of advance directives.

In Alabama you can set up an Advance Directive for Health Care. The choices you have include:

A living will is used to write down ahead of time what kind of care you do or do not want if you are too sick to speak for yourself.

A proxy can be part of a living will. You can pick a proxy to speak for you and make the choices you would make if you could. If you pick a proxy, you should talk to that person ahead of time. Be sure that your proxy knows how you feel about different kinds of medical treatments.

Another way to pick a proxy is to sign a durable power of attorney for health care. The person you pick does not need to be a lawyer.

You can choose to have any or all of these three advance directives: Living will, proxy and/or durable power of attorney for health care.

Hospitals, home health agencies, hospices and nursing homes usually have forms you can fill out if you want to set up a living will, pick a proxy or set up a durable power of attorney for health care. If you have questions, you should ask your own lawyer or call your local Council on Aging for help.

When you set up an advance directive.

Be sure and sign your name and write the date on any form or paper you fill out. Talk to your family and physician now so they will know and understand your choices. Give them a copy of what you have signed. If you go to the hospital, give a copy of your advance directive to the person who admits you to the hospital.

What do I need to decide?

You will need to decide if you want treatments or machines that will make you live longer even if you will never get better. An example of this is a machine that breathes for you.

Some people do not want machines or treatments if they cannot get better. They may want food and water through a tube or pain medicine. With an advance directive, you decide what medical care you want.

Talk to your physician and family now.

The law says physicians, hospitals and nursing homes must do what you want or send you to another place that will. Before you set up an advance directive, talk to your physician ahead of time. Find out if your physician is willing to go along with your wishes. If your physician does not feel he or she can carry out your wishes, you can ask to go to another physician, hospital or nursing home.

Once you decide on the care you want or do not want, talk to your family. Explain why you want the care you have decided on. Find out if they are willing to let your wishes be carried out.

Family members do not always want to go along with an advance directive. This often happens when family members do not know about a patient's wishes ahead of time or if they are not sure about what has been decided. Talking with your family ahead of time can prevent this problem.

You can change your mind any time.

As long as you can speak for yourself, you can change your mind any time about what you have written down. If you make changes, tear up your old papers and give copies of any new forms or changes to everyone who needs to know.

For help or more information:

Alabama Commission on Aging—1-800-243-5463

Choice in Dying—1-800-989-9455

**ALABAMA ADVANCE DIRECTIVE FOR HEALTH CARE
(Living Will and Health Care Proxy)**

This form may be used in the State of Alabama to make your wishes known about what medical treatment or other care you would or would not want if you become too sick to speak for yourself. You are not required to have an advance directive. If you do have an advance directive, be sure that your physician, family, and friends know you have one and know where it is located.

SECTION I. LIVING WILL

I, _____, being of sound mind and at least 19 years old, would like to make the following wishes known. I direct that my family, my physicians and health care workers, and all others follow the directions I am writing down. I know that at any time I can change my mind about these directions by tearing up this form and writing a new one. I can also do away with these directions by tearing them up and by telling someone at least 19 years of age of my wishes and asking him or her to write them down.

I understand that these directions will only be used if I am not able to speak for myself.

IF I BECOME TERMINALLY ILL OR INJURED:

Terminally ill or injured is when my physician and another physician decide that I have a condition that cannot be cured and that I will likely die in the near future from this condition.

Life sustaining treatment – Life sustaining treatment includes drugs, machines, or medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

Place your initials by either “Yes” or “No”

I want to have life-sustaining treatment if I am terminally ill or injured. Yes _____ No _____

Artificially provided food and hydration (Food and water through a tube or an IV) – I understand that if I am terminally ill or injured I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

Place your initials by either “Yes” or “No”

I want to have food and water provided through a tube or an IV if I am terminally ill or injured. Yes _____ No _____

IF I BECOME PERMANENTLY UNCONSCIOUS

Permanent unconsciousness is when my physician and another physician agree that within a reasonable degree of medical certainty I can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make that decision. I understand that at least one of these physicians must be qualified to make such a diagnosis.

Life sustaining treatment – Life sustaining treatment includes drugs, machines, or other medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatment that ease my pain and keep me comfortable.

Place your initials by either “Yes” or “No”

I want to have life-sustaining treatment if I am permanently unconscious. Yes ____ No ____

Artificially provided food and hydration (Food and water through a tube or an IV) – I understand that if I become permanently unconscious, I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

Place your initials by either “Yes” or “No”

I want to have food and water provided through a tube or an IV if I am permanently unconscious. Yes ____ No ____

OTHER DIRECTIONS

Please list any other things you want done or not done. _____

In addition to the directions I have listed on this form, I also want the following: _____

If you do not have other directions, place your initials here: ____ No, I do not have any other directions.

SECTION 2. IF I NEED SOMEONE TO SPEAK FOR ME.

This form can be used in the State of Alabama to name a person you would like to make medical or other decisions for you if you become too sick to speak for yourself. This person is called a health care proxy. You do not have to name a health care proxy. The directions in this form will be followed even if you do not name a health care proxy.

Place your initials by only one answer

- ____ I do not want to name a health care proxy. (If you check this answer, go to Section 3)
- ____ I do want the person listed below to be my health care proxy. I have talked with this person about my wishes.

First choice for proxy

Relationship to me: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone no.: _____ Nighttime phone no.: _____

If this person is not able, not willing, or not available to be my health care proxy, this is my next choice:

Second choice for proxy

Relationship to me: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone no.: _____ Nighttime phone no.: _____

INSTRUCTIONS FOR PROXY

Place your initials by either "Yes" or "No"

I want my health care proxy to make decisions about whether to give me food and water through a tube or an IV.

Yes ____ No ____

Place your initials by only one of the following

I want my health care proxy to follow only the directions as listed on this form. Yes ____ No ____

I want my health care proxy to follow my directions as listed on this form and to make any decisions about things I have not covered in the form. Yes ____ No ____

I want my health care proxy to make the final decision, even though it could mean doing something different from what I have listed on this form. Yes ____ No ____

SECTION 3. THE THINGS LISTED ON THIS FORM ARE WHAT I WANT.

I understand the following:

If my physician or hospital does not want to follow the directions I have listed, they must see that I get to a physician or hospital who will follow my directions.

If I am pregnant, or if I become pregnant, the choices I have made on this form will not be followed until after the birth of the baby.

If the time comes for me to stop receiving life sustaining treatment or food and water through a tube or an IV, I direct that my physician talk about the good and bad points of doing this, along with my wishes, with my health care proxy, if I have one, and with the following people:

SECTION 4. MY SIGNATURE

Your name: _____

The month, day, and year of your birth: _____

Your signature: _____

Date signed: _____ Time signed: _____ Social Security No. _____

SECTION 5. WITNESSES (TWO WITNESSES NEED TO SIGN)

I am witnessing this form because I believe this person to be of sound mind. I did not sign the person's signature, and I am not the health care proxy. I am not related to the person by blood, adoption, or marriage and not entitled to any part of his or her estate. I am at least 19 years of age and am not directly responsible for paying for his or her medical care.

Name of first witness: _____

Signature: _____

Date: _____

Time: _____

Name of second witness: _____

Signature: _____

Date: _____

Time: _____

SECTION 6. SIGNATURE OF PROXY

I, _____, am willing to serve as the health care proxy.

Signature: _____

Date: _____

Time: _____

Signature of Second Choice for Proxy

I, _____, am willing to serve as the health care proxy if the first choice cannot serve.

Signature: _____

Date: _____

Time: _____