

HEALTH CARE POWER OF ATTORNEY & LIVING WILL Combined Form

I, _____, as principal, designate _____ as my agent for all matters relating to my health care, including, without limitation, full power to give or to refuse consent to all medical, surgical, hospital and related health care. This power of attorney is effective whenever I am unable to make or to communicate health care decisions. All of my agent's actions under this power have the same effects on my heirs, devisees, and personal representatives as if I were alive, competent and acting for myself.

If my agent is unwilling or unable to serve or to continue to serve, I hereby appoint _____ as my agent.

In acting under this power, I want my agent to give great weight to the following statements: I am in favor of trial treatment. That means I want all necessary medical care to treat my condition until, and only until, my doctors and my agent reasonably decide that I am in an irreversible coma, or a persistent vegetative state, or a locked-in state, or that I cannot be expected to return to a fully conscious state. If, following the guidelines stated above, my doctors and my agent decide that further medical care is inappropriate:

1. I want only comfort care and I do not want to undergo artificial administration of food or fluids.
2. I do not want to be resuscitated in case I stop breathing or my heart stops beating.

If my doctors and my agent reasonably decide that I have a terminal illness, I want all decisions concerning my medical and surgical care to be made in light of the expected length and quality of life which would result from such care and the predictable effects on me of undergoing treatment. **If I cannot be expected to have a significant period of conscious life even after medical or surgical care, then I want comfort care only.** (Examples: I do not want any surgery or other care designed to prolong my life. I do not want artificially administered food or fluids and I do not want to be resuscitated.)

This combined health care directive is made under §36-3221 and §36-3261, Arizona Revised Statutes. It continues in effect for all who may rely on it, except those to whom I have given notice of its revocation.

Dated: _____ Signature _____

Witness _____

(Optional)

STATE OF ARIZONA)
) SS.
County of Yuma)

The maker of this document appears to be of sound mind and free from duress. It was subscribed and sworn to before me this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

(A notary or witness shall not be a person (1) designated to make medical decisions for the principal, (2) directly involved with providing health care to principal, (3) related to the principal by blood, marriage, or adoption nor (4) entitled to any part of the principal's estate.)



Sunset Community Health Center, Inc.

PATIENT SELF DETERMINATION

PURPOSE: To comply with the federal and state determination and advance directives

- POLICY:**
1. Sunset Community Health Center, Inc. patients to make decisions concerning to refuse treatment, as provided under. Additionally, the Health Center recognize to execute advance directives under §36-3201 through Section 36-3211. T members to discuss issues relating to medical treatment with their physician.
 2. Sunset Community Health Center, Inc. to its patients concerning their rights advance directives, as required by regulation of Health and Human Services pursuant to Reconciliation Act of 1990 (Public Act 104-191).
 3. It shall be contrary to the policy of Sunset Community Health Center, Inc. to condition the provision of care individual on the basis of whether or not advance directive.

DECISIONS ABOUT YOUR HEALTH CARE

*How you can plan for the future
with living wills and
other health care directives.*

You are getting this information about your rights to make or control your own health care decision, because of a 1991 federal law. We hope this information will help you. A description of this health care organization's policies about your right to make health care decisions must be given to you along with this information. You are also encouraged to talk with your family, your doctor, and anyone else who could help you in these matters.

Q Who makes your health care decisions?

A You do, if you can make and communicate them. Your doctors should tell you about the treatment they recommend, other reasonable alternatives, and important medical risks and benefits of that treatment and the alternatives. You have the right to decide what health care, if any, you will accept.

Q What happens if you become unable to make or communicate your health care decisions?

A You can still have some control over your health care decisions, if you have planned ahead. One way to plan ahead is by making a health care directive which names someone to make these decisions for you, or which guides or controls these decisions. If you have not named someone in a health care directive, your doctors must seek a person authorized by law to make these decisions. A person who makes health care decisions for you is called a surrogate.

Q What is a health care directive?

A It is a written statement about how you want your health care decisions made. Under Arizona law, there are three common types of health care directives. They are:

A health care power of attorney, which is a written statement in which you name an adult to make your health care decisions for you only when you cannot make or communicate such decisions.

A living will, which is a written statement about health care you want or do not want that is to be followed if you cannot make your own health care decisions. For example, a living will can say whether you would want to be fed through a tube if you were unconscious and unlikely to recover.

A prehospital medical care directive, which is a directive refusing certain lifesaving emergency care given outside a hospital or in a hospital emergency room. To make one, you must complete a special orange form.

These directives, used separately or together, can help you say "yes" to treatment you want and "no" to treatment you don't want.

Q Must your health care directives be followed?

A Yes. Both health care providers and surrogates must follow valid health care directives.

Q Can you be required to make a health care directive?

A No. Whether you make a health care directive is entirely up to you. A health care provider cannot refuse care based on whether or not you have a health care directive.

Q Can you change or revoke health care directives?

A Yes. If you change or revoke a

health care directive, you should notify everyone who has a copy.

Q Who can legally make health care decisions for you if you are unable to make your own decision and if you have not made a health care power of attorney?

A A court may appoint a guardian to make health care decisions for you. Otherwise, your health care provider must go down the following list to find a surrogate to make your health care decisions for you:

1. Your husband or wife, unless you are legally separated.
2. Your adult child. If you have more than one child, a majority of those who are available.
3. Your mother or father.
4. Your domestic partner, unless someone else has financial responsibility for you.
5. Your brother or sister.
6. A close friend of yours (Someone who shows special concern for you and is familiar with your health care views).

If your health care provider cannot find an available and willing surrogate to make health care decisions for you, then your doctor can decide with the advice of an ethics committee or, if this is not possible, with the approval of another doctor.

You can keep anyone from becoming your surrogate by saying, preferably in writing, that you do not want that person to make health care decisions for you.

A surrogate will not have the right to refuse the use of tubes to give you food or fluids unless:

- you have appointed that surrogate to make health care decisions for you in a health care power of attorney; or,
- a court has appointed that surrogate as your guardian to make your health care decisions for you; or,
- you have stated in a health care directive that you do not want this specific treatment.

ADDITIONAL INFORMATION FOR ANYONE WHO ALREADY HAS OR WANTS TO MAKE A HEALTH CARE DIRECTIVE.