

Instruction to “California Power of Attorney for Health Care and Health Care Instruction Form”

California law gives you the ability to insure that your health care wishes are known and considered if you become unable to make these decisions for yourself. The following are answers to commonly asked questions about Advance Directives.

What is an Advance Health Care Directive?

An Advance Health Care Directive is the general term used for forms which document your end of life wishes. The best way to make sure that your health care wishes are known and considered if for any reason you are unable to communicate for yourself is to fill out such a form. By completing a form called “California Power of Attorney for Health Care and Health Care Instruction Form (“CPAHC”) California law allows you to do either or both of two things:

In Part 1, you may appoint another person to be your health care “agent.” This person (who may also be known as your “attorney-in-fact”) will have legal authority to make decisions about your medical care if you become unable to make these decisions for yourself.

In Part 2, you may write down your health care wishes, for example, a desire not to receive treatment that only prolongs the dying process if you are terminally ill. Your doctor and your agent must follow your lawful instructions.

Is the California Power of Attorney for Health Care and Health Care Instruction Form different from a “Durable Power of Attorney for Health Care”?

The California Power of Attorney for Health Care and Health Care Instruction Form has replaced the Durable Power of Attorney for Health Care (“DPAHC”) as the legally recognized document for appointing a health care agent in California. The CPAHC permits you to either appoint an

agent and give instructions about your own health care or do both.

What if I have already executed a Durable Power of Attorney for Health Care? Do I have to complete a new California Power of Attorney for Health Care and Health Care Instruction Form?

All valid Durable Powers of Attorney for Health Care remain valid. Thus, unless your existing form was executed before 1992, you do not have to complete a new one.

Who can complete a California Power of Attorney for Health Care and Health Care Instruction Form?

Any California resident who is at least eighteen (18) years old (or is an emancipated minor), of sound mind, and acting of his or her own free will can complete a valid California Power of Attorney for Health Care and Health Care Instruction Form.

Do I need a lawyer to complete California Power of Attorney for Health Care and Health Care Instruction Form?

No. You do not need a lawyer to assist you in completing a California Power of Attorney for Health Care and Health Care Instruction Form. However, if you are a resident of a nursing home the Long Term Care Ombudsman must be a witness.

Who may I appoint as my health care agent?

You can appoint almost any adult to be your agent. You can choose a member of your family such as your spouse or an adult child, a friend, or neighbor, or someone you trust. You can appoint one or more “alternate agents” in case the person you select as your health care agent is unavailable or unwilling to make a decision.

It is important that you talk to the people you plan to appoint to make sure they understand your wishes and agree to accept this responsibility. Your health care agent will be immune from liability so long as he or she acts in good faith.

The law prohibits you from choosing certain people to act as your agent. You may not choose your physician, an employee of the residential care facility or of the health care institution in which you receive care, unless you are related to that person.

I want to provide more specific health care instructions than those included on this form. How do I do that?

You may write down detailed instructions for your health care agent and physician(s). To do this, simply attach one or more sheets of paper to the form, write your instructions, number each page, and sign and date each page at the same time you have the form witnessed or notarized. Certain individuals cannot serve as witnesses. The rules are set forth in the CPAHC.

How much authority will my health care agent have?

If you become unable to make your own health care decisions, your agent will have legal authority to speak for you in health care matters. Physicians and other health care professionals

will look to your agent for decisions rather than your next of kin. Your agent will be able to accept or refuse medical treatment, have access to your medical records, and make decisions about donating your organs, authorizing an autopsy, and disposing of your body should you die. If you do not want your agent to have certain of these powers or to make certain decisions, you can cross it out or write a statement in the CPAHC limiting your agent’s authority.

Will my health care agent be responsible for my medical bills?

No, this form deals only with health care decisions and has no effect on financial responsibility for your health care. Your agent will be responsible for costs related to the disposition of your body after you die. Consult an attorney regarding how your financial affairs should best be handled.

For how long is a California Power of Attorney for Health Care and Health Care Instructions Form valid?

A CPAHC is valid forever unless you revoke it or state it in the form a specific date on which you want it to expire.

What if I change my mind after completing a California Power of Attorney for Health Care and Health Care Instruction Form?

You can revoke or change a CPAHC at any time. To revoke it you must inform your treating care provider personally or in writing. You should provide a copy of your new form to all the people and institutions on the list.

I have reached a point in my life that I don't want the paramedics to give me CPR. Will this California Power of Attorney for Health Care and Health Care Instruction Form keep this from happening?

No. If you are in this situation, you may also want to complete the "Prehospital Do Not Resuscitated (DNR)" form and obtain a "Do Not Resuscitate - EMS" medallion approved by California's Emergency Medical Services Authority. You may order copies of the DNR form from CMA publications online at CMA's Bookstore at www.cmanet.org or phone in your Visa or MasterCard orders to (800) 882-1-CMA.

Is my California Power of Attorney for Health Care and Health Care Instruction Form valid in other states?

A valid CPAHC under California law may or may not be honored in other states. California will recognize an advance directive that is executed legally in another state.

What should I tell my family, my health care agent and my doctors?

One of the most important parts of completing a CPAHC is the conversations you have about it with your loved ones and your physicians. You should talk about your personal values and what makes living meaningful for you; your current medical condition and decisions you may foresee in the future; specific concerns or wishes you may have regarding life support or aggressive interventions, hospice or long term care; and what concerns you most about death or dying. It is recommended, although not always possible, that such a discussion include your physician and health care agent.

Tell your loved ones that you have completed a CPAHC and what you have said in it. Your CPAHC will likely go into effect during a period of crisis for them. Remind them that their role is to make sure that your wishes described in the CPAHC are followed.

What should I do with the CPAHC form after I fill it out?

Make sure that the form has been properly signed, dated, and either notarized or witnessed by two qualified individuals (the form includes instructions about who can and cannot be a witness). Keep the original in a safe place where your loved ones can find it quickly. Give copies of the completed form to the people you have appointed as your agent and alternate agents, to your doctors and health plan, and to family members or anyone else who is likely to be called if there is a medical emergency. You should tell these people to present a copy of the form at the request of your health care provider.

Take a copy of the form with you if you are going to be admitted to a hospital, nursing home or other health care facility. Copies of the completed form can be relied upon by your agent and doctors as though they were the original.

Fill out the attached wallet card with your agent's name and information and put it in your wallet.

In addition, keep track of all those people and institutions to whom you have given a copy of your CPAHC. This will enable you to contact them if you change or revoke your CPAHC. Attached is a Contact List for this purpose.

CONTACT LIST
People and Places that have a Copy of My
California Power of Attorney for Health Care and Health Care Instruction Form

After you have completed your California Power of Attorney for Health Care and Health Care Instruction Form, you should give copies of the form to the people you have appointed as your agent and alternate agent(s), to your physician(s), and health plan, and to family members or anyone else who is likely to be called if there is a medical emergency. You should also take a copy with you if you are going to be admitted to a hospital, nursing home or other health facility.

Use the space below to keep a list of the people and institutions who have copies of your form so you can contact them if you decide to revoke, update, or revise it. Be sure to send everyone on the list the new form.

Date of my Advance Directive: _____
(Date)

Name: _____
Address: _____

Phone: (____) _____
Fax: (____) _____

Phone: (____) _____
Fax: (____) _____

Name: _____
Address: _____

Name: _____
Address: _____

Phone: (____) _____
Fax: (____) _____

Phone: (____) _____
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Name: _____
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Phone: (____) _____
Fax: (____) _____

Phone: (____) _____
Fax: (____) _____

Name: _____
Address: _____

WALLET CARD
California Power of Attorney for Health Care and
Health Care Instruction Wallet Identification Card

These wallet cards are provided for the purpose of alerting emergency medical personnel that you have an Advance Health Care Directive in the event that you require medical treatment and are unable to communicate. You should complete the cards by filling in the names and telephone numbers of your health care agent(s) or others who have a copy of your California Power of Attorney for Health Care and Health Care Instruction. Carry one of these cards with you at all times. Give the other to your spouse or other person who is likely to be contacted in the event of an emergency.

Important Notice to Emergency Medical Personnel	
I, _____ (name) (date of birth)	
have executed an Advance Health Care Directive. If I am unable to make my own health care decisions, my designated agent has the legal authority to make those decisions on my behalf, including decisions concerning life sustaining treatment. In such an event, one of the persons listed on the reverse of this card should be contacted immediately, in the order listed.	
(See Reverse)	Bet Tzedek Legal Services
<hr/>	
1. Agent's Name: _____	
Home: (____) _____	
Work/Cell/Pager: (____) _____	
2. Agent's Name: _____	
Home: (____) _____	
Work/Cell/Pager: (____) _____	
3. Agent's Name: _____	
Home: (____) _____	
Work/Cell/Pager: (____) _____	

Important Notice to Emergency Medical Personnel	
I, _____ (name) (date of birth)	
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2. Agent's Name: _____	
Home: (____) _____	
Work/Cell/Pager: (____) _____	
3. Agent's Name: _____	
Home: (____) _____	
Work/Cell/Pager: (____) _____	