



ACCESS
MENTAL HEALTH AGENCY

Orientation Handbook

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If you are hearing impaired and need an ASL interpreter please inform front office staff.

Si necesita un intérprete de lenguaje de Inglés por favor informe a personal de la oficina .

Welcome

Welcome and thank you for choosing Access Mental Health Agency (AMHA) as your healthcare provider. This handbook has been created to provide you with helpful information about AMHA and the behavioral health and addictive disease services we offer to adults and youths.

Your complete satisfaction with the services you receive from our healthcare professionals is our top priority. We encourage you to have the same high expectations of the AMHA team as we have of ourselves.

We guarantee you equal access to all services regardless of race, ethnicity, religion, language, visual or hearing impairment, and physical disability of any kind, sexual orientation, or gender identity.

If there is any information you cannot locate in this Handbook or you are having difficulty understanding anything in this Handbook, please do not hesitate to speak to an AMHA employee who will be happy to help.

About Access Mental Health Agency

With over a decade of behavioral health industry experience in North Carolina, Access Mental Health Agency (AMHA) was established in Georgia in 2008 by a group of behavioral health and business professionals with the vision of providing, community-based services to **underserved** individuals. AMHA offers a broad array of outpatient services provided by an experienced, dedicated professional staff of physicians, nurses, licensed therapists, certified addictive disease and behavioral health professionals, social workers, case managers, educators, and mentors.

AMHA understands that the decision to seek professional intervention for behavioral health and addictive disease challenges is not an easy one. It is our belief that by creating a warm, compassionate environment and by offering a broad array of professional supports primarily in the community rather than exclusively in clinical settings, we succeed in making treatment engagement not only easier but ultimately more effective at helping people reach their goals.

The AMHA service philosophy is both person-centered and holistic. We believe in the potential of the individual to grow, to overcome challenges, and develop wellness. We promote the physical, emotional, and social well-being of persons in our care. We are committed to providing evidence-based strategies to support the wellness recovery of individuals we serve, foster their personal growth, and realize their potential for successful living.



OUR MISSION

To transform lives and positively impact underserved communities through the effective delivery of behavioral health and addictive disease services.

OUR VISION

Quality, Person-centered behavioral Health and addictive disease Services that are accessible to everyone

AND OUR VALUES

COMPASSION QUALITY

INTEGRITY EMPOWERMENT

COLLABORATION ACCOUNTABILITY

STEWARDSHIP

Service locations, contact information, and hours of operation:

Atlanta Office

215 Lakewood Way SW Suite 205, Atlanta, GA 30315

Office Phone: 678-335-9010

Toll Free Fax: 678-229-9906

Savannah Office

6555 Abercorn Street Suite 221, Savannah, GA 31405

Office Phone: 912-200-9818

Fax: 912-200-9819

Office hours for both locations are M-F 8:30 am to 5 pm.

Find us on the web at www.access-mha.com

24/7 emergency contact

1-855-590-7728

*Calls determined to be a psychiatric crisis are returned by an AMHA clinician within **2 hours**.*

Georgia Crisis and Access Line

If you feel you may need an immediate referral to other behavioral health or addictive disease services, you may also contact the Georgia Crisis & Access Line 24 hours a day at the numbers below.

1-800-715-4225

1-800-255-0056 for TTY

Our Services

The Access Mental Health Agency team provides a broad array of healthcare services designed to support your recovery and achievement of personal goals. Because we don't live in an office, and neither do you, we provide most of our services in the community where we all live, work, play, worship, and socialize. We feel this is the most effective way to support real positive change in the lives of the individuals we serve.

Our services include:

- individual counseling for youths and adults
- group counseling for youths and adults
- family counseling for youths and adults
- peer support services, both individual and group, for adults
- group training for adults
- psychiatric medicine for youths and adults
- health assessments and medication education for youths and adults
- crisis intervention services for youths and adults
- addictive disease support services for adults
- comprehensive support services for youths
- rehabilitative services for adults
- case management for adults

At the time of your first appointment, a counselor will tell you more about our services and help you decide which ones are right for you.

Fee Policy

AMHA accepts Medicaid, Medicare, Amerigroup, Wellcare, PeachState, and CareSource.

Uninsured individuals may also be eligible for income-based pay-as-you-go payment plans.

Terms of Service

AMHA may limit or discontinue services to you under the following conditions:

- if you miss two or more appointments without at least a 24-hour notice
- if you have more than two unpaid sessions without an approved payment agreement

- if you choose not to observe the agreed-upon clinical recommendations of your treatment team in such a way it prohibits our ability to assist you in your recovery

Safety Information

Evacuation routes are posted throughout the facility and emergency exits are clearly marked. Fire suppression equipment is also available throughout the building. In the event of an emergency that requires building evacuation, please follow the instructions of agency staff.

AMHA ensures that at least one staff member trained in first aid and CPR is on site at all times. In the event assistance is needed, please alert the nearest AMHA team member. First aid supplies are readily available throughout the clinic.

Emergency drills are periodically conducted to ensure that all staff and the individuals we serve are able to respond to actual emergency situations in a safe and timely manner. Please follow all instructions of team members during practice drills and in the event of an actual emergency.

Drug-Free & Safe Environment

AMHA is a non-smoking, drug-free facility. This policy includes the use of electronic cigarettes. Guns and knives are not permitted.

As an individual receiving services at AMHA, you have the following rights:

- The right to reasonable access to care, treatment and services regardless of race, spiritual beliefs, gender, sexual orientation, ethnicity, age, social economic status, language or disability.
- The right to personal dignity.
- The right to care, treatment, and services that are considerate and respectful of the personal values and beliefs of the individual served.
- The right to be informed of the program rules.
- The right to informed participation in decisions regarding care, treatment, and services.
- The right to participate in care, and service planning in keeping with the wishes of the individual served and the right to information important in a timely manner to help in decision-making.
- This right is applied to children and youth as appropriate to their age, maturity and clinical condition and the right of the family of individuals served, with the client's consent to participate in such planning. (Psychiatric Advance Directives, Living Will, or Durable Power of Attorney for Healthcare)
- The right to individualized care, treatment, and services, including that, is responsive to each individual's unique characteristics, strengths, needs, abilities, and preferences including:
 - Adequate and humane services regardless of the sources of financial support;
 - Provision of services within the least restrictive environment possible;
 - An Individualized Recovery/Resiliency Plan or Treatment Plan;
 - Periodic review of the individualized treatment plan;
 - An adequate number of competent qualified and experienced staff to supervise and carry out the individualized service plan.
- ❖ The right to participate in the consideration of ethical issues that arise in the provision of care, treatment, and services, including:
 - ❖ Resolving conflict including an investigation of alleged infringements of rights and resolution;
 - ❖ Participating in investigational studies or clinical trials, including adherence to all guidelines and ethics.
- ❖ The right to personal privacy and confidentiality of protected health information under the Health Insurance Portability and Accessibility Act (HIPAA) that include:
 - ❖ The right to receive Notice of Privacy Practices;
 - ❖ The right to access clinical records;
 - ❖ The right to request amendment of clinical records;
 - ❖ The right to request restriction on communications;
 - ❖ The right to request confidential communications;
 - ❖ The right to accounting of disclosures;
 - ❖ The right to file a complaint with AMHA without fear of retaliation or any change in the services you receive from us as a result of your complaint.
 - ❖ The right to appeal the outcome of your complaint to the Georgia Department of Behavioral Health and Developmental Disabilities.
- ❖ The right to designate an agent to assist in decision-making if the individual served is incapable of understanding proposed care, treatment, and services or is unable to communicate his or her wishes regarding treatment, care, and services.
(Psychiatric Advance Directives)
- ❖ The right of individuals served and their families to be informed of their rights in a language that they understand. The right to refuse medication or care, treatment, and services to the extent permitted by law.
- ❖ The right to be free of neglect, verbal abuse, physical abuse, sexual abuse, psychological abuse, financial or other exploitation, humiliation, retaliation, corporal punishment, fear, and /or denial of nutritionally adequate care and basic needs such as clothing, shelter, rest of sleep.
- ❖ The right to see the licensing report completed by the Department of Human Services.
- ❖ The right to the methods used to obtain authorization for services.
- ❖ The right to access referral or legal entities and to access self-help and advocacy and support services.

As an individual receiving services at AMHA, you have the following responsibilities:

- Give us all the facts about the problems you want help with and bring a list of all other doctors providing

Permissible Restrictions of Your Rights

Under certain unusual circumstances your AMHA providers may determine that in order to protect your safety or the safety of others, you may need immediate psychiatric hospitalization. In the event that this determination is not consistent with your choice at the time, an independently licensed clinician or a physician may legally order an emergency evaluation at a hospital without your consent. In these rare circumstances, your right to determine the type of care you receive may be temporarily restricted. When your treatment providers determine your safety needs have been resolved, your right to determine the type of treatment you receive will be fully restored.

Psychiatric Advance Directives

Georgia law states that individuals 18 years or older have the right to make healthcare decisions in advance, including behavioral health treatment decisions, through a process called an advance directive. An advance directive is used to appoint someone to make health care decisions for you in the event that you are unable or unwilling to make them for yourself.

A psychiatric advance directive, or PAD, provides you the ability to make decisions now regarding your future behavioral health care if you feel there may ever be a time when you are unable to do so for yourself. These decisions may include medications or types of treatment you may prefer or others you may never wish to receive. Georgia law does permit health care providers to potentially override your wishes if you are involuntarily committed to a psychiatric hospital.

If you wish to find out more about advance directives please ask front office staff for the Georgia Bar Association Advance Directive for Healthcare Pamphlet. If you wish to complete a psychiatric advance directive, one is included in the last three pages of this Handbook.

Complaints & Grievances

AMHA is committed to providing the best possible care to its customers at all times. Should you become dissatisfied with the care you receive from any of your treatment team members, feel that you have been mistreated, or that your private health information has been disclosed without your permission, please ask any AMHA team member for a grievance form and return it to a supervisor. **In no event will anyone at AMHA ever retaliate against you in any way for making a complaint or in any modify or reduce the services we provide you because of your complaint.** You will receive a reply to your complaint within 5 business days. You may also make your complaint directly to the AMHA Quality Assurance Officer by calling 678-369-2467 or emailing mpainter@access-mha.com. If you are not satisfied with the response you receive from either the supervisor or Quality Assurance Officer, you can tell us you wish to

appeal our response to the AMHA Chief Operating Officer and your complaint will be referred to the COO the same day. You will be contacted by the COO within 5 business days.

If you feel we have not resolved your complaint, federal and state law provides ways to report concerns about your care to the regulatory agencies that supervise our healthcare practices.

- For complaints about the use of your protected health information, you may contact the US Department of Health and Human Services at **1-800- 368-1019**
- For concerns regarding your health care, you may contact the state agency field offices that supervise AMHA operations.
 - In the Savannah area call: **(912) 303-1670**
 - In the Atlanta area call: **(770) 414-3052**

Shared Decision Making

You will work in partnership with your treatment team to decide upon a plan of care right for you based on clinical evidence and your informed preferences. Informed preferences mean we will provide you with the information you need about proposed services, treatments, and medication so that you can make knowledgeable decisions about your care.

There are many things we will do during your treatment that will share the decision-making with you. These include:

- ❖ *Help you decide on your personal recovery goals and work with you to create an action plan to reach those goals.*
- ❖ *Give you detailed information about all our services so you can decide what will work best for you.*
- ❖ *Explain medical treatment options to you such as which medications may be most effective for you.*
- ❖ *Encourage you to actively involve your family and supportive persons in your treatment*
- ❖ *Educate and advise you, never dictate to you.*

Electronic Communications

Use of mobile telephones, email, and text messaging has changed how we communicate with one another. While these methods of communication are convenient, they do not provide the level of security as voice communication over conventional landline telephones. Just like your credit card information can be stolen if you use your credit card for an Internet purchase, your mobile voice and text communications can be “stolen”, or intercepted by others. If members of your treatment team contact you via one or more of these methods, the information shared will be strictly limited to making appointments and verifying appointment times. If you choose to communicate any sensitive healthcare information with your treatment team via mobile voice, email, or text, please be aware of the risk of exposing it to unauthorized parties.

Procedures for service transition and discharge

If you and your treatment team determine that you have achieved your recovery goals and no longer require our services, your team will work with you to identify any additional resources in your community you may need to support your continued recovery.

You may at any time choose to discontinue services with AMHA for any reason, with or without notice. At your request we provide you with referrals to alternative behavioral health and addictive disease providers.

Behavioral health and addictive disease provider options

Should you decide that AMHA is not meeting your treatment needs, you have a broad array of choices for your behavioral health and addictive disease care within your community. You may contact the Georgia Crisis and Access Line 24 hours a day at 1-800-715-4225 or go online to <http://www.mygal.com> to locate optional resources.

Telemedicine

Telemedicine is the use of secure electronic communication that enables a physician and a patient to see and talk to each other when they are in different physical locations. Telemedicine uses two-way, real-time communication to transmit video and audio from one site to another. You and your nurse will be in the same office together and you will be able to see and hear your physician using the video and sound on a computer. Your nurse will be there with you at all times to help you talk to your physician if you require it. If you are offered the choice of using Telemedicine services, you will be given a handout that gives you additional information on this service and you must specifically consent to this form of communication with your physician.

Community resources list

In the Atlanta area

Homeless Shelters

Salvation Army Red Shield Services.....	404.486.2700/2701
The Shepherd's Inn Downtown Atlanta Homeless Shelter.....	404 588-4015
Atlanta Union Mission.....	404588-4000
Fuqua Hall Transitional Housing.....	404 367-2508
The Leonard House Quest 90 day housing & supportive services program.....	678 705-5318
Gateway Center Atlanta.....	404 215-6600
Central Outreach and Advocacy Center.....	404 659-7119
<i>Basic needs with a focus on moving others towards self-sufficiency and permanent housing</i>	
Serenity house of Atlanta Ministry.....	678-231-4002
Atlanta Rescue Mission Women's Shelter.....	404 367-2465
Jefferson Place at Martin Luther King Boulevard.....	404 613-0412
Atlanta Day Shelter for Women and Children.....	404876-2894
Jars of Clay Outreach.....	404 586-9793
<i>Also provides tutoring to K-12 grade students, thrift store, job search and voice mail services to homeless individuals</i>	
Lost N Found Youth.....	678-856-7825
<i>Transitional housing for homeless lesbian, gay, bisexual, and transgender youths to age 26</i>	
Decatur Cooperative Ministry - Shelter For Women.....	404-377-5365
<i>Emergency shelter for women with children, Long-term transitional housing</i>	

for families with children, Bill payment to prevent eviction, foreclosure, or utility cut-off

Emma Cares, Inc highest quality housing for seniors aged 60 and above..... 770-885-2537
Bonner Brothers Transitional Housing..... 7708733775

Food Banks & Soup Kitchens

The Open Door Community Soup Kitchen.....404 874-9652
Jars of Clay Outreach.....404 586-9793
Decatur Cooperative Ministry.....404-377-5365
Ministries United for Service and Training Soup Kitchen (Marietta)..... 770 427-9862
Central United Methodist Church.....404-524-4263
Food pantry service hours: Wednesdays 1 pm - 2:45 pm
Midtown Assistance Center..... 404-681-5777
Greater MissionWorks, Inc.....404-881-6700
Serves Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Paulding, Rockdale
Atlanta Community Food Bank..... 404 419-1721

DFACs

Dekalb Office.....404 370-5076
Fulton Office..... 404 206-5778
Food Stamps, TANF, Childcare or Medicaid information.....1-877-423-4746

Medical Clinics

Atlanta Community Access Coalition Clinic Services..... 404-730-1225
Atlanta Children's Shelter..... 404-880-3550
Atlanta Men's Union Mission.....404-588-4005
Ben Massell Dental Clinic.....404-881-1858

Additional Resources

The Center For Family Resources (Marietta)..... 770-428-2601
*Assistance with: Rent, utilities, prescriptions, emergency shelter, employment services,
life management skills, budget counseling, and food pantry available*
Open Door Community (Catholic Ministry).....404-874-9652
*Breakfasts and soup-kitchen lunches, provide showers and changes of clothes,
free medical clinic, conduct worship services and meetings*

In the Savannah area

Homeless Shelters

Men: Grace House of Union Mission912-236-7423
Inner City Night Shelter912-232-4673
J.C. Lewis Health Center.....912-495-8887
Old Savannah City Mission912-232-1979
Salvation Army912-651-7420
Women: Magdalene Project of Union Mission.....912-236-7423
SAFE Shelter (866-390-7233) (Local) 912-234-9999
Salvation Army912-651-7420
Inner City Night Shelter912-232-4673

Families: Interfaith Hospitality Network.....	912-790-9446
Magdalene Project of Union Mission.....	912-236-7423
Park Place Outreach (ages 11-17 only)	912-234-4048
SAFE Shelter (866-390-7233)	(Local) 912-234-9999
Salvation Army	912-651-7420
Child(ren): Greenbriar Children=s Center (ages infant to 21 yrs old).....	912-234-3431
Park Place Outreach (ages 11-17 only)	912-234-4048

Food Banks & Soup Kitchens

Emmaus House.....	912-495-8828
Inner City Night Shelter	912-232-4673
Old Savannah City Mission	912-232-1979
Salvation Army	912-651-7420
Social Apostolate	912-233-1877
St. Paul=s CME Church	912-233-2849
Groceries: Old Savannah City Mission	912-232-1979
Salvation Army	912-651-7420
Social Apostolate	912-233-1877
St. Paul’s CME Church	912-233-2849
St. Paul’s Episcopal Church.....	912-232-0274
Wesley Community Center	912-236-4226

DFACs

716 Wheaton Street.....	912-651-2218
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DFCS provides temporary assistance to needy families (TANF), Medicaid and Food Stamps to income-eligible families. Emergency Assistance program (a program of DFCS) provides rental assistance in addition to emergency income to those who are unable to work for medical reasons.

Medical Clinics

Chatham County Health Department	912-356-2441
Community Health Mission.....	912-692-1451
Curtis Cooper Clinic (Savannah).....	912-527-1000
Curtis Cooper Clinic (Garden City).....	912-527-1100
Good Samaritan Clinic (Garden City)	912-964-4326
St Mary’s Health Center	912-443-9409

Additional Resources

Economic Opportunity Authority.....	912-238-2960
Emmaus House.....	912-495-8828
Salvation Army	912-651-7420
Wesley Community Center	912-236-4226

Ethics Statement

AMHA ensures the ethical treatment of all adults and youth in our care.

AMHA will not discriminate against or refuse services to anyone on the basis of sex, race, color, religion, national origin, age, disability, ethnicity, or sexual orientation.

AMHA accurately promotes itself in a manner consistent with its mission to transform lives and positively impact underserved communities through the effective delivery of behavioral health and addictive disease services.

AMHA will make decisions regarding service expansion, collaboration, and affiliation in a manner consistent with our mission.

AMHA is committed to remaining a good community citizen with sensitivity to the impact our decisions may have on surrounding neighborhoods.

AMHA will not enter into any relationships with business associates that would promote a conflict with our mission or our internal ethics.

AMHA will use ethical and accepted billing practices with all individuals served, funders and regulatory agencies.

Healthcare treatment recommendations are based on the clinical needs of the adults and youth served and not on financial incentives.

The professional conduct of all AMHA employees and the AMHA Board is highly valued.

AMHA remains vigilant to potential conflicts of interest among employees and business partners which could impact the quality and integrity of our health care operations.

AMHA employees are educated on our ethics policy when they are hired and once annually thereafter.

AMHA will never take adverse actions against individuals or employees for reporting waste, fraud, abuse, or any other activities and practices about which they have concerns.

Georgia Advance Directive for Health Care

By: _____
(Print Name)

Date of Birth: _____
(Month/Day/Year)

This advance directive for health care has four parts:

PART ONE—Health Care Agent. This part allows you to choose someone to make health care decisions for you when you cannot (or do not want to) make health care decisions for yourself. The person you choose is called a health care agent. You should talk to your health care agent about this important role.

PART TWO—Treatment Preferences. This part allows you to state your treatment preferences. PART TWO will become effective only if you are unable to communicate your treatment preferences. Reasonable and appropriate efforts will be made to communicate with you about your treatment preferences before PART TWO becomes effective. You should talk to your family and others close to you about your treatment preferences.

PART THREE—Guardianship. This part allows you to nominate a person to be your guardian should one ever be needed.

PART FOUR—Effectiveness and Signatures. This part requires your signature and the signatures of two witnesses. You must complete this section if you have filled out any other part of this form.

You must fill out this section of this form in order for this form to be effective.

You should give a copy of this completed form to people who might need it, such as your health care agent, your family, and your physician. Keep a copy of this completed form at home in a place where it can easily be found if it is needed. Review this completed form periodically to make sure it still reflects your preferences. If your preferences change, complete a new advance directive for health care.

Using this form of advance directive for health care is completely optional. Other forms of advance directives for health care may be used in Georgia.

You may revoke this completed form at any time. This completed form will replace any advance directive for health care, durable power of attorney for health care, health care proxy, or living will that you have completed before completing this form.

PART ONE—Appointing Your Health Care Agent

PART ONE will be effective even if PART TWO is not completed. A physician or health care provider who is directly involved in your health care may not serve as your health care agent. If you are married, a future divorce or annulment of your marriage will revoke the selection of your current spouse as your health care agent. If you are not married, a future marriage will revoke the selection of your health care agent unless the person you selected as your health care agent is your new spouse.

1. Health Care Agent

I select the following person as my health care agent to make health care decisions for me:

Name: _____
Address: _____
Telephone Numbers: _____

2. Back-Up Health Care Agent

If my health care agent cannot be contacted within a reasonable time period and cannot be located with reasonable efforts or for any reason my health care agent is unavailable or unable or unwilling to act as my health care agent, then I select the following, each to act successively in the order named, as my back-up health care agent(s):

Name: _____

Address: _____

Telephone Numbers: _____

(Home, Work, and Mobile)

3. General Powers of Health Care Agent

My health care agent will make health care decisions for me when I am unable to communicate my health care decisions or I choose to have my health care agent communicate my health care decisions.

My health care agent will have the same authority to make any health care decision that I could make. My health care agent's authority includes, for example, the power to:

- Admit me to or discharge me from any hospital, skilled nursing facility, hospice, or other health care facility or service;
- Request, consent to, withhold, or withdraw any type of health care; and
- Contract for any health care facility or service for me, and to obligate me to pay for these services (and my health care agent will not be financially liable for any services or care contracted for me or on my behalf).

My health care agent will be my personal representative for all purposes of federal or state law related to privacy of medical records (including the Health Insurance Portability and Accountability Act of 1996) and will have the same access to my medical records that I have and can disclose the contents of my medical records to others for my ongoing health care.

My health care agent may accompany me in an ambulance or air ambulance if in the opinion of the ambulance personnel protocol permits a passenger and my health care agent may visit or consult with me in person while I am in a hospital, skilled nursing facility, hospice, or other health care facility or service if its protocol permits visitation.

My health care agent may present a copy of this advance directive for health care in lieu of the original and the copy will have the same meaning and effect as the original.

I understand that under Georgia law:

- My health care agent may refuse to act as my health care agent;
- A court can take away the powers of my health care agent if it finds that my health care agent is not acting properly; and
- My health care agent does not have the power to make health care decisions for me regarding psychosurgery, sterilization, or treatment or involuntary hospitalization for mental or emotional illness, mental retardation, or addictive disease.

4. Guidance for Health Care Agent

When making health care decisions for me, my health care agent should think about what action would be consistent with past conversations we have had, my treatment preferences as expressed in PART TWO, my religious and other beliefs and values, and how I have handled medical and other important issues in the past. If what I would decide is still unclear, then my health care agent should make decisions for me that my health care agent believes are in my best interest, considering the benefits, burdens, and risks of my current circumstances and treatment options.

PART TWO—Treatment Preferences

PART TWO will be effective only if you are unable to communicate your treatment preferences after reasonable and appropriate efforts have been made to communicate with you about your treatment preferences. If you have not selected a health care agent in PART ONE, or if your health care agent is not available, then PART TWO will provide your physician and other health care providers with your treatment preferences. If you have selected a health care agent in PART ONE, then your health care agent will have the authority to make all health care decisions for you regarding matters covered by PART TWO.

5. Treatment Preferences

State your treatment preferences on the lines below. Please be as specific as possible. Describe what treatments you wish to receive and what treatments you do not wish to receive.

PART THREE—Guardianship

6. Guardianship

PART THREE is optional. This advance directive for health care will be effective even if PART THREE is left blank. If you wish to nominate a person to be your guardian in the event a court decides that a guardian should be appointed, complete PART THREE. A court will appoint a guardian for you if the court finds that you are not able to make significant responsible decisions for yourself regarding your personal support, safety, or welfare. A court will appoint the person nominated by you if the court finds that the appointment will serve your best interest and welfare. If your health care agent and guardian are not the same person, your health care agent will have priority over your guardian in making your health care decisions, unless a court determines otherwise.

State your preference by initialing (A) or (B). Choose (A) only if you have also completed PART ONE.

(A) _____ (Initials) I nominate the person serving as my health care agent under PART ONE to serve as my guardian.

OR

(B) _____ (Initials) I nominate the following person to serve as my guardian:

Name: _____

Address: _____

Telephone Numbers: _____

(Home, Work, and Mobile)

PART FOUR—Effectiveness and Signatures

This advance directive for health care will become effective only if I am unable or choose not to make or communicate my own health care decisions.

This form revokes any advance directive for health care, durable power of attorney for health care, health care proxy, or living will that I have completed before this date.

Unless I have initialed below and have provided alternative future dates or events, this advance directive for health care will become effective at the time I sign it and will remain effective until my death.

_____ (Initials) This advance directive for health care will become effective on or upon _____ and will terminate on or upon _____.

You must sign and date or acknowledge signing and dating this form in the presence of two witnesses. Both witnesses must be of sound mind and must be at least 18 years of age, but the witnesses do not have to be together or present with you when you sign this form.

A witness:

- Cannot be a person who was selected to be your health care agent or back-up health care agent in PART ONE;
- Cannot be a person who will knowingly inherit anything from you or otherwise knowingly gain a financial benefit from your death; or
- Cannot be a person who is directly involved in your health care.

Only one of the witnesses may be an employee, agent, or medical staff member of the hospital, skilled nursing facility, hospice, or other health care facility in which you are receiving health care (but this witness cannot be directly involved in your health care).

By signing below, I state that I am emotionally and mentally capable of making this advance directive for health care and that I understand its purpose and effect.

(Signature of Declarant)

(Date)

Witnesses Attestation

The declarant signed this form in my presence or acknowledged signing this form to me. Based upon my personal observation, the declarant appeared to be emotionally and mentally capable of making this advance directive for health care and signed this form willingly and voluntarily.

(Signature of First Witness)

(Date)

Print Name:

Address:

(Signature of Second Witness)

(Date)

Print Name:

Address:

This form does not need to be notarized.