Patient Information Booklet

Patient Rights and Responsibilities

Patient Complaint Process

Advance Directives

AD 19

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Attached Information:

State of Alabama, Department of Public Health mandated:

"YOUR RIGHT TO MAKE YOUR OWN DECISIONS ABOUT MEDICAL CARE"

Included: Forms for executing a LIVING WILL and a Durable Power of Attorney (for health care-related decisions only)

Revised *10/07; 08/08, 08/09, 11/10, 03/12, 4/12, 10/15, 6/16, 10/16, 5/17, 10/17* , 6/22, 2/26

Welcome,

Thank you for choosing The Health Care Authority of the City of Anniston for your health care needs. We are committed to providing quality health care and trust you will find our technical expertise and our sense of caring exceptional.

This booklet will provide you with information that may be helpful during your hospitalization. Please review the contents as soon as possible.

If you have any questions or desire additional information about your

medical care, ask a team member of our facility. Someone will be glad

to assist you. Sincerely,

Administration

Keith Parrott, President/CEO

The Health Care Authority of the City of Anniston

Administrative Policy

SUBJECT: PATIENT OR (HIS/HER REPRESENTATIVE) RIGHTS AND RESPONSIBILITIES

I. INTRODUCTION

A. The purpose of this is to promote and protect each patient or his/ her representative's rights and to ensure that each patient or when appropriate (his / her representative) is informed of those rights. Effective health care requires collaboration between patient or (his /her representative), physicians, and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. It is supported by the hospital, its medical staff, employees, volunteers and patient or (his/ her representative). These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision-maker if the patient lacks decision-making capacity, is legally incompetent, is a minor or at the request of the patient.

II. PATIENT OR (HIS OR HER REPRESENTATIVE) RIGHTS

A. **Access to Care**- Individuals shall be afforded impartial access to treatment, pain management and accommodations that are available and medically indicated; regardless of race, creed, color, religion, culture, ethnicity, physical or mental disability or sex (consistent with the scope of sex discrimination described at 45 CFR 92.101 (a) (2) (or sex, including sex characteristics, including intersex traits: pregnancy or related conditions: sexual orientation; gender identity, and sex stereotypes) , national origin, age or sources of payment for care.

B. **Participation** -The patient or (his/her representative) has the right to participate in the development and implementation of their plan of care.

C. **Respect and Dignity** – The patient or (his/ her representative) has the right to considerate, respectful care at all times and under all circumstances, with recognition of his/her cultural and personal values, beliefs and preferences, religious and other spiritual services and personal dignity.

The patient has the right to wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatments.

D. **Privacy and Confidentiality** – The patient or (his/ her representative) has the right, within the law, to personal and informational privacy, as manifested by the following rights:

1. The right to choose who may and may not visit him/her.

2. To refuse to talk with or see anyone not officially connected with the hospital, including visitors, or persons officially connected with the hospital but not directly involved in his/her care.

3. To be interviewed and examined in surrounding designed to assure reasonable visual and auditory privacy. This includes the right to have a person of one's own sex present during certain parts of a physician examination, treatment, or procedure performed by a health professional of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.

4. To expect that any discussion or consultation involving his/her case will be conducted discreetly and that individuals not directly involved in his/her care we will not be present without his/her permission.

5. To have his/her medical record read only by individuals directly involved in his/her treatment or monitoring of its quality and by other individuals only on his/her written authorization or that of his/her legally authorized representative.

6. To expect all communications and other records pertaining to his/her care, including the source of payment for treatment to be treated as confidential.

7. To request a transfer to another room if another patient or (his or her representative) or visitors in that room are unreasonably disturbing him/her by their actions.

E. **Personal Safety** – The patient or (his/ her representative) has the right to expect reasonable safety insofar as the hospital practices and environment is concerned. To be placed in protective privacy when considered necessary for personal safety.

F. **Identity** – The patient or (his/ her representative) has the right to know the identity and professional status of individuals providing service to him/her and to know which physician or other practitioner is primarily responsible for his/her care.

G. **Information** –The patient or (his/ her representative) has the right to obtain, from the practitioner responsible for coordinating his/her care, complete and accurate information concerning his/her diagnosis (to the degree known), treatment, and any known prognosis in terms the patient or (his/ her representative) can reasonably be expected to understand to include interpreting or translations services as needed. When it is not medically advisable to give such information to the patient or (his/ her representative) the information should be made available to a legally authorized individual.

The patient or (his/ her representative) has the right to access, request amendment to, and receive an accounting of disclosures regarding his/her health information as permitted under applicable law.

H. **Communication** – The patient or (his/ her representative) has the right of access to people outside the hospital by means of visitors, and by verbal and written communication. The patient has the right to request that his/her family, surrogate, or physician be notified of their admission. When the patient or (his/ her representative) does not speak or understand the predominant language of the community, he/she should have access to an interpreter. This is particularly true where language barriers are a problem. The Health Care Authority of the City of Anniston provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats). The Health Care Authority of the City of Anniston provides free language services to people whose primary language is not English, such as qualified interpreters, and information written in other languages.

I. **Consent** – The patient or (his/her representative) has the right to participate in informed decisions involving his/her health care. To the degree possible, this should be based on a clear, concise explanation of his/her condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient or (his/ her representative) should not be subjected to any procedure without his/her voluntary, competent, and understanding consent or that of his/her legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient or (his/ her representative) shall be so informed.

   The informed consent process includes a discussion about any circumstances under which information about the patient must be disclosed or reported. The patient has the right to provide consent to, or refusal of medical or surgical interventions, and in planning for care after discharge form the hospital. Note: such circumstances may include requirement for disclosure of information regarding cases of HIV, tuberculosis, viral meningitis and other diseases that are reported to organizations such as the health departments or the Centers for Disease Control and Prevention.

   The patient or (his/ her representative) has the right to know who is responsible for authorizing and performing the procedures and treatment. The patient or (his/ her representative) shall be informed if the hospital proposes to engage in or perform human experimentation or other research/education projects affecting his/her care or treatment, and the patient or (his/ her representative) has the right to refuse to participate in any such activity.

J. **Visitation** – The patient may receive visitors of his/her choice, including, but not limited to a spouse, domestic partner, same sex domestic partner, another family member or friend, without discrimination based on age, race, ethnicity, religion, culture, language, mental or physical disability, socioeconomic status, sex, sexual orientation, and gender identity of expression. A patient has the right to withdraw or deny consent for anyone previously allowed visitation rights. Each patient is allowed to designate a support person who may visit at any time.

The patient or (his/ her representative) may designate a Support Person to exercise visitation rights on his/her behalf. The patient or (his / her representative) may designate this person in any manner, including orally, in writing or through non-verbal communication (such as pointing).

Potential reasons for restricting or limiting visitors:

- Any court order limiting or restraining contact
  - Behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment
  - Behavior disruptive of the functioning of the patient care unit
  - Patient's risk of infection by the visitor
  - Visitor's risk of infection by the patient
  - Extraordinary protections because of a pandemic or infectious disease outbreak
  - Substance abuse treatment protocols requiring restricted visitation
  - Patient's need for privacy or rest
  - Need for privacy or rest by another individual in the patients' shared room
  - Children under age 12 must be accompanied by a responsible adult and may visit immediate family members only.

There are suggested visiting guidelines, so that each patient can receive the required care and rest.

The hospital can apply reasonable visitation restrictions if the presence of the visitor(s) and/or designated Support Person infringes on others' rights, safety, or is medically or therapeutically contraindicated.

K. **Consultation** – The patient or (his/ her representative), at his/her own request and expense, has the right to consult with a specialist.

L. **Refusal of Treatment** – The patient or (his/ her representative) may refuse treatment to the extent permitted by law. When refusal of treatment by the patient or (his/her representative) or his legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient or (his/her representative) may be terminated upon reasonable notice.

M. **Transfer and Continuity of Care** – A patient or (his/her representative) may not be transferred to another facility unless he/ she has received a complete explanation of the need for the transfer, the alternatives to such a transfer, and unless the transfer is acceptable to the other facility.

N. **Restraints and Seclusion-** The patient has the right to be free from restraints, or seclusion of any form, that are not medically necessary or are used for purposes other than patient benefit and safety.

O. **Hospital Charges** – – Regardless of the source of payment for his/her care, the patient or (his/her representative) has the right to request and receive an itemized and detailed explanation of his/her total bill for services rendered in the hospital. The patient or (his/her representative) has the right to timely notice prior to termination of his/her eligibility for reimbursement by any third-party payer for the cost of care. Medicaid regulations prohibit the release of detail bills to any patient or (his/ her representative) that has Medicaid as a primary or secondary insurance, without the explicit authorization from the Medicaid agency.

P. **Hospital Rules and Regulations** – The patient or (his/ her representative) should be informed of the hospital rules and regulations applicable to his/her conduct as a patient or (his/her representative).

Q. **Complaint Process** –The patient or (his/her representative) is entitled to information about the hospital's mechanism for the initiation, review, and resolution of patient complaints.

R. **Advance Directives-** The patient has the right to have an advance directive, including a living will and/or a power of attorney for health care concerning treatment or designating a surrogate decision-maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. The patient or (his/ her representative) has the right to formulate their advance directives.

1. **Outpatient**

   In this facility, resuscitative measures will be initiated anytime they are needed in an outpatient setting:

   This information will be provided to outpatients seeing care and/or services

   If patient is later admitted as an inpatient that patient's Advance Directive will be honored pursuant to Alabama law and regulation.

S. **Pain Management -** The patient has the right to appropriate assessment and management of pain.

T. **Chaplain Services**- The patient has the right to pastoral care and other spiritual services.

U. Modifications- the Health Care Authority of the City of Anniston provides people with disabilities reasonable modifications

V. PATIENT OR (HIS/ HER REPRESENTATIVE) RESPONSIBILITIES

A. Provision of Information- The patient or (his/ her representative) has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health. The patient or (his or her representative) and or legally authorized representative have the right to participate in decisions about care.

B. Compliance with Instructions- The patient or (his/ her representative) is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care including following the instructions of nurses and other staff as they carry out the coordinated plan of care, implement the responsible practitioner's orders, and enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and /when he/she is unable to do so for any reason, for notifying the responsible practitioner or the hospital.

C. Refusal of Treatment- The patient or (his/her representative) is responsible for his/ her actions if he/she refuses treatment or does not follow the practitioner's instructions.

D. Hospital Charges- The patient or (his/ her representative) is responsible for ensuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

E. Hospital Rules and Regulations- The patient or (his/ her representative) is responsible for following hospital rules and regulations affecting patient's care and conduct.

F. Respect and Consideration- The patient or (his/ her representative) is responsible for being considerate of the rights of other patients and hospital personnel and for being respectful of the property of other persons and of the hospital.

G. Pain Management The patient has the responsibility to communicate to the doctor and nurse when pain begins and when it is not relieved, and to discuss pain relief options with the doctor or nurse.

PATIENT OR (HIS/HER REPRESENTATIVE) COMPLAINTS

If you feel that your treatment or rights as a patient or (his/ her representative) at the Health Care Authority of the City of Anniston[1] below the desired quality, we offer a mechanism for you to voice those complaints. A complaint will not affect or jeopardize your quality of care or access to care in the future. The patient or

(his/ her representative) can freely voice complaints and concerns and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

To voice a concern, please contact the Compliance Department for The Health Care Authority of the City of Anniston and all at 400 East Tenth Street, Post Office Box 2208, Anniston, Alabama 36202, 256-235-5368, email address Compliance@rmccares.org. or Compliance Officer at 256-235-5121.
If you have a concern this healthcare facility did not resolve effectively, you may contact the Alabama Department of Public Health Complaint Line: 1-800-356-9596.

If you have a concern this healthcare facility did not resolve effectively, you may contact the Joint Commission as follows:
E-Mail: The patient or (his or her representative) may email patient safety concerns to www.jointcommission.org to Report a Patient Safety Event
• At www.jointcommission.org, using the "Report a Patient Safety Event" link in the
"Action Center" on the home page of the website
• By fax to 630-792-5636
• By mail to Office of Quality and Patient Safety, The Joint Commission,
One Renaissance Boulevard,
Oakbrook Terrace, Illinois 60181

Report a Patient Safety Event

Do you have a patient safety event or concern about a health care organization?

How do you file a concern?

- Online: Submit a new patient safety event or concern. | Submit an update to your incident. (You must have your incident number)Fax: 630-792-5636

- Mail: Office of Quality and Patient Safety The Joint Commission
  One Renaissance Boulevard
  Oakbrook Terrace, Illinois 60181

What information do you need to include?

- The name and address of the organization.

- Tell us about your concern in one or two pages.

- Give us your name, address or e-mail address if you would like follow-up information sent to you.

What happens to your incident?

- We check for other patient safety events about the organization.

- We may write to the organization about your concern.
- Sometimes, we visit the organization to see if there is a problem in meeting the requirements that deal with your concern.
- We will not share your name with the organization unless you say it is OK

What can you do about concerns that The Joint Commission cannot help with?

- You may want to talk to the organization about your concern.
- Your state's department of health may be able to help.

If you have questions about how to file your complaint, you may contact the Joint Commission at this toll free U.S. telephone number, (800) 994-6610. 8:30 a.m. to 5 p.m., Central Time, weekdays.

If you believe that The Health Care Authority has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with The Compliance Department for The Health Care Health Care Authority of the City of Anniston's Hospital, Clinics or Physicians' offices. Please contact the System's Compliance Department at 400 East Tenth Street, Post Office Box 2208, Anniston, Alabama 36202, 256-235-5121 or email address Compliance@rmccares.org.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D. C. 20201
1800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Effective: 12/10/85 Reviewed: 1/95; 1/2004; 06/09; 6/2013
Revised: 10/88; 3/95; 1
/2000; 03/2010; 8/2015, 6/2016; 10/2016, 10/2017, 4/2018, 9/2018, 10/2018, 10/21, 6/22, 2/26

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D. C. 20201
1800-368-1019, 800-537-7697 (TDD)

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/2000; 03/2010; 8/2015, 6/2016; 10/2016, 10/2017, 4/2018, 9/2018, 10/2018, 10/21, 6/22, 2/26

DECISIONS ABOUT YOUR MEDICAL CARE

It is the policy of The Health Care Authority of the City of Anniston, in compliance with the Patients' Self-Determination Act and the Patients' Bill of Rights that all patients are given the right to decide on their medical treatment. Alabama state law allows you, as an adult at least 19 years of age, to put in writing instructions to your doctor about how much and what type of medical care you want if you become terminally ill.

Advance Directives

There are many decisions that you, together with your family and physician, must make while you are in the hospital. Some are as simple as choosing items from a menu, but many are exceptionally difficult, such as deciding whether to agree to an operation, or whether to be placed on a life support system should the need arise. Every patient entering The Health Care Authority of the City of Anniston is given information regarding Living Wills.

A Living Will is a type of Advance Directive, which guides decisions when the patient no longer has the ability to understand the nature and effects of treatment options. A Living Will give directions to health care providers, often restricting life-sustaining treatment when death is imminent. Following is some basic information regarding Living Wills.

1. Persons who desire to have a Living Will must be capable of understanding the function of a Living Will and be able to relay the meaning of the Living Will when questioned.

2. The person signing the Living Will must be an adult and able to understand their treatment options and make informed decisions about what they want.

3. A Living Will must be witnessed by two people, at least 19 years of age, who know the patient and are not related to the patient by blood or marriage. Hospital employees should not witness a Living Will.

4. A Living Will does not have to be notarized.

5. The person signing a Living Will is encouraged to discuss their wishes with their physician, their family members, and anyone involved with their care.
6. A copy of the signed Living Will should be brought to the hospital on each visit.

7. While state law provides ways for the patient to make their wishes known, it does not require their physician or hospital to follow these wishes. Patients should discuss all decisions with his/ her physician.

ADVANCE DIRECTIVES
YOUR RIGHT TO MAKE HEALTH CARE DECISIONS UNDER THE LAW IN ALABAMA

INTRODUCTION

Alabama and federal law give every competent adult, 19 years of age or older, the right to make their own health care decisions, including the right to decide what medical care or treatment to accept, reject or discontinue. If you do not want to receive certain types of treatment or you wish to name someone to make health care decisions for you, you have the right to make these desires known to your doctor, hospital or other health care providers, and in general, have these rights respected. You also have the right to be told about the nature of your illness in terms that you can understand the general nature of the proposed treatments, the risks of failing to undergo these treatments and any alternative treatments or procedures that may be available to you.

However, there may be times when you cannot make your wishes known to your doctor or other health care providers. For example, if you were taken to a hospital in a coma, would you want the hospital's medical staff to know what your specific wishes are about the medical care that you want or do not want to be received?

This booklet describes what Alabama and federal law have to say about your rights to inform your health care providers about medical care and treatment you want or do not want,

and about your right to select another person to make these decisions for you, if you are physically or mentally unable to make them yourself.

To make these difficult issues easier to understand, we have presented the information in the form of questions and answers. Because this is an important matter, we urge you to talk to your spouse, family, close friends, personal advisor, your doctor and your attorney before deciding whether or not you want an advance directive.

QUESTIONS AND ANSWERS

GENERAL INFORMATION ABOUT ADVANCE DIRECTIVES

What are "Advance Directives"?

Advance directives are documents, which state your choices about medical treatment or name someone to make decisions about your medical treatment, if you are unable to make these decisions or choices for yourself. They are called "advance" directives because they are signed in advance to let your doctor and other health care providers know your wishes concerning medical treatment. Through advance directives, you can make legally valid decisions about your future medical care.

Alabama law recognizes two types of advance directives:

1) A Living Will Declaration.
2) An Appointment of a Health Care Proxy.

Do I have to have an Advance Directive?

No, it is entirely up to you whether you want to prepare any documents. But if questions arise about the kind of medical treatment that you want or do not want, advance directives may help to solve these important issues. Your doctor or any health care provider cannot require you to have an advance directive in order to receive care; nor can they prohibit you from having an advance directive. Moreover, under Alabama law, no health care provider or insurer can charge a different fee or rate depending on whether or not you have executed an advance directive.

What will happen if I do not make an Advance Directive?

You will receive medical care even if you do not have any advance directives. However, there is a greater chance that you will receive more treatment or more procedures that you may want.

If you cannot speak for yourself and you do not have an advance directive, your doctor or other health care provider will look to the following people in the order listed for decisions about

your care: 1) Your guardian, if a court has appointed one, who is authorized to make health care decisions; 2) Your spouse; 3) Any of your adult children; 4) Either of your parents; 5) Any of your brothers or sisters; 6) A close relative; or 7) A committee composed of your physician and the ethics committee of the facility in which you are receiving care.

How do I know what treatment I want?

Your doctor must inform you about your medical condition and what different treatments can do for you. Many treatments have serious side effects. Your doctor must give you information, in language that you can understand, about serious problems that medical treatment is likely to cause.

Often, more than one treatment might help you and different people might have different ideas on which is best. Your doctor can tell you the treatments that are available to you, but he cannot choose for you. That choice depends on what is important to you.

Whom should I talk to about Advance Directives?

Before writing down your instructions, you should talk to those people closest to you and who are concerned about your care and feelings. Discuss them with your family, your doctor, friends and other appropriate people, such as a member of your clergy or your lawyer. These are the people who will be involved with your health care if you are unable to make your own decisions.

When do Advance Directives go into effect?

It is important to remember that these directives only take effect when you can no longer make your own health care decisions. As long as you are able to give "informed consent," your health care providers will rely on **YOU** and **NOT** on your advance directives.

Advance Directives are not in effect while the patient is in surgery (operating room).

What is "Informed Consent"?

Informed consent means that you are able to understand the nature, extent and probable consequences of proposed medical treatments and you are able to make rational evaluations of the risks and benefits of those treatments as compared with the risks and benefits of alternate procedures **AND** you are able to communicate that understanding in any way.

How will health care providers know if **I have any Advance Directives?**

All hospitals, nursing homes, home health agencies, HMOs and all other health care facilities that accept federal funds must ask if you have an advance directive, and if so, they must see that it is made part of your medical records.

Will my Advance Directives be followed?

Generally, yes, if they comply with Alabama law. Federal law requires your health care providers to give you their written policies concerning advance directives. A summary statement of those policies is provided for you at the back of this book. It may happen that your doctor or other health care provider cannot or will not follow your advance directives for moral, religious or professional reasons, even though they comply with Alabama law. If this happens, they must immediately tell you. Then they must also help you transfer to another doctor or facility that will do what you want. You should be aware that advance directives will not be in effect while you are in surgery (operating room).

Can I change my mind after I write an Advance Directive?

Yes, at any time, you can cancel or change any advance directive that you have written. To cancel your directive, simply destroy the original document and tell your family, friends, doctor and anyone else who has copies that you have cancelled them. To change your advance directive, simply write and date a new one. Again, give copies of your revised document to all the appropriate parties, including your doctor.

Do I need a lawyer to help me make an Advance Directive?

A lawyer may be helpful and you might choose to discuss these matters with him, but there is no legal requirement in Alabama to do so. You may use the form that is provided in this booklet to execute your advance directive.

Will my Alabama Advance Directive be honored in another state?

The laws on advance directives differ from state to state, so it is unclear whether an Alabama advance directive will be valid in another state. Because an advance directive is a clear expression of your wishes about medical care, it will influence that care no matter where you are admitted. However, if you plan to spend a great deal of time in another state, you might want to consider signing an advance directive that meets all the legal requirements of that state.

Will an Advance Directive from another state be valid in Alabama?

Yes. An advance directive executed in compliance with another state's laws will be honored in Alabama to the extent permitted by Alabama law.

What should I do with my Advance Directives?

You should keep them in a safe place where your family members can get to them. Do NOT keep the original copies in your safe deposit box. Give copies of these documents to as many of the following people as you are comfortable with: your spouse and other family members; your doctor; your lawyer; your clergyperson; and any local hospital or nursing home where you may be residing. Another idea is to keep a small wallet card in your purse or wallet which states that you have an advance directive and who should be contacted. Wallet cards are provided for you at the back of this booklet for that purpose.

LIVING WILL DECLARATION

What is a "Living Will"?

A living will declaration is a document, which tells your doctor or other health care providers whether or not you want life-sustaining treatments or procedures given to you if you are terminally ill or injured or you are in a permanent unconscious state. It is called a "living will" because it takes effect while you are still living.

Is a "Living Will" the same as a "Will" or "Living Trust"?

No. Wills and living trusts are financial documents, which allow you to plan for the distribution of your financial assets and property after your death. A living will only deals with medical issues while you are still living. Wills and living trusts are complex legal documents and you usually need legal advice to execute them. You do not need a lawyer to complete your Alabama living will.

When does an Alabama Living Will go into effect?

An Alabama living will goes into effect when: 1) Your doctor has a copy of it; 2) Your doctor has concluded that you are no longer able to make your own health care decisions; and 3) Your doctor and another doctor have determined that you are terminally ill or injured or you are in a permanent unconscious state.

What are "life-sustaining" treatments?

These are treatments or procedures that are not expected to cure your terminal illness or make you better. They only prolong dying. Examples are mechanical respirators, which help you breathe, kidney dialysis which clears your body of wastes and cardiopulmonary resuscitation (CPR) which restores your heartbeat.

What is "terminally ill or injured"?

Terminally ill or injured means that your doctor and another doctor have found that your condition cannot be cured, and that you will likely die in the near future from this condition.

What is a "permanent unconscious state"?

A permanent unconscious state means that a patient is in a permanent coma caused by illness, injury or disease. The patient is totally unaware of himself, his surroundings and environment and to a reasonable degree of medical certainty there can be no recovery.

Is a Living Will the same as a "Do Not Resuscitate (DNR)" order?

No. An Alabama living will covers almost all types of life-sustaining treatments and procedures. A "Do Not Resuscitate" order covers two types of life-threatening situations. A DNR order is a document prepared by your doctor at your direction and placed in your medical records. It states that if you suffer cardiac arrest (your heart stops beating) or respiratory arrest (you stop breathing), your health care providers are not to try to revive you by any means.

Will I receive medication for pain?

Unless you state otherwise in the living will, medication for pain will be provided where appropriate to make you comfortable and will not be discontinued.

Does an Alabama Living Will apply if a woman is pregnant?

Alabama law is very specific on this issue. The living will cannot go into effect if a woman is pregnant.

Can my doctor be sued or prosecuted for carrying out the provisions of an Alabama Living Will?

No. Alabama law states that no physician, licensed health care professional, medical care facility or an employee thereof can be subject to criminal or civil liability or guilty of unprofessional conduct for carrying out the provisions of a valid Alabama living will.

Does an Alabama Living Will affect insurance?

No. The making of a living will, in accordance with Alabama law, will not affect the sale or issuance of any life insurance policy, nor shall it invalidate or change the terms of any insurance policy. In addition, the removal of life-support systems according to Alabama law, shall not, for any purpose, constitute suicide, homicide or euthanasia, nor shall it be deemed the cause of death for the purposes of insurance coverage.

APPOINTMENT OF A HEALTH CARE PROXY

What is an Appointment of a Health Care Proxy (AHCP)?

An AHCP is a legal document, which allows you (the "declarant") to appoint another person (the "attorney-in-fact" or "proxy") to make medical decisions for you if you should become temporarily or permanently unable to make those decisions yourself. The person you choose as your attorney-in-fact does not have to be a lawyer.

Who can I select to be my proxy?

You can appoint almost any adult to be your proxy. You should select a person knowledgeable about your wishes, values, and religious beliefs and in whom you have trust and confidence and who knows how you feel about health care. You should discuss the matter with the person you have chosen and make sure that they understand and agree to accept the responsibility. You can select a member of your family, such as your spouse, child, brother or sister, or a close friend. If you appoint your spouse and then become divorced, the appointment of your spouse as your proxy is revoked.

The following people CANNOT be appointed as your proxy: 1) Your health care provider; or 2) An employee of your health care provider, unless he/she is related to you.

When does the AHCP take effect?

The AHCP will only become effective when you are temporarily or permanently unable to make your own health care decisions and your proxy consents to start making those decisions. Your proxy will begin making decisions after your doctor has decided that you are no longer able to make them. Remember, as long as you are able to make treatment decisions, you have the right to do so.

What happens if I regain the capacity to make my own decisions?

If your doctor determines that you have regained the capacity to make or to communicate health care decisions, then two things will happen:

1) Your proxy's authority will end; and

2) Your consent will be required for treatment.

If your doctors later determine that you no longer have the capacity to make or communicate your health care decisions, then your proxy's authority will be restored.

What decisions can my Proxy make?

Unless you limit his/her authority in the AHCP, your proxy will be able to make almost every treatment decision in accordance with accepted medical practice that you could make, if you were able to do so. If your wishes are not known or cannot be determined, your proxy has the duty to act in your best interest in the performance of his/her duties. These decisions can include authorizing, refusing or withdrawing treatment, even if it means that you will die. As you can see, the appointment of a proxy is a very serious decision on your part.

Can there be more than one Proxy?

Yes. While you are not required to do so, you may designate alternates who may also act for you, if your primary proxy is unavailable, unable or unwilling to act. Your alternates have the same decision-making powers as the primary proxy.

Can I appoint more than one person to share the responsibility of being my Proxy?

You should appoint only **ONE** person to be your primary proxy. Any others that you want to be involved with your health care decisions should be appointed as your alternates. If two or more people are given equal authority and they disagree on a health care decision, one of the most important purposes of the AHCP, to clearly identify who has the authority to speak for you, will be defeated. If you are afraid of offending people close to you by choosing one over another to be your proxy, ask them to decide among themselves who will be your primary proxy and select the others as alternates.

Can my Proxy be legally liable for decisions made on my behalf?

No. Your health care proxy or your alternate proxy cannot be held liable for treatment decisions made in good faith on your behalf. Also, he/she cannot be held liable for costs incurred for your care, just because he/she is your proxy.

Can my Proxy be paid for his/her services?

No. Your proxy and your alternate cannot accept payment for the performance of their authority, rights and responsibilities. But your proxy can be reimbursed for actual and necessary expenses incurred in the performance of their duties.

Can my Proxy resign?

Yes. Your proxy and your alternate can resign at any time by giving written notice to you, your doctor or the hospital or nursing home where you are receiving care.

Does my Proxy have to accept the appointment in writing?

Yes. Alabama law now requires that your proxy accept the position in writing. The Advance Directive for Health Care document that is included in this booklet contains a section where your proxy can formally accept the appointment.

Does the Advance Directive For Health Care form have to be signed and witnessed?

Yes, you must sign (or have someone sign the document in your presence and at your direction, if you are unable to sign) and date it. Then, it must be witnessed by 2 qualified people, 19 years of age or older.

The only people who CANNOT witness your signature of the document are:

1) Anyone who signed the document on your behalf, if you were unable to sign;
2) Anyone who was appointed your health care proxy;
3) Anyone related to you by blood, marriage or adoption;
4) Anyone who is entitled to any part of your estate upon your death; or 5) Anyone directly financially responsible for your medical care.

Does the Advance Directive for Health Care form have to be notarized?

There is no legal requirement in Alabama to have the document notarized. But several states require their advance directives to be notarized. If you want to try to ensure that your advance directive is valid in other states, having your signature and your witnesses' signatures notarized is a good idea.

How is the AHCP different from the Living Will?

An Alabama living will only applies when you are terminally ill or injured, or when you are in a permanent unconscious state and unless you write in other instructions, it only tells your doctor what you do or do not want.

The AHCP allows you to appoint someone to make health care decisions for you if you cannot make them. It also covers all health care situations in which you are incapable of making the decisions for yourself. It also allows you to give specific instructions to your proxy about the type of care you want to receive.

The AHCP allows your proxy to respond to medical situations that you might not have anticipated and to make decisions for you with knowledge of your values and wishes.

Since the AHCP is more flexible, it is the advance directive most people choose. Some people, however, do not have someone whom they trust or who knows their values and preferences. These people should consider creating a living will.

Does Alabama have a written statement on Advance Directives?

Yes. The Alabama Department of Public Health, the Alabama Medicaid Agency and the Alabama State Bar have prepared the following information on advance directives. Although most of the information has been previously covered, we are reprinting the information in its entirety.

"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 doctor 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 doctor 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 home 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 doctor 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 doctor and family now.

The law says doctors, 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 doctor ahead of time. Find out if your doctor is willing to go along with your wishes. If your doctor does not feel he or she can carry out your wishes, you can ask to go to another doctor, 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 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 doctor, 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 doctors 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 doctor and another doctor decide that I have a condition that cannot be cured and that I will likely die in the near future form 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 initial 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 doctor and another doctor 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 doctors must be qualified to make 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 initial 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, your own or with someone helping me.

Place your initial 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 list 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: _____

Day-time phone # _____Night-time phone # _____

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: _____

Day-time phone # _____ Night-time phone # _____

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 either "Yes" or "No"

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

If 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 doctor 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: _____ 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: _____

Name of first witness: _____

Signature: _____

Date: _____

SECTION 6. SIGNATURE OF PROXY

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

Signature: _____

Date: _____

Signature of Second Choice for Proxy

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

Signature: _____

Date: _____