

1 State of Arkansas
2 89th General Assembly
3 Regular Session, 2013
4

As Engrossed: H4/3/13

A Bill

SENATE BILL 1013

5 By: Senator Irvin
6

For An Act To Be Entitled

8 AN ACT TO CREATE THE ARKANSAS HEALTH CARE DECISIONS
9 ACT; TO PROTECT PATIENTS' RIGHTS TO MAKE THEIR OWN
10 HEALTH CARE DECISIONS; TO PROMOTE ADVANCE DIRECTIVES;
11 TO PROVIDE LEGAL PROTECTION FOR PATIENTS' RIGHTS; AND
12 FOR OTHER PURPOSES.
13
14

Subtitle

15 TO CREATE THE ARKANSAS HEALTH CARE
16 DECISIONS ACT.
17
18
19

20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
21

22 SECTION 1. Arkansas Code Title 20, Chapter 6, is amended to add an
23 additional subchapter to read as follows:

24 Subchapter 1 – Arkansas Healthcare Decisions Act

25
26 20-6-101. Title.

27 This subchapter shall be known and may be cited as the "Arkansas
28 Healthcare Decisions Act."
29

30 20-6-102. Definitions.

31 As used in this subchapter:

32 (1) "Advance directive" means an individual instruction or a
33 written statement that anticipates and directs the provision of health care
34 for an individual, including without limitation a living will or a durable
35 power of attorney for health care;

36 (2) "Agent" means an individual designated in an advance



1 directive for health care to make a healthcare decision for the individual
2 granting the power;

3 (3) "Capacity" means an individual's ability to understand the
4 significant benefits, risks, and alternatives to proposed health care and to
5 make and communicate a healthcare decision;

6 (4) "Designated physician" means a physician designated by an
7 individual or the individual's agent, guardian, or surrogate, to have primary
8 responsibility for the individual's health care or, in the absence of a
9 designation or if the designated physician is not reasonably available, a
10 physician who undertakes responsibility for the individual's health care;

11 (5) "Emergency responder" means a paid or volunteer firefighter,
12 law enforcement officer, or other public safety official or volunteer acting
13 within the scope of his or her proper function or rendering emergency care at
14 the scene of an emergency;

15 (6) "Guardian" means a judicially appointed guardian or
16 conservator having authority to make a healthcare decision for an individual;

17 (7) "Health care" means any care, treatment, service, or
18 procedure to maintain, diagnose, treat, or otherwise affect an individual's
19 physical or mental condition, including medical care;

20 (8) "Healthcare decision" means consent, refusal of consent, or
21 withdrawal of consent to health care;

22 (9) "Healthcare institution" means an agency, institution,
23 facility, or place, whether publicly or privately owned or operated, that
24 provides health services and that is one (1) of the following:

25 (A) An ambulatory surgical treatment center;

26 (B) A birthing center;

27 (C) A home care organization;

28 (D) A hospital;

29 (E) An intellectual disability institutional habilitation
30 facility;

31 (F) A mental health hospital;

32 (G) A nonresidential substitution-based treatment center
33 for opiate addiction;

34 (H) A nursing home;

35 (I) An outpatient diagnostic center;

36 (J) A recuperation center;

1 (K) A rehabilitation facility; or

2 (L) A residential hospice;

3 (10) "Healthcare provider" means a person who is licensed,
4 certified, or otherwise authorized by the laws of this state to administer
5 health care in the ordinary course of the practice of his or her profession;

6 (11) "Individual instruction" means an individual's direction
7 concerning a healthcare decision for the individual;

8 (12) "Medical care" means the diagnosis, cure, mitigation,
9 treatment, or prevention of disease for the purpose of affecting any
10 structure or function of the body;

11 (13) "Person" means an individual, corporation, estate, trust,
12 partnership, association, joint venture, government, governmental
13 subdivision, agency, instrumentality, or any other legal or commercial
14 entity;

15 (14) "Person authorized to consent on the principal's behalf"
16 means:

17 (A) A person authorized by law to consent on behalf of the
18 principal when the principal is incapable of making an informed decision; or

19 (B) In the case of a minor child, the parent or parents
20 having custody of the child, the child's legal guardian, or another person as
21 otherwise provided by law;

22 (15) "Personally inform" means to communicate by any effective
23 means from the principal directly to a healthcare provider;

24 (16) "Physician" means an individual authorized to practice
25 medicine or osteopathy in this state;

26 (17) "Power of attorney for health care" means the authority of
27 an agent to make healthcare decisions for the individual granting the power;

28 (18) "Principal" means an individual who grants authority to an
29 individual under this subchapter;

30 (19) "Qualified emergency medical service personnel" includes
31 without limitation, emergency medical technicians, paramedics, or other
32 emergency services personnel, providers, or entities acting within the usual
33 course of their professions, and other emergency responders;

34 (20) "Reasonably available" means readily able to be contacted
35 without undue effort and willing and able to act in a timely manner
36 considering the urgency of the principal's healthcare needs, including

1 without limitation availability by telephone;

2 (21) "State" means a state of the United States, the District of
3 Columbia, the Commonwealth of Puerto Rico, or a territory or insular
4 possession subject to the jurisdiction of the United States;

5 (22) "Supervising healthcare provider" means the designated
6 physician or, if there is no designated physician or the designated physician
7 is not reasonably available, the healthcare provider who has undertaken
8 primary responsibility for an individual's health care;

9 (23) "Surrogate" means an individual, other than a principal's
10 agent or guardian, authorized under this subchapter to make a healthcare
11 decision for the principal;

12 (24) "Treating healthcare provider" means a healthcare provider
13 who is directly or indirectly involved in providing health care to the
14 principal; and

15 (25) "Universal Do Not Resuscitate Order" means a written order
16 that applies regardless of the treatment setting and that is signed by the
17 principal's physician that states that in the event the principal suffers
18 cardiac or respiratory arrest, cardiopulmonary resuscitation should not be
19 attempted.

20
21 20-6-103. Oral or written individual instructions -- Advance directive
22 for health care -- When effective -- Decisions based on best interest
23 assessment -- Out-of-state directives -- Construction.

24 (a)(1) An adult or emancipated minor may give an individual
25 instruction.

26 (2) The instruction may be oral or written.

27 (3) The instruction may be limited to take effect only if a
28 specified condition arises.

29 (b)(1) An adult or emancipated minor may execute an advance directive
30 for health care that authorizes the agent to make a healthcare decision that
31 the principal could make if he or she had capacity.

32 (2) An advance directive shall be in writing and
33 signed by the principal.

34 (3) An advance directive shall be either notarized or witnessed
35 by two (2) witnesses.

36 (4) For the purposes of this subsection (b) a witness shall be

1 a competent adult who is not the agent and at least one (1) of whom is not
2 related to the principal by blood, marriage, or adoption and who would not be
3 entitled to any portion of the estate of the principal upon the death of the
4 principal under any will or codicil made by the principal existing at the
5 time of execution of the advance directive or by operation of law.

6 (5) A written advance directive that is witnessed shall contain
7 an attestation clause that attests that the witnesses comply with this
8 subsection (b).

9 (6) An advance directive remains in effect notwithstanding the
10 principal's last incapacity and may include individual instructions.

11 (7) An advance directive may include the principal's nomination
12 of a guardian of the principal.

13 (c) Unless otherwise specified in an advance directive, the authority
14 of an agent becomes effective only upon a determination that the principal
15 lacks capacity, and ceases to be effective upon a determination that the
16 principal has recovered capacity.

17 (d)(1) If necessary, the designated physician shall determine whether
18 a principal lacks or has recovered capacity, or that another condition exists
19 that affects an individual instruction or the authority of an agent.

20 (2) In making a determination under subdivision (d)(1) of this
21 section, the designated physician may consult with other persons as he or she
22 deems appropriate.

23 (e)(1) An agent shall make a healthcare decision in accordance with
24 the principal's individual instructions and other wishes to the extent known
25 to the agent.

26 (2)(A) In the absence of individual instructions or other
27 information, the agent shall make the decision in accordance with the agent's
28 determination of the principal's best interest.

29 (B) In determining the principal's best interest, the
30 agent shall consider the principal's personal values to the extent known to
31 the agent.

32 (f) A healthcare decision made by an agent for a principal is
33 effective without judicial approval.

34 (g) An advance directive that is executed outside of this state by a
35 nonresident of this state shall be given effect in this state at the time of
36 execution if the advance directive complies with either this subchapter or

1 the laws of the state of the principal's residence.

2 (h) A healthcare provider, healthcare institution, healthcare service
3 plan, insurer issuing disability insurance, self-insured employee welfare
4 benefit plan, or nonprofit hospital plan shall not require the execution or
5 revocation of an advance directive as a condition of the principal's being
6 insured for or receiving health care.

7
8 20-6-104. Revocation of the designation of agent -- Revocation of
9 advance directive -- Spouse as agent -- Conflicts.

10 (a) A principal having capacity may revoke all or part of an advance
11 directive, other than the designation of an agent, at any time and in any
12 manner that communicates an intent to revoke.

13 (b) A principal having capacity may revoke the designation of an agent
14 only by a signed written statement or by personally informing the supervising
15 healthcare provider.

16 (c) A decree of annulment, divorce, dissolution of marriage, or legal
17 separation revokes a previous designation of a spouse as agent unless
18 otherwise specified in the decree or in an advance directive.

19 (d) An advance directive that conflicts with an earlier advance
20 directive revokes the earlier directive to the extent of the conflict.

21
22 20-6-105. Designation of surrogate.

23 (a)(1) An adult or emancipated minor may designate an individual to
24 act as surrogate by personally informing the supervising healthcare provider.

25 (2) The designation may be oral or written.

26 (b) A surrogate may make a healthcare decision for a principal who is
27 an adult or emancipated minor only if:

28 (1) The principal has been determined by the designated
29 physician to lack capacity; and

30 (2) An agent or guardian has not been appointed or the agent
31 or guardian is not reasonably available.

32 (c)(1) The supervising healthcare provider shall designate a surrogate
33 for the principal and document the appointment in the clinical record of the
34 institution or institutions at which the principal is receiving health care
35 if the principal:

36 (A) Lacks capacity;

1 (B) Has not appointed an agent or the agent is not
2 reasonably available;

3 (C) Has not designated a surrogate or the surrogate is not
4 reasonably available; and

5 (D) Does not have a guardian or the guardian is not
6 reasonably available.

7 (2)(A) The principal's surrogate shall be an adult who:

8 (i) Has exhibited special care and concern for the
9 principal;

10 (ii) Is familiar with the principal's personal
11 values;

12 (iii) Is reasonably available; and

13 (iv) Is willing to serve.

14 (B) A person who is the subject of a protective order or
15 other court order that directs that person to avoid contact with the
16 principal is not eligible to serve as the principal's surrogate.

17 (3) In designating the person best qualified to serve as the
18 surrogate for the principal, the supervising healthcare provider shall
19 consider the proposed surrogate's:

20 (A) Ability to make decisions either in accordance with
21 the known wishes of the principal or in accordance with the principal's best
22 interests;

23 (B) Frequency of contact with the principal before and
24 during the incapacitating illness;

25 (C) Demonstrated care and concern;

26 (D) Availability to visit the principal during his or her
27 illness; and

28 (E) Availability to engage in face-to-face contact with
29 healthcare providers for the purpose of fully participating in the decision-
30 making process.

31 (4) Consideration may be given in order of descending preference
32 for service as a surrogate to:

33 (A) The principal's spouse, unless legally separated;

34 (B) The principal's adult child;

35 (C) The principal's parent;

36 (D) The principal's adult sibling; or

1 (E) Any other adult relative of the principal.

2 (5) If none of the individuals eligible to act as a surrogate
3 under this subsection (c) is reasonably available, the designated physician
4 may make healthcare decisions for the principal after the designated
5 physician:

6 (A) Consults with and obtains the recommendations of an
7 institution's ethics officers; or

8 (B) Obtains concurrence from a second physician who is:

9 (i) Not directly involved in the principal's health
10 care;

11 (ii) Does not serve in a capacity of decision-
12 making, influence, or responsibility over the designated physician; and

13 (iii) Does not serve in a capacity under the
14 authority of the designated physician's decision-making, influence, or
15 responsibility.

16 (6)(A) In the event of a challenge to the designation of the
17 surrogate or the authority of the surrogate to act, it is a rebuttable
18 presumption that the selection of the surrogate was valid.

19 (B) A person who challenges the selection of the surrogate
20 has the burden of proving the invalidity of that selection by a preponderance
21 of the evidence.

22 (d)(1) Except as provided in subdivision (g)(2) of this section:

23 (A) Neither the treating healthcare provider nor an
24 employee of the treating healthcare provider, nor an operator of a healthcare
25 institution, nor an employee of an operator of a healthcare institution may
26 be designated as a surrogate; and

27 (B) A healthcare provider or employee of a healthcare
28 provider may not act as a surrogate if the healthcare provider becomes the
29 principal's treating health care provider.

30 (2) An employee of the treating healthcare provider or an
31 employee of an operator of a healthcare institution may be designated as a
32 surrogate if:

33 (A) The employee so designated is a relative of the
34 principal by blood, marriage, or adoption; and

35 (B) The other requirements of this section are satisfied.

36 (e) A health care provider may require an individual claiming the

1 right to act as surrogate for a principle to provide a written declaration
2 under penalty of perjury stating facts and circumstances reasonably
3 sufficient to establish the claimed authority.

4
5 20-6-106. Authority of surrogate.

6 (a)(1) A surrogate shall make a healthcare decision in accordance with
7 the principal's individual instructions, if any, and other wishes to the
8 extent known to the surrogate.

9 (2)(A) Otherwise, the surrogate shall make the decision in
10 accordance with the surrogate's determination of the principal's best
11 interest.

12 (B) In determining the principal's best interest, the
13 surrogate shall consider the principal's personal values to the extent known
14 to the surrogate.

15 (b) A surrogate who has not been designated by the principal may make
16 all health care decisions for the principal that the principal could make on
17 the principal's own behalf, except that artificial nutrition and hydration
18 may be withheld or withdrawn for a principal upon a decision of the surrogate
19 only if the designated physician and a second independent physician certify
20 in the principal's current clinical records that:

21 (1) The provision or continuation of artificial nutrition or
22 hydration is merely prolonging the act of dying; and

23 (2) The principal is highly unlikely to regain capacity to make
24 medical decisions.

25 (c) A healthcare decision made by a surrogate for a principal is
26 effective without judicial approval.

27
28 20-6-107. Requirement to comply with principal's individual instruction
29 -- Order of precedence.

30 (a) Absent a court order to the contrary, a guardian shall comply with
31 the principal's individual instructions and shall not revoke the principal's
32 advance directive.

33 (b) A healthcare decision made by a guardian for the principal is
34 effective without judicial approval.

35
36 20-6-108. Determination of capacity.

1 If a designated physician who makes a determination or is informed of a
2 determination that a principal lacks or has recovered capacity or that
3 another condition exists that affects an individual instruction or the
4 authority of an agent, guardian, or surrogate, the designated physician
5 shall:

6 (1) Record promptly the determination in the principal's current
7 clinical record; and

8 (2) Communicate the determination to the principal, if possible,
9 and to any person authorized to make healthcare decisions for the principal.

10
11 20-6-109. Compliance by health care provider or institution.

12 (a) Except as provided in subsections (b), (c), and (d) of this
13 section, a healthcare provider or institution providing care to a principal
14 shall comply with:

15 (1) An individual instruction of the principal and with a
16 reasonable interpretation of that instruction by a person authorized to make
17 health care decisions for the principal; and

18 (2) A healthcare decision for the principal made by a person
19 authorized to make healthcare decisions for the principal to the same extent
20 as if the decision had been made by the principal while having capacity.

21 (b) A healthcare provider may decline to comply with an individual
22 instruction or healthcare decision for reasons of conscience.

23 (c) A healthcare institution may decline to comply with an individual
24 instruction or healthcare decision if the instruction or decision:

25 (1) Is contrary to a policy of the institution that is based on
26 reasons of the conscience; and

27 (2) The policy was timely communicated to the principal or to a
28 person authorized to make healthcare decisions for the principal.

29 (d) A healthcare provider or institution may decline to comply with an
30 individual instruction or healthcare decision that requires medically
31 inappropriate health care or healthcare contrary to generally accepted health
32 care standards applicable to the healthcare provider or institution.

33 (e) A healthcare provider or institution that declines to comply with
34 an individual instruction or healthcare decision under subsections (b), (c),
35 or (d) of this section shall:

36 (1) Inform promptly the principal, if possible, or a person

1 authorized to make healthcare decisions for the principal;

2 (2) Provide continuing care to the principal until a transfer
3 can be effected or until a determination has been made that a transfer cannot
4 be effected; and

5 (3)(A) Unless the principal or person authorized to make
6 healthcare decisions for the principal refuses assistance, immediately make
7 all reasonable efforts to assist in the transfer of the principal to another
8 healthcare provider or healthcare institution that is willing to comply with
9 the instruction or decision.

10 (B) If a transfer cannot be effected, the healthcare
11 provider or institution shall not be compelled to comply.

12
13 20-6-110. Disclosure of medical or other healthcare information.

14 Unless otherwise specified in an advance directive, a person authorized
15 to make healthcare decisions for a principal has the same rights as the
16 principal to request, receive, examine, copy, and consent to the disclosure
17 of medical or any other healthcare information.

18
19 20-6-111. Liability.

20 (a) A healthcare provider or healthcare institution acting in good
21 faith and in accordance with generally accepted healthcare standards
22 applicable to the healthcare provider or healthcare institution is not
23 subject to civil or criminal liability or to discipline for unprofessional
24 conduct for:

25 (1) Complying with a healthcare decision of a person apparently
26 having authority to make a healthcare decision for a principal, including a
27 decision to withhold or withdraw health care;

28 (2) Declining to comply with a healthcare decision of a person
29 based on a reasonable belief that the person then lacked authority; or

30 (3) Complying with an advance directive that, to the knowledge
31 of the healthcare provider or healthcare institution, was valid when made and
32 has not been revoked or terminated.

33 (b) An individual acting as agent or surrogate under this subchapter
34 is not subject to civil or criminal liability or to discipline for
35 unprofessional conduct for healthcare decisions made in good faith.

36 (c) A person who designates a surrogate under this subchapter is not

1 subject to civil or criminal liability or to discipline for unprofessional
2 conduct for a designation made in good faith.

3
4 20-6-112. Presumption of capacity.

5 (a) This subchapter does not affect the right of an individual to make
6 health care decisions while having capacity to do so.

7 (b) An individual is presumed to have capacity to make a health care
8 decision, to give or revoke an advance directive, and to designate or
9 disqualify a surrogate.

10
11 20-6-113. Copies have same effect as originals.

12 A copy of a written advance directive, revocation of an advance
13 directive, or designation or disqualification of a surrogate has the same
14 effect as the original.

15
16 20-6-114. Presumptions not created -- Death does not constitute
17 suicide, euthanasia, homicide, mercy killing, or assisted suicide.

18 (a) This subchapter does not create a presumption concerning the
19 intention of an individual who has not made or who has revoked an advance
20 directive.

21 (b) Notwithstanding any term of an insurance policy or annuity to the
22 contrary, a death resulting from the withholding or withdrawal of health care
23 in accordance with this subchapter does not constitute a suicide or homicide
24 or legally impair or invalidate an insurance policy or an annuity providing a
25 death benefit.

26 (c) The withholding or withdrawal of medical care from a principal in
27 accordance with this subchapter does not constitute a suicide, euthanasia,
28 homicide, mercy killing, or assisted suicide.

29
30 20-6-115. Court jurisdiction.

31 (a) A court of competent jurisdiction may enjoin or direct a
32 healthcare decision or order other equitable relief on a petition of:

33 (1) A principal;

34 (2) a principal's agent, guardian, or surrogate;

35 (3) A healthcare provider or healthcare institution involved
36 with the principal's care; or

1 (4) An individual described in § 20-6-107(c).

2 (b) A proceeding under this section shall be expedited on the court's
3 civil dockets.

4
5 20-6-116. Effect and interpretation of living wills.

6 (a) If a living will entered into before October 1, 2013 was valid at
7 the time of execution, it remains valid.

8 (b) A living will entered into on or after October 1, 2013 that
9 evidences an intent that it is entered into under this subchapter is valid.

10 (c) A living will entered into on or after October 1, 2013 that does
11 not evidence an intent that it is entered into under this chapter may be
12 given effect as an individual instruction, if it complies with this
13 subchapter.

14
15 20-6-117. Effect and interpretation of durable powers of attorney.

16 (a) If a durable power of attorney for health care entered into before
17 October 1, 2013 was valid at the time of execution, it remains valid.

18 (b) A durable power of attorney for health care entered into on or
19 after October 1, 2013, that evidences an intent that it is entered into under
20 this subchapter is valid.

21 (c) A durable power of attorney for health care entered into on or
22 after October 1, 2013 that does not evidence an intent that it is entered
23 into under this subchapter may be given effect as an advance directive
24 under this subchapter, if it complies with this subchapter.

25
26 20-6-118. Conflicting laws repealed.

27 A law or part of law in conflict with this subchapter is repealed.

28
29 SECTION 2. DO NOT CODIFY. Forms.

30 The State Board of Health shall adopt the following forms and may by
31 rule revise the forms so long as the revisions are consistent with the intent
32 of this act.

33
34 FORMS

ADVANCE CARE PLAN

Instructions: Competent adults and emancipated minors may give advance instructions using this form or any form of their own choosing. To be legally binding, the Advance Care Plan must be signed and either witnessed or notarized.

I, _____, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

Agent: I want the following person to make health care decisions for me:

Name: _____ Phone #: _____ Relation: _____
Address: _____

Alternate Agent: If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate:

Name: _____ Phone #: _____ Relation: _____
Address: _____

Quality of Life:

I want my doctors to help me maintain an acceptable quality of life including adequate pain management. A quality of life that is unacceptable to me means when I have any of the following conditions (you can check as many of these items as you want):

- Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
Permanent Confusion: I become unable to remember, understand or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.
Dependent in all Activities of Daily Living: I am no longer able to talk clearly or move by myself. I depend on others for feeding, bathing, dressing and walking. Rehabilitation or any other restorative treatment will not help.
End-Stage Illnesses: I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that does not respond anymore to treatment; chronic and/or damaged heart and lungs, where oxygen needed most of the time and activities are limited due to the feeling of suffocation.

Treatment:

If my quality of life becomes unacceptable to me and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. Checking "yes" means I WANT the treatment. Checking "no" means I DO NOT want the treatment.

Table with 2 columns: Yes/No checkboxes and descriptions for CPR, Life Support / Other Artificial Support, Treatment of New Conditions, and Tube feeding/IV fluids.

PLEASE SIGN ON PAGE 2

Page 1 of 2

1 **Other instructions, such as burial arrangements, hospice care, etc.:** _____

2 _____

3 _____

4 (Attach additional pages if necessary)

5 Organ donation (optional): Upon my death, I wish to make the following anatomical gift (please mark one):

6 Any organ/tissue My entire body Only the following organs/tissues: _____

7 _____

8 _____

9 **SIGNATURE**

10 Your signature should either be witnessed by two competent adults or notarized. If witnessed, neither witness should be
11 the person you appointed as your agent, and at least one of the witnesses should be someone who is not related to you or
12 entitled to any part of your estate.

13 Signature: _____
14 (Patient)

DATE: _____

14 Witnesses:

15 1. I am a competent adult who is not named as the agent. I
16 witnessed the patient's signature on this form.

Signature of witness number 1

17 2. I am a competent adult who is not named as the agent. I am not
18 related to the patient by blood, marriage, or adoption and I
19 would not be entitled to any portion of the patient's estate upon
20 his or her death under any existing will or codicil or by operation
21 of law. I witnessed the patient's signature on this form.

Signature of witness number 2

21 This document may be notarized instead of witnessed:

22 STATE OF ARKANSAS
23 COUNTY OF _____

24 I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me
(or proved to me on the basis of satisfactory evidence) to be the person who signed as the "patient". The patient personally appeared
before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient
appears to be of sound mind and under no duress, fraud, or undue influence.

25 My commission expires: _____

Signature of Notary Public

27 **WHAT TO DO WITH THIS ADVANCE DIRECTIVE**

- 28 • Provide a copy to your physician(s)
- 29 • Keep a copy in your personal files where it is accessible to others
- 30 • Tell your closest relatives and friends what is in the document
- 31 • Provide a copy to the person(s) you named as your health care agent

ACCEPTANCE OF SURROGATE SELECTION

I accept the appointment as surrogate for _____
Patient

and understand I have the authority to make all medical decisions.

Signature of Surrogate

Date/Time

/s/ Irvin

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