

PENNSYLVANIA
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BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive health care.
2. These materials include:
 - Instructions for preparing your advance directive, please read all the instructions.
 - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

ACTION STEPS

1. You may want to photocopy or print a second set of these forms before you start so you will have a clean copy if you need to start over.
2. When you begin Tc 0 Tw 22.87 0Td (1.)40 38.5ft BmEMC /LB.i2.861.1.the

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INTRODUCTION TO OUR PENNSYLVANIA ADVANCE HEALTH CARE DIRECTIVE

This packet contains a legal document, a **PAAD** **HCA** **DHCP** that protects your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself. You may complete Part II, Part III, or both depending on your advance-planning needs. You must complete Part IV.

PA contains an introduction that describes the uses and effects of this form.

Part I contains a **DHCP**. This part lets you name someone to make decisions about your medical care—including decisions about life-sustaining treatment—if you can no longer speak for yourself. The durable health care power of attorney is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life.

Your durable health care power of attorney goes into effect when your doctor determines that you are no longer able to make or communicate your health care decisions.

Part III contains your **LW**. Your living will lets you state your wishes about health care in the event that you can no longer make your own health care decisions and you are permanently unconscious or have an end-stage medical condition.

Your living will goes into effect when your doctor determines that you are no longer able to make or communicate your health care decisions, and you are permanently unconscious or have an end-stage medical condition.

Part IV contains the signature and witnessing provisions so that your document will be effective.

This form does not expressly address mental illness. If you would like to make advance care plans regarding mental illness, you should talk to your physician and an attorney about an advance directive tailored to your needs.

Note: This document will be legally binding only if the person completing it is an individual of sound mind and the individual also is one of the following:

- 1. 18 years or older;*
- 2. a high school graduate;*
- 3. married; OR*
- 4. an emancipated minor.*

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**PART I: INTRODUCTORY REMARKS ON
HEALTH CARE DECISION MAKING**

You have the right to decide the type of health care you want.

Should you become unable to understand, make or communicate decisions about medical care, your wishes for medical treatment are most likely to be followed if you express those wishes in advance by:

- (1) naming a health care agent to decide treatment for you; and
- (2) giving health care treatment instructions to your health care agent or health care provider.

An advance health care directive is a written set of instructions expressing your wishes for medical treatment. It may contain a health care power of attorney, where you name a person called a "health care agent" to decide treatment for you, and a living will, where you tell your health care agent and health care providers your choices regarding the initiation, continuation, withholding or withdrawal of life-

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PART II: DURABLE HEALTH CARE POWER OF ATTORNEY

I, _____, of
_____ County, Pennsylvania, appoint
the

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PART III: LIVING WILL

The following health care treatment instructions exercise my right to make my own health care decisions. These instructions are intended to provide clear and convincing evidence of my wishes to be followed when I lack the capacity to understand, make or communicate my treatment decisions:

IF I HAVE AN END-STAGE MEDICAL CONDITION (WHICH WILL RESULT IN MY DEATH, DESPITE THE INTRODUCTION OR CONTINUATION OF MEDICAL TREATMENT) OR AM PERMANENTLY UNCONSCIOUS SUCH AS AN IRREVERSIBLE COMA OR AN IRREVERSIBLE VEGETATIVE STATE AND THERE IS NO REALISTIC HOPE OF SIGNIFICANT RECOVERY, ALL OF THE FOLLOWING APPLY (CROSS OUT ANY TREATMENT INSTRUCTIONS WITH

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ORGAN DONATION (INITIAL ONE OPTION ONLY)

_____ I consent to donate my organs and tissues at the time of my death for the purpose of transplant, medical study or education. (Insert any limitations you desire on donation of specific organs or tissues or uses for donation of organs and tissues.)

OR

_____ I do not consent to donate my organs or tissues at the time of my death.

If I have consented to donate my organs and tissues, I place the following limitation on my donation: (Insert any limitations you desire on donation of specific organs or tissues or uses for donation of organs and tissues.)

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PART IV: SIGNATURE

I, _____ (print your name),
having carefully read this document, have signed it this ____ day of
_____, 20____, revoking all previous health care powers of
attorney and health care treatment instructions.

~~HEALTH CARE DIRECTIVE~~

1. Your Pennsylvania Advance Health Care Directive is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed original to your health care agent and alternate health care agent(s), doctor(s), family, close friends, clergy, and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.
3. Be sure to talk to your health care agent(s), doctor(s), clergy, family, and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.
5. If you want to make changes to your documents after they have been signed and witnessed, you must complete a new document.
6. Remember, you can always revoke your Pennsylvania document.
7. Be aware that your Pennsylvania document will not be effective in the event of a medical emergency. Ambulance and hospital emergency department personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate directive that states otherwise. These directives called "prehospital medical care directives" or "do not resuscitate orders" are designed for people whose poor health gives them little chance of benefiting from CPR. These directives instruct ambulance and hospital emergency personnel not to attempt CPR if your heart or breathing should stop.

Currently not all states have laws authorizing these orders. We suggest you speak to