

# Have a Voice in Your Health Care

## Supportive Housing Residents helped make this advance directive.

The form has large text and pictures. This may make more pages than other forms. But, don't worry, it will be easier to read.

## The form has 2 parts. **\*\*You can skip the parts that do not apply to you.**

### **Part 1:** Allows you to choose someone who can help make medical decisions in case of an emergency

- You can also write down who you DO NOT want to make decisions.

### **Part 2:** Allows you to write down your own health care choices.

- Part 2 also allows you to write down wishes for property, pets, and bills if you were very sick. It also has information about organ donation and burial wishes.

## When you are ready, you and 2 witnesses need to sign the form.

You can ask Supportive Housing staff or other residents to be witnesses.

## **\*\*Supportive Housing staff will do their best to honor your wishes.**

- It is not always possible, but they will try their best.
- Please talk to them ahead of time so they can help you set up a plan.
- Please let them know if your wishes change over time.

## Turn the Page to Go to the Advance Directive



# California Advance Health Care Directive

## Have a Voice in Your Health Care

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

This form has 2 parts. Fill out **only** the parts you want. Then sign the form.

### Part 1 Choose a medical decision maker, Pages 3-5

A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself.

This person will be your advocate.

They are also called a health care agent, proxy, representative, or surrogate.

### Part 2 Make your own health care choices, Pages 6-12

This form lets you choose the kind of health care you want.

This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.

## You Must Sign the Form on Page 13

The form must be signed before it can be used.

Also, 2 witnesses need to sign on Page 14, or a notary on Page 15.

What language do you speak at home? \_\_\_\_\_

\_\_\_\_\_  
Your Name

\*This form complies with CA law. Part 1 complies and can be used as a Durable Power of Attorney form and Part 2 as a living will.



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## Information Page

This is a legal form that lets you have a voice in your healthcare. It will let your family, friends, and medical providers know how you want to be cared for if you cannot speak for yourself. **\*Fill out only the parts of this form and the questions you want.**

### What should I do with this form?

- Please share this form with your family, friends, and medical providers.
- Please make sure copies of this form are placed in your medical record at all the places you get medical care. You can ask the staff to help you make copies.

### What if I have questions about the form?

- It is OK to skip any part of this form if you have questions or do not want to answer.
- Ask your doctors, nurses, social workers, family, or friends to help.
- Lawyers can help too. This form does not give legal advice.

### What if I want to make health care choices that are not on this form?

- On Page 12, you can write down anything else that is important to you.

### Is this health care directive also a will?

- No. This form is not a will about your property. It is only about your health care wishes.
- You can write wishes about your property on Page 12 so other people will know.
- But, to be legal, you would also have to fill out a separate will form.

### When should I fill out this form again?

- If you change your mind about your health care choices
- If your health changes
- If your medical decision maker changes

If your spouse is your decision maker, and you divorce, that person will no longer be your decision maker.

Give the new form to your medical decision maker and medical providers. Destroy old forms.



**Share this form and your choices with your family, friends, and medical providers.**

# Part 1

## Choose your medical decision maker

Fill out only the questions you want. It is OK to skip questions.

**Your medical decision maker can make health care decisions for you if you are not able to make them yourself.**

**A good medical decision maker is a family member or friend who:**

- is 18 years of age or older
- can talk to you about your wishes
- can be there for you when you need them
- you trust to follow your wishes and do what is best for you
- you trust to know your medical information
- is not afraid to ask doctors questions and speak up about your wishes



Some people prefer that their family and friends make medical decisions as a group. It is often best to have one main person speak to the doctors for the group.

Legally, your decision maker **cannot** be your doctor or someone who works at your hospital or clinic, unless they are a family member.

**What will happen if I do not choose a medical decision maker?**

If you are not able to make your own decisions, your doctors will turn to family and friends or a judge to make decisions for you. This person may not know what you want.

**If you are not able to make your own decisions, your medical decision maker can choose these things for you:**

- doctors, nurses, social workers, other medical providers, caregivers
- hospitals, clinics, nursing homes, hospice
- medications, tests, or treatments
- start or stop medications, tests, or treatments such as CPR or a breathing machine
- who can look at your medical information

**End of life decisions your medical decision maker can make:**

- call in a religious or spiritual leader
- decide about autopsy or organ donation
- decide if you die at home or in the hospital
- decide about burial or cremation

**By signing this form, you allow your medical decision maker to:**

- see all of your medical records
- agree to, refuse, or withdraw any life support or medical treatment if you are not able to speak for yourself
- decide what happens to your body after you die, such as funeral plans and organ donation



If there are decisions you do not want them to make, write them here:

**When can my medical decision maker make decisions for me?**

- ONLY after I am not able to make my own decisions
- NOW, right after I sign this form

If you want, you can write why you feel this way.

**Write the name of one or more medical decision maker(s).**

It is often best to have one main person speak to the doctors for the group.

I want these people to make my medical decisions if I am not able to make my own:

#1:

\_\_\_\_\_

first name \_\_\_\_\_ last name \_\_\_\_\_

\_\_\_\_\_

phone #1 \_\_\_\_\_ phone #2 \_\_\_\_\_ relationship to you \_\_\_\_\_

\_\_\_\_\_

email \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

#2:

\_\_\_\_\_

first name \_\_\_\_\_ last name \_\_\_\_\_

\_\_\_\_\_

phone #1 \_\_\_\_\_ phone #2 \_\_\_\_\_ relationship to you \_\_\_\_\_

\_\_\_\_\_

email \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

**If you chose more than one medical decision maker:**

**Do you have a main decision maker?**

- I want my #1 decision maker to make all the decisions. The #2 decision maker and the other people in the group are only a back-up.
- I want my #1 and #2 decision maker (and the group) to make decisions together.

**How do you want your #1 and #2 decision makers to work together?**

- They must always make decisions together and must all be present.
- They can make decisions on their own. Whoever is present can decide.

If you want, you can write down other wishes about your decision maker(s).

## Why did you choose your medical decision maker?

If you want, you can write why you chose your #1 and #2 decision makers.

## Is there anyone you would NOT want to help make medical decisions for you?

The person(s) I do NOT want to help: \_\_\_\_\_

Why do you feel this way? \_\_\_\_\_

name

## How strictly do you want your medical decision maker to follow your wishes if you are not able to speak for yourself?

Flexibility allows your decision maker to change your prior decisions if doctors think something else is better for you at that time.

Prior decisions may be wishes you wrote down or talked about with your medical decision maker. You can write down your wishes in Part 2 of this form.

Check the **one** choice you most agree with.

- Total Flexibility:** It is OK for my decision maker to change any of my medical decisions if my doctors think it is best for me at that time.
- Some Flexibility:** It is OK for my decision maker to change some of my decisions if the doctors think it is best. But, these wishes I NEVER want changed:
- \_\_\_\_\_
- \_\_\_\_\_
- No Flexibility:** I want my decision maker to follow my medical wishes exactly. It is NOT OK to change my decisions, even if the doctors recommend it.

If you want, you can write why you feel this way. There is more space to write on Page 12.

\_\_\_\_\_

\_\_\_\_\_

**To make your own health care choices, go to Part 2 on Page 7.**

**If you are done, you must sign this form on Page 13.**

**Please share your wishes with your family, friends, and medical providers.**

# Part 2

## Make your own health care choices

Fill out only the questions you want. It is OK to skip questions.

### How do you prefer to make medical decisions?

Some people prefer input from family, friends, and medical providers before making a decision. Other people do not. Some want other people to make their decisions.

**Please note:** Medical providers cannot make decisions for you. They can only give information to help with decision making.

#### How do you prefer to make medical decisions?

- I prefer to make medical decisions on my own with **NO input** from other people.
- I prefer to make medical decisions **WITH input** from other people.

Who do you want input from? Check as many as you want:

- family  friends
- medical providers  religious or spiritual leaders
- Someone else: \_\_\_\_\_

- I prefer to have other people make all my medical decisions for me.

If you want, you can write why you feel this way, and who you want input from.

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### How do you prefer to hear about medical information?

Some people may want to know all of their medical information. Other people may not.

**If you had a serious illness, would you want your doctors and medical providers to tell you how sick you are or how long you may have to live?**

- Yes, I would want to know this information.
- No, I would not want to know this information. Please talk with my decision maker instead.

**Why do you feel this way? Who do you want with you when you talk to medical providers?** There is more space to write on Page 12.

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\* Talk to your medical providers so they know how you want to get information.

**What matters most in life? Quality of life differs for each person.**

**What is most important in your life?** Check as many as you want.

- Your family or friends \_\_\_\_\_
- Your pets \_\_\_\_\_
- Hobbies, such as exercise, gardening, traveling, and cooking  
Your hobbies \_\_\_\_\_
- Eating food that I enjoy: \_\_\_\_\_
- Working or volunteering
- Caring for yourself and being independent
- Taking care of a family member or friend or pet
- Not being a burden on your family
- Religion or spirituality: Your religion \_\_\_\_\_
- Staying away from hospitals and doctors as much as possible
- Other things that you enjoy: \_\_\_\_\_

**What brings your life joy? What are you most looking forward to in life?**

There is more space to write on Page 12.

**What matters most for your medical care? This differs for each person.**

For some people, the main goal is to be kept alive as long as possible even if:

- They have to be kept alive on machines and are suffering
- They are too sick to talk to their family and friends

For other people, the main goal is to focus on quality of life and being comfortable.

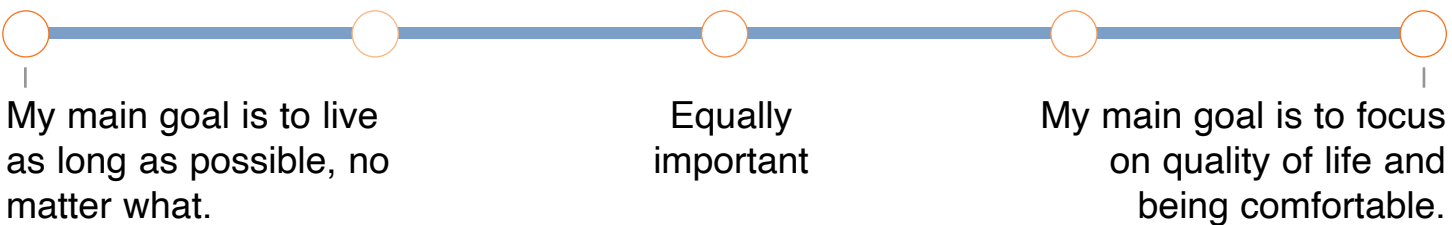
- These people would prefer a natural death, and not be kept alive on machines

Other people are somewhere in between. **What is important to you?**

Your goals may differ today in your current health than at the end of life.

**TODAY, IN YOUR CURRENT HEALTH**

**Check one choice along this line to show how you feel today, in your current health.**



**If you want, you can write why you feel this way.**

There is more space to write on Page 12.



# Quality of life differs for each person. What is most important to you?

Some people are willing to live through a lot for a chance of living longer.

Other people know that certain things would be very hard on their quality of life.

- Those things may make them want to focus on comfort rather than trying to live as long as possible.

## Which of these things would be very hard on your quality of life?

Check as many as you want.

- Not able to do my hobbies or the things I enjoy
- Not able to feed, bathe, or take care of myself
- Not able to take care of someone else or a pet
- Not able to live on my own, such as in a nursing home
- Not able to think for myself, such as severe dementia
- Constant, severe pain or discomfort that cannot be treated
- Constant, severe sadness or anxiety that cannot be treated
- In a coma and not able to wake up or talk to my family and friends
- Not able to live without being hooked up to machines
- Something else \_\_\_\_\_



- OR**, I am willing to live through all of these things for a chance of living longer.

If you want, you can write why you feel this way. There is more space to write on Page 12.

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## What experiences have you had with serious illness or with someone close to you who was very sick or dying?

- If you want, you can write down what went well or did not go well, and why.

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## What else should your medical providers know about you and your quality of life?

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There is more space to write on Page 12.

## Life Support Treatments can be CPR, breathing machines, kidney dialysis, feeding tubes, IV transfusions, surgery, or medicines.

If you have to go to the hospital, medical providers may ask you about these treatments:



- **CPR or cardiopulmonary resuscitation if the heart stops working**  
cardio = heart • pulmonary = lungs • resuscitation = try to bring back

**This may involve:**

- pressing hard on your chest to try to keep your blood pumping
- electrical shocks to try to jump start your heart
- medicines in your veins

\*People who try CPR also need a breathing machine.



- **Breathing machine or ventilator if the lungs stop working**  
The machine pumps air into your lungs and tries to breathe for you. You are not able to talk when you are on the machine.  
\*People may be put on a breathing machine without needing CPR.

- **Dialysis if the kidneys stop working**  
A machine that tries to clean your blood if your kidneys stop working.

- **Feeding Tube**  
A tube used to try to feed you if you cannot swallow. The tube can be placed through your nose down into your throat and stomach. It can also be placed by surgery into your stomach.



- **Blood and water transfusions (IV)**  
To put blood and water into your veins and body.

- **Surgery**

- **Medicines**



Sometimes illness and the treatments used to try to help people live longer can cause pain, side effects, and the inability to care for yourself.

### **IMPORTANT: Ask your medical providers:**

“What will my life be like with these life support treatments?”

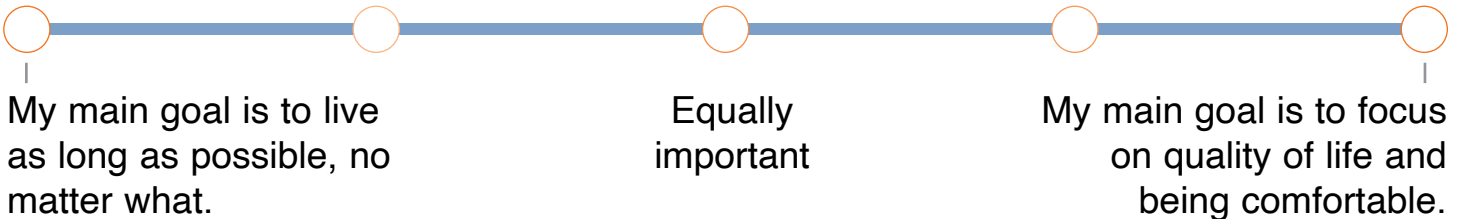
“Will these treatments help me have a good quality of life?”

## How do you balance quality of life with life support treatments?

Fill out only the questions you want. It is OK to skip questions.

At the end of life, some people are willing to live through a lot for a chance of living longer. Other people know that certain things would be very hard on their quality of life.

**Check one choice along this line to show how you would feel if you were so sick that you may die soon.**



**If you want, you can write why you feel this way.**

There is more space to write on Page 12.

**When people are very ill, sometimes life support treatments can help them live longer. When people are close to death and the body is shutting down, life support treatments may no longer work or may prolong suffering**

**If you were very ill or so sick that you may die soon, what care would you prefer?** Check the **one** choice about life support treatments you most agree with

- Try all life support treatments** that my doctors think might help. This includes CPR, a breathing machine, and care in an ICU. I want to **stay on life support** treatments even if there is little hope of getting better or living a life I value.
- Do a **trial of life support treatments** but only for a period of time. I **DO NOT want to stay on life support** treatments if the treatments do not work and there is little hope of getting better or living a life I value. If I will not get better, it is OK to stop the treatments and allow me to have a natural death.

**If you prefer a trial, which one of these things is OK with you?**

- It is OK to try CPR and a breathing machine for a period of time.
- Do NOT try CPR. It is OK try a breathing machine for a period of time.
- I do not want life support treatments**, and I want to focus on being comfortable. I would prefer a **natural death**.

**If you want, you can write why you feel this way.**

Are there other life support treatments you would or would not want? Why? What are you most worried about? What else is important to you?

There is more space to write on Page 12.

**At the end of life: Your decision maker may need to make decisions about where you die, organ donation, an autopsy, or burial wishes.**

**If you were dying, where would you want to be?**

- at home     in the hospital     either     I am not sure

**What else would be important, such as food, music, pets, or people you want around you?**

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## ORGAN DONATION

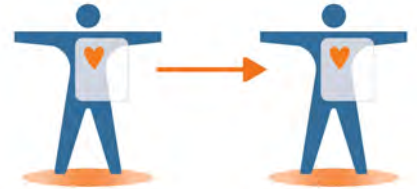
**Some people decide to donate their organs or body parts to other people who are ill. What do you prefer?**

- I **want** to donate my organs or body parts.

Which organ or body part do you want to donate?

- Any organ or body part  
 Only \_\_\_\_\_

- I **do not** want to donate my organs or body parts.



**What else should your medical providers and medical decision maker know about donating your organs or body parts?**

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## AUTOPSY

**An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.**

- I **want** an autopsy.  
 I **do not** want an autopsy.  
 I **only** want an autopsy if there are questions about my death.



## FUNERAL OR BURIAL WISHES

**What should your medical providers and decision maker know about how you want your body to be treated after you die, and your funeral or burial wishes?**

- Do you have religious or spiritual wishes?
  - Do you have funeral or burial wishes?
-

## Possessions, Pets, and Bills

This advance directive form **is not** about your money or possessions. It is not a will.

This form is **ONLY** about your **health care choices**.

### To make your wishes about your possessions legal, you would have to:

- Fill out a will ([See the next page](#))
- Fill out a durable power of attorney form to name someone else to make decisions about your money, property, and possessions ([See the next page](#))

### But, you can still let others know your overall wishes for possessions, pets, and bills.

It may help your family, friends, and Supportive Housing staff to know your wishes if you were very ill and in the hospital.

#### If you were in the hospital or very ill:

Who could help you pay your rent and bills?

\_\_\_\_\_ name and phone number

What would be important for people to know about this?

Who could take care of your pets?

\_\_\_\_\_ name and phone number

What would be important for people to know about this?

#### If you were at the end of your life and were to die:

Are there possessions or pets you would like to go to a friend or family member?

## Wills, Durable Power of Attorney Forms, and Other Legal Planning

### To learn more about wills and durable power of attorney forms:

- In California, call (415) 974-5171 or go to [CANHR.org](https://www.canhr.org)
- Ask your medical provider to refer you to **Medical Legal Partnership Services** if you get care at UCSF, San Francisco General Hospital, or the San Francisco VA
- In the Bayview, call Open Door Legal (415) 735-4124, [opendoorlegal.org](https://www.opendoorlegal.org)

## Burial Options and Organ Donation

**\*\*Please go to [Page 11 to write down](#) your Burial and Organ Donation**

### Wishes To learn more about burial options:

- In California, go to <https://bit.ly/Ca-burial>
- If you are a US Veteran, call your local VA or go to [va.gov/burials- memorials/](https://va.gov/burials-memorials/)
- Call your local funeral home, cremation society, or place of worship

### To learn more about body or organ donation:

- Call Donate Life California: (866) 797-2366, [donatelifecalifornia.org](https://www.donatelifecalifornia.org)
- In San Francisco, call UCSF (415) 476-1981, [meded.ucsf.edu/willed-body-program](https://meded.ucsf.edu/willed-body-program)
  - Many people do not qualify. Next of kin must agree. Call to learn more.

### If no burial plans are in place, each county has its own plans:

In San Francisco, the Medical Examiner and Public Administrator offices work together

- A search will be made to find family and friends (or the VA) to help with burial costs
- If no one can help with burial costs, these offices will look to see if the person who died left any money or assets that can be used
- If there are no funds and no family or friends can help, cremation will be provided
- A search for one year will then be made to find family and friends to take the ashes
- If no one claims the ashes, they will be laid to rest in a community cemetery

# Sign the form



## Before this form can be used, you must:

- sign this form if you are 18 years of age or older
- have two witnesses or a notary sign the form

## Sign your name and write the date.

\_\_\_\_\_

sign your name

\_\_\_\_\_

today's date

\_\_\_\_\_

print your first name

\_\_\_\_\_

print your last name

\_\_\_\_\_

date of birth

\_\_\_\_\_

address

\_\_\_\_\_

city

\_\_\_\_\_

state

\_\_\_\_\_

zip code

## Witnesses or Notary

**Before this form can be used, you must have 2 witnesses or a notary sign the form. The job of a notary is to make sure it is you signing the form.**

### Your witnesses must:

- be 18 years of age or older
- know you
- agree that it was you that signed this form

### Your witnesses cannot:

- be your medical decision maker
- be your health care provider
- work for your health care provider
- work at the place that you live (if you live in a nursing home go to Page 15)



### Also, one witness cannot:

- be related to you in any way
- benefit financially (get any money or property) after you die

**Witnesses need to sign their names on Page 14.**

**If you do not have witnesses, a notary must sign on Page 15.**

**Have your witnesses sign their names and write the date.**

By signing, I promise that \_\_\_\_\_ signed this form.  
 (the person named on Page 13)

They were thinking clearly and were not forced to sign it.

I also promise that:

- I know this person or they can prove who they are
- I am 18 years of age or older
- I am not their medical decision maker
- I am not their health care provider
- I do not work for their health care provider
- I do not work where they live



**One** witness must also promise that:

- I am not related to them by blood, marriage, or adoption
- I will not benefit financially (get any money or property) after they die

**Witness #1**

\_\_\_\_\_ sign your name \_\_\_\_\_ date

\_\_\_\_\_ print your first name \_\_\_\_\_ print your last name

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code

**Witness #2**

\_\_\_\_\_ sign your name \_\_\_\_\_ date

\_\_\_\_\_ print your first name \_\_\_\_\_ print your last name

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code

**You are now done with this form.**

Share this form with your family, friends, and medical providers. Talk with them about your medical wishes. To learn more go to [www.prepareforyourcare.org](http://www.prepareforyourcare.org)





**Notary Public: Take this form to a notary public ONLY if two witnesses have not signed this form. Bring photo ID (driver’s license, passport, etc.).**

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, \_\_\_\_\_  
Date Here insert name and title of the officer Names(s) of Signer(s)

who proved to me the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature \_\_\_\_\_  
Signature of Notary Public

**Description of Attached Document**

Title or type of document: \_\_\_\_\_  
Date: \_\_\_\_\_ Number of pages: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_  
 Individual  
 Guardian or conservator  
 Other \_\_\_\_\_

(Notary Seal)

**For California Nursing Home Residents ONLY**

Give this form to your nursing home director ONLY if you live in a nursing home. California law requires nursing home residents to have the nursing home ombudsman as a witness of advance directives.

**STATEMENT OF THE PATIENT ADVOCATE OR OMBUDSMAN**

“I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.”

\_\_\_\_\_ sign your name \_\_\_\_\_ date

\_\_\_\_\_ print your first name \_\_\_\_\_ print your last name

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code

