DESIGNATION OF RESIDENT ADVOCATE

This will serve as my authorization to have_____, a fellow Resident of Heritage on the Marina, serve as my advocate in the event that I am receiving care in the Health Center or in an outside health setting. In that capacity, my advocate may:

- Discuss my health condition and medical, personal, and social needs with my caregivers;
- Assist my caregivers by providing them with information about my background, lifestyle, attitudes, preferred routines, likes, and dislikes;
- Visit me and bring me items that I need;
- Provide other residents with information about my whereabouts and overall condition; and
- Suggest non-medical items and services that might assist in my care, based on knowledge of my likes and dislikes.

I understand that, since my advocate will be involved in discussing matters concerning my health care, Heritage on the Marina and any other health care provider may disclose health and medical information about me to the advocate, to the extent that it is directly relevant to my advocate's functions.   **_____Initial**

I also understand that, while he/she may express opinions to my caregivers about my situation and the services that I am receiving, my advocate will have no decision-making authority with regard to any aspect of my care or affairs. Decision-making authority will be reserved to me, and me alone, as long as I have the capacity to make decisions on my own behalf. In the event that I do not have such capacity, decision-making authority can be exercised only by another individual whom I have formally appointed as my agent under a General Durable Power of Attorney (for property decisions) or an Advance Health Care Directive (for medical, personal care, or placement decisions).   **_____Initial**

I understand that, if I have not yet created such a document, Heritage on the Marina will assist me by providing me with the appropriate forms.

☐ I have informed my Durable Power of Attorney for Health Care Agent of my desires.

Signature _____   **Date** _____

Printed Name _____