AG.311 ADVANCE DIRECTIVES



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PURPOSE:

The purpose of this policy is to provide the opportunity for patients to receive information regarding Advance Directives and Durable Powers of Attorney for Medical Care.

POLICY:

It is the policy of Open Door Community Health Centers to inform patients of the Advance Directive option, to provide basic information about Advance Directives and to document in client medical records that this information was discussed and/or provided. ODCHC Providers will comply with the Advance Directives on file, unless the Provider has informed the patient that because of reasons of conscience they cannot comply.

There are two general categories of directives: proxy and instructional:

- An instructional directive provides specific details about preferences for treatment decisions
- A proxy directive (also called a Durable Power of Attorney) identifies the individual that is trusted to make surrogate decisions

It is the responsibility of all staff members to familiarize themselves with this policy and the resources made available. ODCHC shall:

- provide information about Advance Directives to our patients.
- make available sample Advance Directive and Durable Power of Attorney forms. The State of California, California Advance Health Care Directive (revised 7-2015) contains both.
- discuss and document Advance Directives as part of well adult physical exams and upon other occasions, as appropriate.
- maintain a current signed copy of the patient's Advance Directive form in the Medical Record.
- make Advance Directive records available to other health care providers when requested for coordination of care.

REFERENCES:

California Health & Safety Code sections 7185-7194.5

California Natural Death Act guidelines and declaration

California Medical Association Legal Counsel, January 1998

California Hospital Association, <u>Consent Manual 2015</u>, Chapter 3 Advance Health Care Directives, At present, the law does not require that a patient sign an Advance Directive, only that an opportunity to do so be provided. Associated discussions and any follow-up that the patient may desire should also be documented.

ASSOCIATED DOCUMENTS:

None in this section

KEYWORD TAGS: