Advance Directive
IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-440-4347 (TTY: 1-800-718-4347). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español o otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY). IEHP

MY LIFE. MY CHOICE.
An Advance Care Directive is for everyone.

Plan today for your medical care tomorrow

IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-440-4347 (TTY: 1-800-718-4347). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español o otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español o otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español o otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español o otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español o otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY).
DEAR IEHP MEMBER,

Thank you for your interest in Advance Care Directives. An Advance Care Directive (ACD) is a legal form can help you make choices about future health care treatments and lets you name a person to speak for you in the event you are not able to at any point in your life.

This folder has information about ACDs and answers common questions. We have also included an ACD form.

If you are not sure how to fill out this form, a step-by-step video can be found at the Prepare for Your Care website (www.prepareforyourcare.com) to help you. If you need this form in other languages like Spanish, Farsi, Khmer, Korean, Russian, Tagalog, and Vietnamese, they can also be found on the Prepare for Your Care website.

Thank you for taking the time to fill out these forms. After you complete the form, please give a copy to your Doctor.

IEHP offers monthly Advance Care Planning workshops called, “My Life My Choice” at the Community Resource Centers, where you can get free in-person help with filling out the form.
Advance Care Planning (ACP) is a process of planning and setting goals about medical care treatment options in the event a person is not physically or mentally able of making them in the future. These options should be talked about often with the person who will make healthcare decisions for you and your Doctors. These conversations can begin at any point in a person’s life, no matter the health status and continue throughout the person’s life.

Planning ahead helps your Doctors understand what you want, who you are as a person, and offer options that are right for you.

An ACD is a legal form that allows you to:

❤️ Give others guidelines about your future health care wishes.
❤️ Name a person to be your agent (who will make health care decisions for you).
❤️ Express your intentions about organ donation, autopsy, funeral, or burial wishes.

In the state of California, the Living Will and Durable Power of Attorney for Health Care forms are combined into one form called an ACD.

Why you should have an ACD:

❤️ Your values and treatment choices will be respected.
❤️ Avoid needless pain, treatments that may not help, or a hospital stay you don’t want.
❤️ Lessens your loved ones’ burden and worry of deciding for you.
❤️ Eases stress and limits conflict among loved ones.
### Common Questions About Advance Care Directives (ACD):

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who can fill out an ACD?</td>
<td>Adults over 18 years old and sound of mind can fill out their own ACD. You do not need a lawyer to fill it out.</td>
</tr>
<tr>
<td>Who decides my medical treatment?</td>
<td>Your Doctors will inform you about treatment and options. But you will decide on the treatment you want. Doctors cannot decide for you.</td>
</tr>
<tr>
<td>What if I am too sick to decide?</td>
<td>If you are too sick to decide, your Doctor will ask for your closest available family member or friend to help decide what is best for you. It is best to talk about your wishes ahead of time with your agent, so they know how to decide.</td>
</tr>
<tr>
<td>Who can I choose to be my Agent?</td>
<td>You can choose any adult you trust. This person will speak on your behalf when you are too sick to do so. You can list this person on the first part of your ACD form.</td>
</tr>
</tbody>
</table>
| How do I make the form legal? | To make the form legal and legally valid in the state of California, you must sign it and have it either:  
- Signed by two witnesses (the form will tell you who can be a witness), \textit{OR}  
- Notarized |

Continued...
## COMMON QUESTIONS ABOUT ADVANCE CARE DIRECTIVES (ACD):

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
</table>
| Do advance care directives expire?                 | Once completed, an ACD does not expire. The truth is the planning process continues throughout life. It’s a good idea to review your ACD make sure it still reflects your wishes, especially when:  
  - You have aged ten years  
  - There’s a divorce  
  - You have a new health diagnosis  
  - A loved one dies  
  - You are no longer able do the things you used to                                                                                                                                 |
| What if I change my mind after I complete an ACD?   | As one matures, faces new health challenges, or family experiences; and our values, goals and priorities can change. Any changes you make to your ACD need to be shared with your agent and family. Changes can be about treatment options, where to get care, organ donation, or a new agent. Give the new form to your agent and Doctors and destroy all the old forms. |
| Can I use my ACD in a different state?             | Each state has its own laws for ACD. If you spend a lot of your time in a state other than California, consider completing an ACD for that state.                                                             |
**COMMON QUESTIONS ABOUT ADVANCE CARE DIRECTIVES (ACD):**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m not sick, so why do I need to have an ACD?</td>
<td>You can never be “too healthy” or “too young” to make an ACD. None of us knows when or under what circumstances we may not be able to make our own choices about the care we want and the care we do not want. Younger adults should have at least an ACD that appoints an agent.</td>
</tr>
<tr>
<td>Will I still be treated if I do not fill out an ACD?</td>
<td><strong>YES!</strong> You will still get full medical treatment. Just know that if you get so sick that you cannot decide your care, someone else will have to decide for you. This person may not know what you want or value.</td>
</tr>
<tr>
<td>How can I get more information about ACD?</td>
<td>To learn more, you can attend a My Life My Choice class at your nearest IEHP Community Resource Center. Classes are offered monthly. <a href="http://www.iehp.org">www.iehp.org</a></td>
</tr>
</tbody>
</table>

**WHAT ELSE DO I HAVE TO KNOW ABOUT MAKING FUTURE HEALTH CARE CHOICES?**

According to 1990 the Health Care Decisions Act, a person has a legal right to control the choices about to their own health care, including deciding to have life support or not. Sadly, every family must face the possibility of serious illness in which important choices must be made. It is never too early to think about these choices and discuss them with your family and Doctors.

As a patient, it is up to you to decide and inform your agent, family, and Doctors if you have completed an ACD and give them a copy of it. When you check into a hospital or other health facility, bring a copy of your ACD so that it is added to your medical record.
FORMS USED IN ADVANCE CARE PLANNING

An ACD is a legal form that all adults over 18 years should have. This form helps guide future medical care in cases when you are not able to speak. The form:

- Name a person who can relay your medical wishes to others.
- Tells your loved ones and medical staff what type of future treatment you want or don’t want in writing.

Even with an ACD, emergency staff are required by law to do what they can to save a person’s life, including CPR and using a breathing machine.

POLST (Physician Orders for Life-Sustaining Treatment)

- Is not an ACD.
- Translates patient preferences into medical orders.
- Tells emergency staff what to do. This order must be followed.
- Most appropriate for people with a serious illness or advanced frailty.
<table>
<thead>
<tr>
<th></th>
<th>POLST Form</th>
<th>Advance Directive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Document</strong></td>
<td>Medical order</td>
<td>Legal document</td>
</tr>
<tr>
<td><strong>Who Completes it?</strong></td>
<td>Doctor</td>
<td>Patient</td>
</tr>
<tr>
<td><strong>Who Needs One?</strong></td>
<td>Patients who have a serious illness (any age)</td>
<td>All adults</td>
</tr>
<tr>
<td></td>
<td>or advanced frailty near the end of life.</td>
<td></td>
</tr>
<tr>
<td><strong>Does it appoint an agent?</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>What is communicated?</strong></td>
<td>Specific medical orders</td>
<td>General wishes about treatment</td>
</tr>
<tr>
<td><strong>Is it easy to find?</strong></td>
<td>Yes, most of the time. Patient has original,</td>
<td>No. Depends where the person keeps the</td>
</tr>
<tr>
<td></td>
<td>a copy is placed in medical record and travels</td>
<td>form, if they told someone about it, or</td>
</tr>
<tr>
<td></td>
<td>with patient.</td>
<td>gave copies to their agent or Doctor.</td>
</tr>
<tr>
<td><strong>Can emergency staff follow it?</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*Source: polst.org*
WHAT IF I WANT TO USE A DNR (DO NOT RESUSCITATE) FORM?

A DNR can also be used with an ACD. The form informs emergency staff that a person does not want CPR, their heart started (with a defibrillator or drugs) or help to breathe (by using a tube or oxygen). The form does not affect giving life support measures like artificial nutrition or other forms of emergency medical care like treating pain, trouble breathing, major bleeding or other medical conditions. These measures can be noted in an advance care directive.

The DNR form must be signed by the patient and the Doctor. Once completed, the DNR form should be clearly posted near the patient. If you think this form is for you, discuss it with your Doctor at your next office visit.

IEHP ACD WALLET CARD

So, you have finished your ACD, named a person to speak for you, and have given copies to your Doctor and family. Having a copy of your ACD with you at all times is best, but not often practical.

The ACD Wallet Card is a simple way to let others know you have an ACD. The card can help make sure the right people are called in case of a health emergency to help with decisions about your care.

Fill out the enclosed card and carry it with you at all times.
If you need help, ask to speak with an IEHP Health Education Department team member at 1-800-440-4347.

ONLINE RESOURCES

❤ IEHP.org - Download the free, easy-to-read PREPARE™ form.

❤ Prepareforyourcare.org - See step-by-step videos on how to fill out your PREPARE™ form. Download this form for your state in nine other languages.

❤ POLST California - capolst.org - This site provides information to patients and caregivers about POLST. The form is available in 12 other languages.

❤ Organ donation information - donatelifecalifornia.org – Get more information about how organ donation works, what organs you can donate, and sign up to be a donor.
MY LIFE. MY CHOICE.
An Advance Care Directive is for everyone.

PLAN TODAY FOR YOUR MEDICAL CARE TOMORROW

P.O. Box 1800
Rancho Cucamonga, CA 91729-1800
(800) 440-IEHP (4347)
(800) 718-4347 for TTY users
www.iehp.org

Stay Connected. Follow us!