



Advance Directives

2024

January 1st - December 31st

Leon Health is an HMO plan with a Medicare Contract.
Enrollment in Leon Health, Inc. depends on contract renewal.

Advance Directives

Making things clear

Your family ✓

Your life ✓

Your doctor ✓

Your decision ✓

Your community ✓

Communicate your decisions.

Learn about the options for end-of-life care.

Engage with efforts to improve end-of-life care.

Address any concerns that you may have.

Rest in the confidence that your wishes are known.

Keeping Open Communication

As we age and look forward to longer life expectancies, we enjoy more opportunities in life with those that we care about. Making an Advance Directive in case something unexpected occurs is another way to keep open communication and enjoy the time we have without the worry that those that love us would not know what to do or how to honor our desires.

What is an Advance Directive?

It is a written or oral statement that describes your personal wishes in regards to your medical care that you want (or do not want) if you become unable to make your own decisions.

How can an Advance Directive help?

Advance Directives allows for difficult decisions to be made easier for your family and loved ones. By planning with your family and loved ones letting them know your personal decisions, they are better prepared to make difficult decisions that honor your wishes.

Do I need an attorney to validate my documents?

No. Directives can be initiated and completed without the assistance of an attorney, although you may retain the service of one. It is advisable to consult with your physician as you consider completing an Advance Directive and discuss your decisions with your family.

Types of Advance Directives:

- ***A LIVING WILL***

A written or oral statement of the kind of medical care you want (or do not want) if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living.

- ***A HEALTH CARE SURROGATE DESIGNATION***

It is a document naming another person as your representative to make medical decisions for you, if you are unable to make them yourself. You can include instructions about any treatment you want, or do not want, as well as assign an alternate surrogate.

- ***AN ANATOMICAL DONATION***

It is a document that indicates your wish to donate, at death, all or part of your body.

Choosing an Advance Directive

While there are no legal requirements to complete an advance directive, if you are in an unfortunate situation where you cannot speak for yourself, a court-appointed guardian, adult family member or close friend may or may not be aware of your wishes as they make important decisions for you.

When you make an advance directive and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

Depending on your individual needs, you may wish to complete any one or a combination of the three types of advance directives.

Advantages of Having a Written Advance Directive

- You are in CHARGE of making your own decisions.
- Decisions can be changed or updated ANYTIME as per your desire.
- You DO NOT need an attorney.
- It assures that your wishes regarding your personal medical care are respected.
- In the event that family members have to make decisions on whether or not life-prolonging measures should be used, being able to refer to your own wishes can help minimize and reduce unnecessary stress on the family.

The Role of Your Health Care Surrogate

In the event you are unable to process information and communicate your health-care wishes, your health care surrogate is empowered to:

- Step into your shoes and speak on your behalf as they make decisions that reflect your wishes.

Selecting a Health Care Surrogate

Health Care Surrogates may function on your behalf for any length of time responding to both life-threatening and non-life-threatening medical conditions.

They should be:

- Someone you trust.
- Someone able to make decisions based on your wishes, and not on their own personal preference or beliefs.

Once you decide on a Health Care Surrogate:

- Be sure to ask them if they agree to take this responsibility.
- Discuss how you would like matters handled.
- Give them a copy of the document.

Consider these situations:

1. Mr. J., an 84-year-old man living with his loving wife of 50 years requires hospitalization after a sudden fall during a walk down their local street. Mr. J. has no history of any medical complications and was unresponsive to treatment and requires round-the-clock monitoring. 48 hours after his admission, Mr. J. suffers a heart attack and the emergency response team wants to know what does his Advance Directives state.

2. Mrs. S., 54-year-old woman, was accompanying her husband to the hospital to evaluate his concerns of chest pain and severe shortness of breath. They have made multiple trips to the emergency room within the month and are concerned that it might be serious. Mr. S, a heavy smoker for more than 30 years, has been diagnosed with emphysema and was explained by the physician that if he were to be placed on a breathing machine, his lungs will most likely not be strong enough to independently breathe on their own subsequently. Mr. and Mrs. S. had never made any considerations for end of life decisions and are in shock to hear the reality of Mr. S's situation.

A Thought to Consider

The individuals in both of these situations faced decisions that they had to make during a time of a crisis. Any crisis brings stress onto the individual and their family. Taking the time to discuss your personal wishes with your loved ones, can reduce or even avoid such stress during those sensitive moments.

After speaking with your family, make sure to complete an Advance Directive.

Definitions***END-STAGE CONDITION***

An irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

PERSISTENT VEGETATIVE STATE

A permanent and irreversible condition of unconsciousness in which there is: The absence of voluntary action or cognitive behavior of any kind and an inability to communicate or interact purposefully with the environment.

TERMINAL CONDITION

A condition caused by injury, disease, or illness, from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

LIFE PROLONGING

Any medical procedure, treatment, or intervention including artificially provided sustenance and hydration, which sustains, restores, or supplants a spontaneous vital function.

PALLIATIVE/COMFORT CARE

Care which provides for immediate comfort, such as cleanliness, warmth, pain control, food and water, as requested by the individual.

The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

HEALTH CARE ADVANCE DIRECTIVES

I, _____
have created the following Advance Directives


Living Will
 Health Care Surrogate Designation
 Anatomical Donation
 Other (specify _____)

FOLD

Name _____
Address _____

Telephone _____
Signature _____

cut along dotted line



Agency for Health Care Administration
2727 Mahan Drive, Tallahassee, Florida 32308
1-888-419-3456
www.FloridaHealthFinder.gov
www.MyFloridaRx.com
<http://ahca.myflorida.com>
04-2006

Living Will

Declaration made this _____ day of _____, 20____, _____
I, _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and _____ (initial) I have a terminal condition, or _____ (initial) I have an end-stage condition, or _____ (initial) I am in a persistent vegetative state, and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do _____, I do not _____ desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name _____

Address _____

City _____

Zip Code _____

State _____

Phone _____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional): _____

Signed _____

Witness _____

Address _____

City _____ Zip _____

State _____ Phone _____

Witness _____

Address _____

City _____ Zip _____

State _____ Phone _____

At least one witness must not be a husband or wife or a blood relative of the principal.

Designation of Health Care Surrogate

Name _____

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name _____

Address _____

City _____ Zip Code _____ State _____ Phone _____

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name _____

Address _____

City _____ Zip Code _____ State _____ Phone _____

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional) _____

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

Witnesses:

1. _____

2. _____

At least one witness must not be a husband or wife or a blood relative of the principal.



Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death.
The words and marks below indicate my desires:

I give:

(a) _____ any needed organs or parts

(b) _____ only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

(c) _____ my body for anatomical study if needed. Limitations or special wishes, if any:

Signed by the donor and the following witnesses in the presence of each other:

Donor's Signature _____

Donor's Date of Birth _____ Date Signed _____

City and State _____ Zip Code _____

Witness #1 _____

Street Address _____

City _____ Zip Code _____ State _____

Witness #2 _____

Street Address _____

City _____ Zip Code _____ State _____

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver's license or state identification card (at your nearest driver's license office).





For more information, please contact

LEON MEDICAL CENTERS

Customer Service

305.642.5366

OR

Talk to your physician regarding your options.

Other resources include:

www.agingwithdignity.org | Aging with Dignity 888.594.7437

www.FloridaHealthFinder.gov | (click Brochures and Guides) | 888.419.3456

American Association of Retired Persons (AARP) | www.aarp.org
(Type "advance directives" in the website's search engine).

