



GRIFFIN HEALTH

ADVANCE CARE PLANNING

The Most Important Step: Choose Your Health Care Representative

We don't like to think about it, but life can change in an instant. That's why it's important for EVERY adult to designate a Health Care Representative who will make medical decisions in the event you cannot make them yourself - even if it's temporary.

Completing this one-page advance directive (called an Appointment of Health Care Representative) can be simple:

First - Decide who you trust to be your decision-maker; it's also wise to choose an alternate. Be sure the person you choose:

- is willing and able to assume this role;
- will talk with you about your values, goals and preferences;
- agrees to make decisions you want - even if they would make different decisions; and
- can make medical decisions in difficult circumstances.

Second - Complete the attached document.

- Print your name and date of birth.
- Print the name and phone number of your first-choice Health Care Representative.
- Print the name and phone number of your second-choice Health Care Representative (if selected).
- **STOP!** Do not sign this document until you are in the presence of two (2) witnesses who are NOT your choices for Health Care Representative or the physician who is treating you.
- When your witnesses are present, sign your document. Then print your name as the author of the document, and have both witnesses sign, along with their address and phone number (**Connecticut does not require notarization**).

Third - Make copies and provide one to your:

- Health Care Representative(s)
- Hospital
- Doctors
- Your family members and loved ones, so that everyone knows your wishes

It's that simple - and that important!

For your convenience, we can provide witnesses, make copies for you, and ensure a copy gets into your medical record at Griffin Hospital and your doctor's office. **Just call 203-732-1255.**

APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I understand that, as a competent adult, I have the right to make decisions about my health care. There may come a time when I am unable, due to incapacity, to make my own health care decisions. In these circumstances, those caring for me will need direction and will turn to someone who knows my values and health care wishes. By signing this appointment of health care representative, I appoint a health care representative with legal authority to make health care decisions on my behalf in such case or at such time.

I appoint _____ to be my health care representative. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and to reach and communicate an informed decision regarding treatment **my health care representative is authorized make any and all health care decisions for me, including the decision to accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition and the decision to provide, withhold or withdraw life support systems**, except as otherwise provided by law which excludes for example psychosurgery or shock therapy.

I direct my health care representative to make decisions on my behalf in accordance with my wishes as stated in a living will, or as otherwise known to my health care representative. In the event my wishes are not clear or a situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes.

If _____ is unwilling or unable to serve as my health care representative, I appoint _____ to be my alternative health care representative.

This request is made, after careful reflection, while I am of sound mind.

_____ / _____ / _____ (Date) X_____

WITNESSES' STATEMENTS

This document was signed in our presence by _____ the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author's presence and at the author's request and in the presence of each other.

X _____
(Witness)

X _____
(Number and Street)

X _____
(City, State and Zip Code)

X _____
(Witness)

X _____
(Number and Street)

X _____
(City, State and Zip Code)