

- Be signed by a licensed health care provider and witnessed.

*You should talk to your doctor about pre-hospital directives if you are thinking about signing one.*

If you have signed an orange pre-hospital medical care directive, you may also wear a special orange bracelet. It must state your name, your doctor's name, and the words "Do Not Resuscitate". This bracelet will call to the attention of emergency personnel that you have completed the form and that you do not want the emergency medical care you have checked on the form.

*Who should have copies of your health care directives?*

It is very important that you give copies to your doctors at once and to any health care facility upon admission. You should give copies to anyone you have named to make health care decisions for you in a health care power of attorney. You may also want to give copies to close family members. Be sure to keep extra copies for yourself.

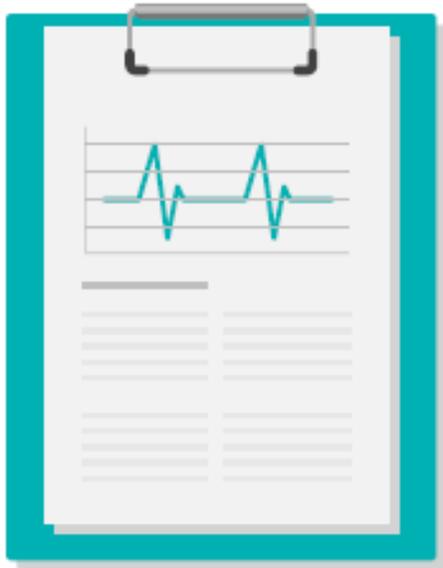
**SOURCES OF INFORMATION AND FORMS**

**Arizona Aging and Adult Administration**

Arizona Department of Economic Security  
1789 W. Jefferson St.  
(Site Code 950A)  
Phoenix, AZ 85007  
(602) 542-4446

**Arizona Medical Association**

810 W. Bethany Home Rd.  
Phoenix, AZ 85013  
(602) 246-8901



**Arizona Health Decisions**

Your Health Care Choices Program  
Prescott, AZ 86302  
(602) 952-1464

**Dorothy Garske Center**

Your Health Care Choices Program  
4250 E. Camelback Rd, Suite 185K  
Phoenix, AZ 85018  
(602) 952-1464

**NATIONAL ORGANIZATIONS**

**American Association of Retired Persons (AARP)**

601 "E" Street, N.W.  
Washington DC 20049  
(202) 434-AARP (2277)

**Choice in Dying**

200 Varick Street  
New York, NY 10014  
(212) 366-5540

*The following organizations provide information and answer questions about health care directives and related legal matters:*

**Arizona Senior Citizens Law Project**

1818 S. 16<sup>th</sup> Street  
Phoenix, AZ 85034  
(602) 252-6710

**State Bar Association of Arizona**

4201 N. 24<sup>th</sup> St., Ste. 100  
Phoenix, AZ 85016-6266  
(602) 252-4804 or  
Toll Free 1-866-482-9227

Revised 1/6/2020

# Decisions About Your Healthcare

How you can plan for the future with Living Wills and other Healthcare Directives



**Also operating:**

**River Health Clinic, Parker  
La Paz Medical Services, Quartzsite  
Quartzsite Imaging, Quartzsite  
Bouse Medical Clinic, Bouse  
Tri-Valley Medical Center, Salome  
Parker Podiatry, Parker**



**La Paz Regional Hospital**

1200 Mohave Road  
Parker, Arizona 85344  
928-669-9201

*You are getting this information about your rights to make or control your own health care decisions because of a 1991 federal law. We hope this information will help you. A description of this health care organization's policies about your right to make health care decisions must be given to you along with this information. You are also encouraged to talk with your family, your doctor, and anyone else who could help you in these matters.*



#### **Who makes your health care decisions?**

You do, if you can make and communicate them. Your doctors should tell you about the treatment they recommend, other reasonable alternatives, and important medical risks and benefits of that treatment and the alternatives. You have the right to decide what health care, if any, you will accept.

#### **What happens if you become unable to make or communicate your health care decisions?**

You can still have some control over your health care decisions, if you have planned ahead. One way to plan ahead is by making a **health care directive** that names someone to make these decisions for you, or which guides or controls these decisions. If you have not named someone in a health care directive, your doctors must seek a person authorized by law to make these decisions. A person who makes health care decisions for you is called a **surrogate**.

#### **What is a health care directive?**

It is a written statement about how you want your health care decisions made. Under Arizona law, there are three common types of health care directives. They are:

A **health care power of attorney**, or “**Advance Directives**” is a written statement in which you name an adult to make health care decisions for you. That person will make health care decisions for you only when you cannot make or communicate such decisions.

A **living will**, which is a written statement about health care you want or do not want that is to be followed if you cannot make your own health care decisions. For example, a living will can say whether you want to be fed

through a tube if you were unconscious and unlikely to recover.

A **pre-hospital medical care directive**, which is a directive refusing certain lifesaving emergency care given outside a hospital or in a hospital emergency room. To make one, you must complete a special orange form.

These directives, used separately or together, can help you say “yes” to treatment you want and “no” to treatment you don’t want.

#### **Must your health care directives be followed?**

**Yes.** Both health care providers and surrogates must follow valid health care directives.

#### **Can you be required to make a health care directive?**

**No.** Whether or not you make a health directive is entirely up to you. A health care provider cannot refuse care based on whether or not you have a health care directive.

#### **Can you change or revoke a health care directive?**

**Yes.** If you change or revoke a health care directive, you should notify everyone who has a copy.

#### **Who can legally make health care decisions for you if you are unable to make your own decisions and if you have not made a health care power of attorney?**

A court may appoint a guardian to make health care decisions for you. Otherwise, your health care provider must go down the following list to find a surrogate to make health care decisions for you:

- a. Your husband or wife, unless you are legally separated.
- b. Your adult child. If you have more than one adult child, a majority of those who are available.
- c. Your mother or father.
- d. Your domestic partner, unless someone else has financial responsibility for you.
- e. Your brother or sister.
- f. A close friend of yours. (Someone who shows special concern for you and is familiar with your health care views).

If your health care provider cannot find an available and willing surrogate to make health care decisions for you, then your doctor can decide with the advice of an ethics committee or, if this not possible, with the approval of another doctor.

#### **A surrogate will not have the right to refuse the use of tubes to give you food or fluids unless:**

1. You have appointed the surrogate to make health care decisions for you in a health care power of attorney; or
2. A court has appointed that surrogate as your guardian to make health care decisions for you; or
3. You have stated in a health care directive that you do not want this specific treatment.

#### **ADDITIONAL INFORMATION:**

*The state of Arizona has a website where you can file your Advance Directives please visit:*

<https://azsos.gov/services/advance-directives>

*For online forms available please visit:*

[https://www.azag.gov/sites/default/files/docs/seniors/life-care/2018/LCP\\_Packet\\_fillable-PoA.pdf](https://www.azag.gov/sites/default/files/docs/seniors/life-care/2018/LCP_Packet_fillable-PoA.pdf)

*Do you need a lawyer to make a health care directive?*

**No.** Just be sure that your directive is valid under Arizona law.

*What does the law require for a health care directive after September 20, 1992?*

#### **A health care power of attorney must:**

- Name a person to make health care decisions for you if you become unable to make your own decisions. You may also name an additional person or persons to make decisions for you if your first choice cannot serve. The person or persons must be at least 18 years of age.
- Be signed or marked by you and dated.
- Be signed by a notary or by an adult witness or witnesses, who saw you sign or mark the document and who say that you appear to be of sound mind and free from duress. A notary or witness cannot be the person you name to make your decisions and cannot be providing health care to you. If you have only one witness, that witness cannot be related to you or someone who will get any of your property from your estate if you die.

#### **A living will must:**

- State how you want your health care decisions to be made in the future.
- Be signed or marked by you and dated.
- Be notarized or witnessed in the same way as described above for health care power of attorney.

#### **A pre-hospital medical care directive must:**

- Be in exactly the form required by law. The form must be orange and must list the following:
  1. Chest compression (chest pressure to restart the heart)
  2. Defibrillation (electrically correcting heart beat)
  3. Assisted ventilation (breathing by machine)
  4. Intubation (supplying air through a tube down the throat)
  5. Advanced life support medications.
- Be signed or marked by you and dated.