

ADVANCE DIRECTIVE

"Your Healthcare Rights in New Jersey"

HEIGHTS MEDICAL ASSOCIATES, P.A.

Thomas S. Bellavia, MD

Carl J. Renner, MD

Rebekah Marquis, DO

Joyce Feliciano, APN

288 Boulevard
Hasbrouck Heights, NJ 07604
201-288-6781

This document explains your rights to make decisions about your own healthcare under New Jersey law. It also tells you how to plan ahead for your healthcare if you become unable to decide for yourself because of an illness or accident. It contains a general statement of your rights. It provides information for patients and families regarding a patient's right to accept or refuse medical treatment.

YOUR BASIS RIGHTS

You have the right to receive an understandable explanation from your doctor of your complete medical condition, expected results, benefits and risks of treatment recommended by your doctor, and reasonable medical alternatives. You have the right to accept or refuse any procedure or treatment used to diagnose or treat your physical or mental condition, including life-sustaining treatment. You also have the right to control decisions about your healthcare in the event you become unable to make your own decisions in the future by completing an advance directive.

If you become unable to make treatment decisions, due to illness or an accident, those caring for you will need to know about your values and wishes in making decisions on your behalf. That's why it's important to write an advance directive.

An advance directive is a document that allows you to direct who will make healthcare decisions for you and to state your wishes for medical treatment if you become unable to decide for yourself in the future. Your advance directive may be used to accept or refuse any procedure or treatment including life-sustaining treatment.

There are three kinds of advance directives that you can use to say what you want and who you want our doctors to listen to:

PROXY DIRECTIVE (also called a "durable power of attorney for healthcare") lets you name a "healthcare representative", such as a family member or a friend, to make healthcare decisions on your behalf.

INSTRUCTION DIRECTIVE (also called a "living will") lets you state what kinds of medical treatments you would accept or reject in certain situations.

A COMBINED DIRECTIVE lets you do both. It lets you name a healthcare representative and tells that person your treatment wishes.

You can fill out an advance directive in New Jersey if you are 18 years or older and you are able to make your own decisions. You do not need a lawyer to fill it out.

You should talk to your doctor, family members, close friends, or others you trust to help you with your Advance Directive. Your doctor or a member of our staff can give you more information about how to fill out an advance directive. Once you have completed an advance directive, you should talk to your doctor about it and give a copy to him or her. You should also give a copy to your healthcare representative, family member, or others close to you. Bring a copy with you when you must receive care from a hospital, nursing home, or other healthcare agency. Your advance directive becomes part of your medical records.

(Print Patient's Name)

Hereby appoint _____
(Name)

(Address and Telephone Number)

As my healthcare representative to make any and all healthcare decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own healthcare decisions.

2. I, being of sound mind, willfully and voluntarily make known my wishes regarding healthcare in the event of loss of decision-making capacity.

If at any time I am permanently unconscious or have a terminal condition, as determined by my attending physician and confirmed by a second qualified physician; or if treatment is experimental or likely to be ineffective or futile in prolonging my life; or is likely to merely prolong an imminent dying process; or I have a serious irreversible illness or condition and the likely risks and burdens of medical intervention outweigh the benefits; and unwanted medical intervention would be inhumane, I direct my proxy to make healthcare decisions in accord with my wishes and any limitations as may be stated below. I also direct that I be given all medically appropriate care necessary to make me comfortable and relieve pain.

Optional statement of desires concerning life-prolonging care, treatment, services and procedures:

In the absence of my ability to give directions regarding my healthcare, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to accept or refuse medical care. In the event that my wishes are not clear, my representative is authorized to make decisions in my best interests, based on what is known of my wishes.

3. If the person I have designated above is unable, unwilling or unavailable to act as my healthcare representative, I hereby designate the following person(s) to act as my healthcare representative, in the order of priority stated:

a. _____
(Name)

(Address)

(Telephone)

b. _____
(Name)

(Address)

(Telephone)

4. By signing below, I indicate that I understand the contents of this document.

(Signature) (Date)

5. Witnesses: I declare that the person who signed this document, or asked another to sign this document on his or her behalf, did so in my presence, that he or she is personally known to me, and that he or she appears to be of sound mind and free of duress or undue influence. I am 18 years of age or older and am not designated by his or any other document as the person's healthcare representative, nor as an alternate healthcare representative.

Witness Name: _____
Address: _____
Signature: _____
Date: _____

Witness Name: _____
Address: _____
Signature: _____
Date: _____

6. Optional: Notary Public Seal

FOR MORE INFORMATION

Society for the Right to Die/Concern for Dying

250 West 57th Street

New York, NY 10107

212-246-6973 (supplies forms)

American Association of Retired Persons

1909 K Street, N. W.

Washington, D.C. 20049

202-662-4985

American Bar Association Commission on Legal Problems of the Elderly

1800 M Street, N.W.

Washington, D.C. 20036

202-331-2297

American Health Decisions

319 East 46th Street

New York, NY 10017

212-268-8900

Hastings Center Institute of Society, Ethics, and the Life Sciences

255 Elm Road

Briarcliff Manor, NY 10510

914-478-0500