

HARBOR-UCLA MEDICAL CENTER

SUBJECT: ADVANCE DIRECTIVES

POLICY NO. 129

PURPOSE:

To ensure that an Advance Directive is requested from each inpatient and outpatient and/or that patients are informed how they can complete an Advance Directive.

DEFINITION:

Advance Directive: A written instruction that relates to the provision of health care when the individual is incapacitated.

POLICY:

Harbor-UCLA Medical Center allows a person to give verbal or written directives regarding health care decisions through advance directives. The Advance Health Care Directive (AHCD) is the legally recognized written format for achieving this. It replaced the Natural Death Act Declaration and the Durable Power of Attorney for Health Care in California as of July 2000.

This document allows the patient to determine whether or not s/he wants life-sustaining treatment if terminally ill or permanently unconscious. It also allows the patient to name a representative to state his/her desires about his/her health care, when s/he is unable to do so on his/her own.

At the time of the adult inpatient admission, the patient will be asked if s/he has executed an Advance Directive and will be provided written information describing:

- His/her right to make health care decisions and to accept or refuse medical or surgical treatment
- His/her right to complete an Advance Directive
- Directions on how to get more information if s/he wishes to execute an Advance Directive

The patient or Health Care Agent of an incapacitated patient has the right to change or discontinue an Advance Directive at any time. The patient or Health Care Agent should notify the physician verbally or in writing of changes or discontinuance of an Advance Directive.

A healthcare provider may not honor a written health care directive until that provider receives a written, properly executed copy.

Advance Directives will not be considered in Psychiatric Emergencies.

EFFECTIVE DATE: 3/99

SUPERSEDES:

REVISED: 12/91, 9/92, 2/96, 3/99, 12/01, 12/05, 7/09, 8/10, 1/14, 1/17, 1/20

REVIEWED: 10/92, 2/96, 3/99, 12/01, 12/04, 12/05, 1/14, 1/17, 1/20

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If the patient has executed an Advance Directive, a copy should be provided to the hospital. If the patient, family member or surrogate is unable to provide a copy of an executed Advance Directive, the patient's physician will document that an Advance Directive was executed and the contents of the Advance Directive in the patient's electronic medical record.

I. Emergency Room

If a patient presents to the Emergency Room and indicates that an Advanced Directive has been executed, nursing staff will complete the advanced directive form found in the electronic medical record. Patients requesting information regarding an advanced directive will be referred to Clinical Social Work.

If an unconscious patient presents in the Emergency Room, the patient's personal belongings will be searched for a wallet registration card from the Secretary of State (see sample card – Attachment IV).

- a. If a wallet card is found, the hospital must contact the Secretary of State at (916) 653-3984. The Secretary of State, Special Filing Unit, must respond by the close of business on the next business day (their hours are weekly, Monday-Friday, 8:00 a.m. – 5:00 p.m.).
- b. Nursing staff will notify Clinical Social Work initiating the information collection process.
- c. Information that may be received and released is limited to the registrant's name, social security or driver's license or other individual identifying number established by law, if any, address, date and place of birth, the intended place of deposit or safekeeping of the written advance health care directive, and the name and telephone number of the agent and any alternative agent.
- d. Once identifying information and alternate contact information is released, Clinical Social Work staff shall try to obtain additional information (including a copy of the advance directive) from the alternate contact.
- e. Nursing staff will complete the "Advanced Directive" form in the electronic medical record.

II Psychiatric Inpatient Services

During the initial intake process on the Psychiatric Inpatient Units (8W and 1-South), the Nursing Staff will ask the patient if s/he has an Advance Directive or Mental Health Advance Directive and document the response in the electronic health record, as well as give the "Information on Advance Health Care Directives" pamphlet (Attachment II) to the patient. Additional information on Psychiatric Advance Directives is available to patients upon request. If a patient does have an advance directive with psychiatric treatment preferences, the Psychiatric clinical staff will be advised. Every effort will be made to work with the patient's family or surrogate to obtain a copy of an acknowledged Advance Directive.

III Inpatient Units

Upon admission, the nursing staff will access and complete all required elements of the Admissions History Adult found in the Ad Hoc forms, Admission/Transfer/Discharge folder. As part of the admission intake, the nursing staff will ask the patient if s/he has an Advance Directive.

- a. If the patient indicates YES, they have an Advance Directive, the nursing staff must complete, to the best of their ability in the electronic medical record the following information:
 - i. Advance Directive Date
 - ii. Type of Advance Directive
 - iii. Medical Power of Attorney Name (if applicable)
 - iv. Location of Advance Directive

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- v. Surrogate Name
 - vi. Reason Copy cannot be obtained
 - vii. Intent of Advance Directive Stated by
 - viii. Intent of Advance Directive
- b) If the patient indicates NO, they do not have Advance Directive, the nursing staff must complete the following question:
- i. Patient Wishes to Receive Further Information on Advance directives?
 - ii. If the patient answers:
 - 1. YES – complete the indicator as to which information was given:
 - a. Pamphlet
 - b. Refer to Social Worker
 - c. Other - with explanation
 - i. NO - The section on Advance Directive is complete

Upon Admission, Nursing Staff asks the patient about the Advance Directive and gives the required information to the patient. Nursing Staff will:

- a. File a copy of the Advance Directive provided by the patient, family member, or surrogate in the patient's paper-light chart,
- b. Instruct the patient who indicates an Advance Directive has been executed, but has not provided it to the hospital, to provide a copy as soon as possible.

Nursing Staff who receives a copy of an Advance Directive for an admitted patient will notify the patient's physician and file the copy in the patient's medical-light chart.

If notified verbally or in writing by the patient or Health Care Agent of changes or discontinuance of an Advance Directive, Nursing Staff should note that communication in the patient's electronic medical record and immediately inform the patient's physician. If notification is in writing, Nursing Staff will file the written notification in the patient's paper-light chart.

C. Physician

When notified by Nursing Staff that a patient has executed an Advance Directive, but has not provided a copy, the Physician will promptly meet with the patient to identify and record the contents of the Advance Directive in the patient's electronic medical record.

The Physician who receives a copy of an Advance Directive for an admitted patient will notify the Nursing Staff and have a copy filed in the patient's paper-light chart.

When notified of changes or discontinuance of the Advance Directive by the Nursing Staff, the patient, or the Health Care Agent, the Physician will document the changes or discontinuance in the patient's electronic medical record. If written notification is provided to the physician, the physician will file the written notification in the patient's paper-light chart.

D. Clinical Social Work

Upon request or consult, Clinical Social Work Staff will provide counsel and assistance for patients, family members, or surrogates who have questions or need assistance regarding Advance Directives. They will assist in educating patients and families, as well as offer a template document. If the patient

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has specific wishes about psychiatric treatment during a mental health crisis, the Social Work staff will advise the patient to document these concerns in the "OPTIONAL" section on the template.

If an Advance Directive is completed while a patient is in-house, the Social Work staff will scan a copy in the patient's electronic medical record. The Clinical Social Worker will inform the patient's nurse and physician, and provide the original to the patient.

IV. OUTPATIENTS

All patient presenting to the Outpatient areas for visits, outpatient surgery or procedures will have one of the following forms completed as part of their nursing intake process, Adult Ambulatory Intake and History or Adult Ambulatory Quick Intake which are found in the Ambulatory Care folder or the Advance Directive form which is found in the Preoperative folder.

As part of the intake process, the nursing staff will ask the patient if s/he has an Advance Directive.

- a. If the patient indicates YES, they have an Advance Directive the nursing staff must complete, to the best of their ability, in the electronic medical record the following information:
 - i. Advance Directive Date
 - ii. Type of Advance Directive
 - ii. Medical Power of Attorney Name (if applicable)
 - iii. Location of Advance Directive
 - iv. Surrogate Name
 - v. Reason Copy cannot be Obtained
 - vi. Intent of Advance Directive Stated by
 - vii. Intent of Advance Directive
- b. If the patient indicates NO, they do not have Advance Directive, the nursing staff must complete the following question:
 - i. Patient Wishes to Receive Further Information on Advance directives.
 - ii. If the patient answers:
 1. YES – complete the indicator as to which information was given:
 - a. Pamphlet
 - b. Refer to Social Worker
 - c. Other - with explanation
 2. NO - The section on Advance Directive is complete

As a rule, DNR Advance Directives are honored in clinics when the Do Not Resuscitate Advance Directive is known to clinic staff, and a physician specifically orders the staff not to resuscitate the patient. Otherwise, clinic staff will stabilize the patient and transfer him/her to the Emergency Room, where the DNR Advance Directive may be honored.

CROSS REFERENCE:

Patient Self-Determination Act Provisions of Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508) [42 U.S.C. Section 139a (W)] Senate Bill 1148 Amended January 1, 1996.

Advance Health Care Directive Including Power of Attorney for Health Care Decisions, California Probate Code Section 4701.

California Assembly Bill 891, Chapter 658, effective July 1, 2000.

California Probate Code, Sections

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COUNTY OF LOS ANGELES

HARBOR - UCLA MEDICAL CENTER

DEPARTMENT OF HEALTH SERVICES

**ADVANCE DIRECTIVE ACKNOWLEDGEMENT
RECONOCIMIENTO DE LAS INSTRUCCIONES ANTICIPADAS**

Due to the patient's medical condition, we were unable to interview the patient at the time of admission.
Debido al estado médico del paciente, no se le pudo entrevistar al momento de ser internado.

Registration Worker (initials) _____

Empleado de Registración (iniciales) _____

	Yes	No		Sí	No
1. Do you have an Advance Directive	<input type="checkbox"/>	<input type="checkbox"/>	1. ¿Tiene usted Instrucciones Anticipadas?	<input type="checkbox"/>	<input type="checkbox"/>
2. I have been given information (brochure) about California Law on Advance Directives	<input type="checkbox"/>	<input type="checkbox"/>	2. Me han dado información (pamflete) acerca de la Ley de California sobre Instrucciones Anticipadas	<input type="checkbox"/>	<input type="checkbox"/>
3. I would like an Advance Directive form If yes, refer to Social Services or the Patient Advocate (Initials) _____	<input type="checkbox"/>	<input type="checkbox"/>	3. Deseo una forma de las Instrucciones Anticipadas Si sí referir a Servicios Sociales o a la Defensor de Pacientes (iniciales) _____	<input type="checkbox"/>	<input type="checkbox"/>
4. I have executed (written) a Living Will	<input type="checkbox"/>	<input type="checkbox"/>	4. He ejecutado (escrito) un "Testamento en Vida"	<input type="checkbox"/>	<input type="checkbox"/>
5. I have executed (written) a Durable Power of Attorney for Health Care	<input type="checkbox"/>	<input type="checkbox"/>	5. He ejecutado (escrito) una Carta de Poder con decisiones acerca de mi cuidado médico	<input type="checkbox"/>	<input type="checkbox"/>
6. I have executed (written) a declaration pursuant to the Natural Death Act (NDA)	<input type="checkbox"/>	<input type="checkbox"/>	6. He ejecutado (escrito) una Declaración de acuerdo con la Ley de Muerte Natural de California	<input type="checkbox"/>	<input type="checkbox"/>
7. I have given Harbor-UCLA Medical Center's admission clerk a signed copy of the above documents	<input type="checkbox"/>	<input type="checkbox"/>	7. He entregado al empleado de admisiones del Centro Médico Harbor-UCLA una copia de los documentos mencionados	<input type="checkbox"/>	<input type="checkbox"/>
8. I have been advised to provide Harbor-UCLA Medical Center with a copy of my Advance Directive	<input type="checkbox"/>	<input type="checkbox"/>	8. Me han recomendado darle una copia de mis Instrucciones Anticipadas al Centro Médico Harbor-UCLA	<input type="checkbox"/>	<input type="checkbox"/>

Comments:
Comentarios:

SIGNATURE OF PATIENT, SURROGATE OR GUARDIAN (CIRCLE ONE) FIRMA DEL PACIENTE, GUARDIAN O SUBSTITUTO LEGAL (CIRCULE UNO)	DATE FECHA	TIME HORA
SIGNATURE OF HOSPITAL REPRESENTATIVE FIRMA DEL EMPLEADO DEL HOSPITAL	DATE FECHA	TIME HORA
SIGNATURE OF INTERPRETER FIRMA DEL INTERPRETE	DATE FECHA	TIME HORA



ORIGINAL - FILE IN MEDICAL RECORD
UNDER ADVANCE DIRECTIVE TAB
CANARY - PATIENT

ADVANCE DIRECTIVE ACKNOWLEDGMENT

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GETTING HELP WITH YOUR AHCD

How do I get an AHCD and then what do I do with it?

Ask a Social Worker for the AHCD kit. That person can answer any questions you have and guide you through the actual form. Once completed, necessary copies will be made and one will be put in your medical chart. You will be given the original to keep so that you can bring it with you whenever you are going to be admitted to the hospital. To contact a Social Worker at your facility, call:

Harbor-UCLA Medical Center	(424) 306-4420
Wilmington Health Center	(310) 404-2059
Family Medicine Clinic	(310) 602-2577
Long Beach Comprehensive Health Center	(562) 753-2301

How do I know what treatment I want?

Your doctor will inform you about your medical condition and what different treatments can do for you. Even with an AHCD, you have the right to choose; your doctor cannot choose for you. You can say "Yes" to treatments you want. You can say "No" to any treatment you do not want – even if the treatment might keep you alive longer.

How does my agent know what I want her/him to do?

It is very important that you talk over with your agent and alternatives what you would want them to do according to your values. They are bound by law to make decisions according to your wishes. It is also important for you to talk to family members regarding your wishes to avoid conflicts and painful misunderstandings. Making an AHCD relieves your loved ones of a heavy burden.

Some important issues that you might want to discuss with your agent and alternatives, your family and doctor, may include:

1. What your wishes are regarding life support equipment and medical interventions (e.g., having machines mechanically keep you "alive") in case you are terminally ill.
2. How you wish to be treated in a mental health emergencies/crisis.
3. What your concerns are regarding dying and pain management.
4. How you wish to spend the last weeks/months of your life.
5. How you want your body to be cared for when you die.

The Patient Self-Determination Act (PSDA) of 1990 requires health care providers to inform adult patients of their rights to make health care decisions and to sign an advance directive. Complaints concerning the advance directive requirements may be filed with the State of California Department of Health Services at 1-800-228-5234.

FACTS ABOUT AHCDs

What is an Advance Health Care Directive (AHCD)?

An AHCD may be written or verbal. It is the best way to make sure that your health care wishes are known and followed in the event that you are not able to make those decisions. It allows you to name a person (usually called your "agent") to make health care decisions if you are unable to communicate (e.g. you are unconscious due to an accident). It is a legal document that states how you wish to be treated if you become mentally or physically impaired. It allows you to tell your health care provider NOW how much treatment you want, or do not want, if you are terminally ill (or going to die soon).

Additional information on Advance Health Directives can be found on www.cmanet.org or www.nnha.org

Do I have to complete an AHCD?

No. An AHCD simply ensures that your health care wishes are known and followed. It helps to avoid problems for your loved ones when they are aware of what you want. You may tell your doctor and family what your wishes are, but putting it in writing will provide those making the decisions with greater assurance.

For how long is an AHCD valid?

An AHCD lasts a lifetime if they are dated after January 1, 1992. You may revoke or change it at any time. You may also set a specific date on which you want it to expire.

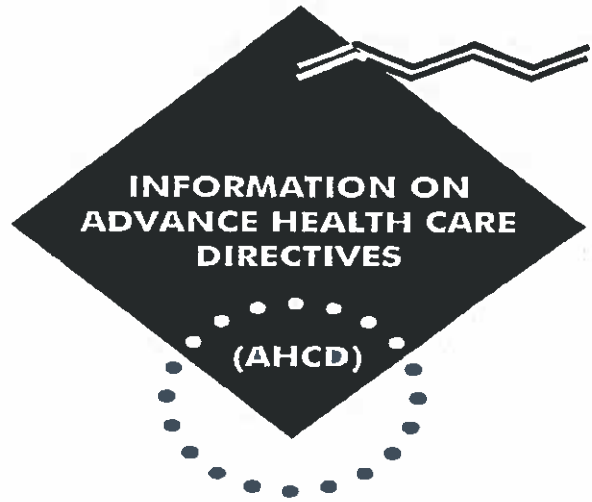
Who can complete an AHCD?

Anyone who is at least eighteen (18) years of age (or is an emancipated minor) and who has the ability to make decisions can complete an AHCD. A lawyer is not needed in completing an AHCD. It is not a complicated process.

Can I change my mind after I write an AHCD?

Yes. You can cancel or change any AHCD at any time. You need to notify the people involved and you can complete a new AHCD. You may also place a time limit on the AHCD.

COUNTY OF LOS ANGELES
HARBOR-UCLA MEDICAL CENTER
AND COASTAL CLUSTER HEALTH CENTERS



California law gives you the right to inform your health care providers about medical care and treatment you want, or do not want. You also have the right to select another person to make these decisions for you if you are unable to make them yourself.

HEALTH CARE AGENT

Who can I choose to make these health care decisions for me?

You can name almost any adult as long as the person is willing to take the responsibility. You can name a spouse, relative or friend. You CANNOT name your doctor or anyone who works at the health care facility that is caring for you unless that person is a relative or a co-worker.

Can I appoint more than one person ("agent") to make these decisions for me?

Yes. However, it is best to name one person as your health care "agent" and designate at least one alternate agent who may also act for you if your primary agent is unavailable or unwilling to act.

How much authority does this agent have?

The agent has legal authority to make all health care decisions when you are not able to do this for yourself. Your agent will be able to accept or refuse medical treatment, have access to your medical records and make decisions about donating your organs, authorizing an autopsy, and disposing of your body should you die. If you do not want your agent to have certain of these powers, or to make certain decisions, you can write a statement on the AHCD document limiting your agent's authority.

Agents are not allowed to make decisions regarding electroconvulsive therapy, psychosurgery, sterilization, abortion, or placement in a mental health treatment facility.

Is my agent responsible for my medical bills?

No. Being an agent (or alternate) only involves health care decision-making. Whoever is financially responsible for your medical bills maintains that responsibility. However, your agent may be responsible for costs related to the disposition of your body after you die.

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OBTENIENDO AYUDA CON SUS INSTRUCCIONES ANTICIPADAS

¿Como puedo obtener una forma de IACS y después qué hago con ella?
 Pida a un trabajador social que le traiga una forma. Esa persona puede contestar cualquier pregunta que usted tenga y guiarlo con la forma actual. El trabajador social hará las copias necesarias y pondrá una copia en su expediente médico. Se le dará la forma original para que la guarde y la traiga consigo cuando vaya a ser hospitalizado. Para comunicarse con su Trabajador Social de su centro llame:
 FAMILY MEDICINE CLINIC (310) 602-2577
 LONG BEACH COMPREHENSIVE HEALTH CENTER (562) 753-2301
 WILMINGTON HEALTH CENTER (310) 404-2059
 HARBOR-UCLA MEDICAL CENTER (424) 306-4420

¿Como sabría que tratamiento aceptar?
 Su doctor le informará acerca de su condición médica y que tratamientos diferentes pueden hacer por usted. Aún con IACS usted tiene el derecho de elegir, su doctor no puede elegir por usted. Usted puede decir "SI" a los tratamientos que quisiera. Usted puede decir "No" a cualquier tratamiento que no quiera — aún cuando el tratamiento lo puede mantener vivo por más tiempo.

¿Como sabría mi agente que es lo que yo quiero que haga?
 Es muy importante que usted converse con su agente y los alternativos de lo que usted quisiera que ellos hicieran de acuerdo a sus creencias. Ellos están obligados por la ley a tomar decisiones de acuerdo a sus deseos. Es sumamente importante que usted converse con sus familiares acerca de sus deseos para evitar conflictos y malentendidos dolorosos. Completando una forma de IACS libera a sus seres queridos de una pesada responsabilidad.

- Algunos puntos importantes que usted pudiera hablar con su agente y alternativos, su familia y doctores pueden incluir:
- > Cuales son sus deseos acerca del equipo de soporte de vida e intervenciones médicas (e.g., teniendo maquinas que mecanicamente lo mantengán vivo) en el caso que usted esté enfermo de muerte.
 - > Cuales son sus preocupaciones referente a fallecer y el control de dolor
 - > Como quiere pasar las últimas semanas/meses de su vida.
 - > Como quisiera que su cuerpo fuera dispuesto cuando usted se muera.

El Artículo de La Determinación Propia del Paciente (PSDA) de 1990 requiere que los proveedores del cuidado de salud informen a sus pacientes adultos de sus derechos de hacer decisiones del cuidado de su salud y firmar una forma de instrucciones anticipadas. Quejas concernientes a los requisitos de las instrucciones anticipadas pueden ser dirigidas al Departamento de Servicios de Salud del Estado de California al número 1-800-228-5234.

DATOS ACERCA DE IACS

¿Que Son Las Instrucciones Anticipadas (IACS)?
 Las Instrucciones Anticipadas pueden ser escritas o verbales. Es la mejor manera de asegurarse de que sus deseos del cuidado de su salud se hagan saber y se lleven a cabo en el evento de que usted no pudiera hacer esas decisiones. Le permite nombrar a una persona (usualmente llamada su "agente") para tomar decisiones acerca del cuidado de su salud si usted no pudiera comunicarse (e.g. si estuviera inconsciente debido a un accidente). Le permite decirle a su proveedor del cuidado de su salud AHORA cuanto tratamiento usted desea, o no desea, recibir si usted está enfermo de muerte (o va morir pronto).

¿Tengo que completar una forma de IACS?
 No. Las Instrucciones Anticipadas simplemente le asegurará que sus deseos del cuidado de su salud sean conocidos y llevados a cabo. Ayuda a evitar problemas a sus familiares queridos cuando ellos están concientes de lo que usted quiere. Usted puede decirle a su doctor y a su familia cuales son sus deseos, pero poniéndolos por escrito, le proveerá a aquellos tomar las decisiones con mayor certeza.

¿Por cuánto tiempo son las IACS validas?
 Las Instrucciones Anticipadas tienen validez por vida si están fechadas después del primero de Enero de 1992. Usted puede revocarlas o cambiarlas en cualquier momento. Usted puede también escoger una fecha en la cual usted quiere que se venzan.

¿Quien puede completar una forma de IACS?
 Cualquiera persona mayor de dieciocho (18) años (o que sea un menor emancipado) que tenga la capacidad de tomar decisiones puede completarlas. No se requiere de un abogado para completar una forma de IACS. No es un proceso complicado.

¿Puedo cambiar de opinión despues de haber completado una forma de IACS?
 Sí. Usted puede cancelar o cambiar cualquier IACS a cualquier hora. Usted necesita notificar a la persona comprometida y puede completar nuevas Instrucciones. Usted puede también poner un tiempo límite en sus IACS.

CONDADO DE LOS ANGELES
 HARBOR-UCLA CENTRO MEDICO



La ley de California le da el derecho de informar a su proveedor del cuidado de su salud acerca del cuidado y tratamiento médico que usted desea o no desea. Usted también tiene el derecho de seleccionar a otra persona para que haga estas decisiones por usted si usted no pudiera hacerlas por el mismo.

AGENTE DEL CUIDADO DE SALUD

¿A quién puedo escoger para que tome estas decisiones acerca del cuidado de mi salud por mí?
 Usted puede nombrar a cualquier persona adulta que esté dispuesta a tomar la responsabilidad. Usted puede nombrar a su conyugue, paciente o amigo. Usted NO PUEDE nombrar a su doctor o a alguien que trabaje en el lugar del cuidado de salud donde le están atendiendo a menos que esa persona sea un pariente o un compañero de trabajo.

¿Puedo designar a más de una persona ("agente") para tomar estas decisiones por mí?
 Sí. Sin embargo, es mejor nombrar a solo una persona como su "agente" del cuidado de su salud y designar por lo menos a una agente alternativo quien pueda también representarlo en caso de que el agente primario no esté disponible o dispuesto a representarlo.

¿Cuenta autoridad tiene este agente?
 El agente tiene la autoridad de tomar todas las decisiones acerca del cuidado de su salud cuando usted no pueda hacerlas por usted mismo. Su agente podrá ser capaz de aceptar o rechazar tratamiento médico, tener acceso a su expediente médico, tomar decisiones para donar órganos, autorizar una autopsia, y disponer del cuerpo en caso de que usted muera. Si usted no quiere que su agente tenga ciertos de estos poderes, o que haga ciertas decisiones, usted puede hacer una declaración en el documento de IACS, limitando la autoridad de su agente.

Los agentes no están permitidos a que tomar alguna decisión referente a terapia electroconvulsiva, psicofármacos, esterilización, aborto, o internarlo en una institución para tratamiento de salud mental.

¿Es mi agente responsable de mis cuentas médicas?
 No. El ser un agente (o alternativo) solo implica tomar decisiones acerca del cuidado de su salud. La persona que sea responsable por sus cuentas médicas mantendrá esa responsabilidad. No obstante, su agente puede ser responsable por los gastos relacionados con la disposición de su cuerpo cuando usted muera.

ATTACHMENT II (SPANISH)