

P.O. Box 1800 Rancho Cucamonga, CA 91729-1800 1-800-440-IEHP (4347) 1-800-718-4347 for TTY users





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An Advance Care Directive is for everyone.

Plan today for your medical care tomorrow.

Dear IEHP Member,

Thank you for your interest in Advance Care Directives. An Advance Care Directive (ACD) is a legal form that can help you make choices about future health care treatments. It lets you name a person to speak for you in the event you are not able to at any point in your life.

This folder has information about ACDs and answers common questions.

If you are not sure how to fill out an ACD, you can attend an Advance Care Planning workshop. IEHP offers monthly Advance Care Planning workshops called "My Life. My Choice.," where you can get free in-person help to fill out the form.

If you are an IEHP DualChoice (HMO D-SNP) member and ready to complete the form now, you can do so via your member portal.

- Log into your member portal and click "Health and Wellness."
- Click "My Life. My Choice." and choose the option to start an Advance Care Directive today.
- Complete your ACD and keep a copy for yourself. Most importantly, please give a copy to your doctor.

Thank you for taking the steps to fill out an Advance Care Directive.



Advance Care Planning (ACP) is a process of planning and setting goals about medical care treatment options in the event a person is not physically or mentally able to make them in the future. These options should often be talked about with the person who will make health care decisions for you and your doctors. These discussions can begin at any point in a person's life, no matter the health status, and continue throughout the person's life.

Planning helps your doctors understand what you want and who you are and offers options that are right for you.

An ACD is a legal form that allows you to:

- Give others guidelines about your future health care wishes.
- Name a person to be your agent (who will make health care decisions for you).
- Express your intentions about organ donation, autopsy, funeral or burial wishes.

In California, the Living Will and Durable Power of Attorney for Health Care forms are combined into one form called an ACD.

Why you should have an ACD:

- Your values and treatment choices will be respected.
- Avoid needless pain, treatments that may not help or a hospital stay you don't want.
- Lessen your loved ones' burden and worry of deciding for you.
- Ease stress and limit conflict among loved ones.

Common questions about		
Question		
Who can fill out an ACD?	Adults over 18 y can fill out an Ao fill it out.	
Who decides my medical treatment?	Your doctors wil options. But you want. Doctors ca	
What if I am too sick to decide?	If you are too sid for your closest to help decide v talk about your agent, so they k	
Who can I choose to be my agent?	You can choose will speak on yo do so. You can l your ACD form.	
How do I make the form legal?	To make the formust sign it and • Signed by two who can be a • Notarized	

Continued...



Advance Care Directives (ACD):

Answer

years old who are of sound mind CD. You do not need a lawyer to

Il inform you about treatment and u will decide on the treatment you cannot decide for you.

ick to decide, your doctor will ask available family member or friend what is best for you. It is best to wishes ahead of time with your know how to decide.

any adult you trust. This person our behalf when you are too sick to list this person on the first part of

rm legally valid in California, you d have it either:

vo witnesses (the form will tell you a witness), OR

Common questions about Advance Care Directives (ACD):		
Question	Answer	
Does an ACD expire?	 Once completed, an ACD does not expire. The truth is the planning process continues throughout life. It's a good idea to review your ACD to make sure it still reflects your wishes, especially when: You have aged 10 years There's a divorce You have a new health diagnosis A loved one dies You are no longer able to do the things you used to 	
What if I change my mind after I complete an ACD?	As we mature, face new health challenges, or have different family experiences, our values, goals and priorities can change. Any changes you make to your ACD need to be shared with your agent and family. Changes can be about treatment options, where to get care, organ donation or a new agent. Give the new form to your agent and doctors, and destroy all the old forms.	
Can I use my ACD in a different state?	Each state has its own laws for ACD. If you spend a lot of your time in a state other than California, consider completing an ACD for that state.	

Common q	uestions about A
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be treated	Just know that i
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fill out an	decide for you.
ACD?	you want or valu
How can I	To learn more, y
learn more	My Choice.," cla
about	offered monthly
ACD?	information or s

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Advance Care Directives (ACD):

be "too healthy" or "too young" to None of us knows when or under inces we may not be able to make es about the care we want and the t want. Younger adults should have D that appoints an agent.

ill get full medical treatment. if you get so sick that you cannot re, someone else will have to . This person may not know what lue.

you can attend a "My Life. lass nearest you. Classes are ly. Visit **www.iehp.org** for more scan the QR code below.

What else do I have to know about making future health care choices?

According to the 1990 Health Care Decisions Act, a person has a legal right to control their health care choices, including whether to have life support or not. Sadly, every family must face the possibility of serious illness in which important choices must be made. It is never too early to think about these choices and discuss them with your family and doctors.

As a patient, it is up to you to decide and inform your agent, family and doctors if you have completed an ACD and give them a copy of it. When you check into a hospital or other health facility, bring a copy of your ACD so that it is added to your medical record.

Forms used in Advance Care Planning

An ACD is a legal form that all adults over 18 years should have. This form helps guide future medical care in cases when you are not able to speak for yourself. The form:

- Names a person who can relay your medical • wishes to others.
- Tells your loved ones and medical staff what ullettype of <u>future</u> treatment you want or don't want in writing.

Even with an ACD, emergency staff are required by law to do what they can to save a person's life, including CPR and using a breathing machine.

•	This form lets you have a say about how you vant to be cared for if you cannot speak for yourself.
This fo	rm has 3 parts:
Part 1	Choose a medical decision maker, Page 3
	A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself. This person will be your advocate.
	They are also called a health care agent, proxy, or surrogate.
Part 2	Make your own health care choices, Page 7
	This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.
Part 3	Sign the form, Page 13
	The form must be signed before it can be used.
You can	ill out Part 1, Part 2, or both.
Fill out o	nly the parts you want. Always sign the form in Part 3. ies need to sign on Page 14, or a notary on Page 15.

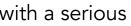
Physician Orders for Life-Sustaining Treatment (POLST)

The POLST:

- Is not an ACD. •
- Translates patient preferences into medical orders.
- Tells emergency staff what to do. ۲ This order must be followed.
- Most appropriate for people with a serious illness or advanced frailty.

Differences between POLST and Advance Directives Forms:				
POLST Form		Advance Directive		
Type of document	Medical order	Legal document		
Who completes it? Doctor		Patient		
Who needs one?	Patients who have a serious illness (any age) or advanced frailty near the end of life	All adults		
Does it appoint an agent?	No	Yes		





ΕV	Physician/NP/PA A copy of		Patient Last Narse:	Date Form Prepar	ed.
0	form is a legally valid physician not completed implies full treatment	order. Any section	Patient First Name:	Patient Date of Bin	n:
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	Do Not Attempt Resuscitation	DNR (Allow Na	tural Death)		
B	MEDICAL INTERVENTIONS:	llp	atient is found wi	the pulse and/or is br	e ethic
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	treatment of airway obstruction. Do with comfort goal. Request transfer Additional Orders	to hospital only	listed in Full and Se If comfort needs co	lective Treatment unless o annot be met in current &	onsiste
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Differences between POLST and Advance Directives Forms:				
	Advance Directive			
What is communicated?	Specific medical orders	General wishes about treatment		
Is it easy to find?	Yes, most of the time. Patient has an original, a copy is placed in their medical record and one travels with them.	No. It depends where the person keeps the form, if they told someone about it or gave copies to their agent or doctors.		
Can emergency staff follow it?	Yes	No		

Source: polst.org

What if I want to use a Do Not Resuscitate (DNR) form?

A DNR can also be used with an ACD. The form informs emergency staff that a person does not want CPR, their heart started (with a defibrillator or drugs) or help to breathe (by using a tube or oxygen). The form does not affect giving life support measures like artificial nutrition or other forms of emergency medical care like treating pain, trouble breathing, major bleeding or other medical conditions. These measures can be noted in an Advance Care Directive.

The DNR form must be signed by the patient and doctor. Once completed, the DNR form should be clearly posted near the patient. If you think this form is for you, discuss it with your doctor at your next office visit.

IEHP ACD Wallet Card

So, you have finished your ACD, named a person to speak for you and given copies to your doctor and family. Having a copy of your ACD with you at all times is best, but not often practical.

The ACD Wallet Card is a simple way to let others know you have an ACD. The card can help make sure the right people are called in case of a health emergency to help with decisions about your care.

Fill out the enclosed card and carry it with you at all times.



CALFUELCATION (300) IELES WALCONTING				
EMERGENCY MEDICAL SERVICES				
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM				
An Advance Request to Limit the Scope of Emergency Medical Care				
I,, request limited emergency care as herein described.				
I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.				
I understand this decision will not prevent me from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my death.				
I understand I may revoke this directive at any time by destroying this form and removing any "DNR" medallions.				
I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.				
I hereby agree to the "Do Not Resuscitate" (DNR) order.				
PariortLegally Recognized Health Care Decisionmaker Signature Date				
Legally Recognized Health Care Decisionmaker's Relationship to Patient By signing this form, the legally recognized health care decisionmaker acknowledges that this request to forego resuscitative measures is consistent with				
the known desires of, and with the best interest of, the individual who is the subject of the form.				
I affirm that this patient/legally recognized health care decisionmaker is making an informed decision and flat this directive is the expressed wish of the patient/legally recognized health care decisionmaker. A copy of this form is as the patient's permanest metical record.				
In the event of cardiac or respiratory artest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotonic medications are to be initiated.				
Provision Simulatory				
Print Name Telephone				
THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY				
THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OF ALTERED IN ANY WAY PREHOSPITAL DNR REQUEST FORM				
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Yolow To be kept in pained's permanent medical monol Copy Earthering IDNR mediation devined, submit this form with Medie Alest enrollment form to: Medie Alest Foundation, Tarlock, CA 93381 Perk Copy:				
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u	CI	Name/Nombre
	M I S I	Phone/Teléfono
	FE. A. N	Date of birth/Fecha de Nacimiento
	E é	Primary Care Doctor/Doctor de Cuidado Primario
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Want to know more?

If you need help, ask to speak with an IEHP Health Education Department Team Member at **1-800-440-4347**.

Online Resources

- Members.IEHP.org IEHP DualChoice (HMO D-SNP) members can complete an ACD via the member portal.
 - Log into your member portal and click "Health and Wellness."
 - Click "My Life. My Choice." and choose the option to start an Advance Care Directive today.
 - Complete your ACD and keep a copy for yourself.
 Most importantly, please give a copy to your doctor.
- **Prepareforyourcare.org** See step-by-step videos on how to fill out the Advance Care Directive PREPARE form. Download the free, easy-to-read PREPARE form for your state. Also available in nine other languages.
- POLST California capolst.org This site provides information to patients and caregivers about POLST. The form is available in twelve other languages.
- Organ donation information donatelifecalifornia.org Get more information about how organ donation works, what organs you can donate and sign up to be a donor.

Notes



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