

MICHIGAN

ADVANCE



DIRECTIVES

**Legal Documents
To Assure Future Health Care Choices**

ADVANCE DIRECTIVES

YOUR RIGHT TO MAKE HEALTH CARE DECISIONS UNDER THE LAW IN MICHIGAN

INTRODUCTION

Michigan and federal law give every competent adult, 18 years or older, the right to make their own health care decisions, including the right to decide what medical care or treatment to accept, reject or discontinue. If you do not want to receive certain types of treatment or if you wish to name someone to make health care decisions for you, you have the right to make these desires known to your doctor, hospital or other health care providers, and in general, have these rights respected. You also have the right to be told about the nature of your illness in terms that you can understand, the general nature of the proposed treatments, the risks of failing to undergo these treatments and any alternative treatments or procedures that may be available to you.

However, there may be times when you cannot make your wishes known to your doctor or other health care providers. For example, if you were taken to a hospital in a coma, would you want the hospital's medical staff to know what your specific wishes are about the medical care that you want or do not want to receive.

This booklet describes what Michigan and federal law have to say about your rights to inform your health care providers about medical care and treatment you want or do not want and about your right to select another person to make these decisions for you, if you are physically or mentally unable to make them for yourself.

To make these very difficult issues easier to understand, we have presented the information in the form of questions and answers. Because this is an important matter, we urge you to talk to your spouse, family, close friends, personal advisor, your doctor and your attorney before deciding whether or not you want an advance directive.

QUESTIONS AND ANSWERS

GENERAL INFORMATION ABOUT ADVANCE DIRECTIVES

What are "Advance Directives" ?

Advance directives are documents which state your choices about your medical treatment or name someone to make decisions about your medical treatment, if you are unable to make these decisions or choices yourself. They are called "advance" directives because they are signed in advance to let your doctor and your other health care providers know your wishes concerning medical treatment. Through advance directives, you can make legally valid decisions about your future medical care.

Michigan law recognizes 2 types of advance directives:

- 1) A Durable Power of Attorney, which has been recognized by statutory law (a law which is written by the legislature in Lansing and signed by the Governor).
- 2) A Living Will, which is recognized by case or judicial law (a law which comes into effect as a result of court decisions).

Do I have to have an Advance Directive?

No. It is entirely up to you whether you want to prepare any documents. But if questions arise about the kind of medical treatment that you want or do not want, advance directives may help to solve these important issues. Your doctor or any health care provider cannot require you to have an advance directive in order to receive care; nor can they prohibit you from having an advance directive. Moreover, under Michigan law, no health care provider or insurer can charge a different fee or rate depending on whether or not you have executed an advance directive.

What will happen if I do not make an Advance Directive?

You will receive medical care even if you do not have any advance directives. However, there is a greater chance that you will receive more treatment or more procedures than you may want.

If you cannot speak for yourself and have not made an advance directive, your doctor or other health care providers will generally look to your family or friends for decisions about your care. But if your doctor or your health care facility is unsure or if your family members cannot agree, they may have to ask the court to appoint a person (called a guardian) to make those decisions for you.

How do I know what treatment I want?

Your doctor must inform you about your medical condition and what different treatments can do for you. Many treatments have serious side effects. Your doctor must give you information, in language that you can understand, about serious problems that medical treatment is likely to cause. Often, more than one treatment might help you and different people might have different ideas on which is best. Your doctor can tell you the treatments that are available to you, but he or she cannot choose for you. That choice depends on what is important to you.

Whom should I talk to about Advance Directives?

Before writing down your instructions, you should talk to those people closest to you and who are concerned about your care and feelings. Discuss them with your family, your doctor, friends and other appropriate people, such as a member of your clergy or your lawyer. These are the people who will be involved with your health care, if you are unable to make your own decisions.

When do Advance Directives go into effect?

It is important to remember that these directives only take effect when you can

no longer make your own health care decisions. As long as you are able to give "informed consent," your health care providers will rely on **YOU** and **NOT** on your advance directives.

What is "Informed Consent" ?

Informed consent means that you are able to understand the nature, extent and probable consequences of proposed medical treatments and you are able to make rational evaluations of the risks and benefits of those treatments as compared with the risks and benefits of alternate procedures **AND** you are able to communicate that understanding in any way.

How will health care providers know if I have any Advance Directives?

All hospitals, nursing homes, home health agencies, HMO's and all other health care facilities that accept federal funds must ask if you have an advance directive, and if so, they must see that it is made part of your medical records.

Will my Advance Directives be followed?

Generally, yes, if they comply with Michigan law. Federal law requires your health care providers to give you their written policies concerning advance directives. A summary statement of those policies is provided for you at the back of this book. It may happen that your doctor or other health care provider cannot or will not follow your advance directives for moral, religious or professional reasons, even though they comply with Michigan law. If this happens, they must immediately tell you. Then they must also help you transfer to another doctor or facility that will do what you want.

Can I change my mind after I write an Advance Directive?

Yes. At any time, you can cancel or change any advance directive that you have written. To cancel your directive, simply destroy the original document and tell your family, friends, doctor and anyone else who has copies that you have cancelled them. To change your advance directives, simply write and date a new one. Again, give copies of your documents to all the appropriate parties, including your doctor.

Do I need a lawyer to help me make an Advance Directive?

A lawyer may be helpful and you might choose to discuss these matters with him or her, but there is no legal requirement in Michigan to do so. You may use the forms that are provided in this booklet to execute your advance directive.

Will my Michigan Advance Directive be valid in another state?

The laws on advance directives differ from state to state, so it is unclear whether a Michigan advance directive will be valid in another state. Because an advance directive is a clear expression of your wishes about medical care, it will influence that care no matter where you are admitted. However, if you plan to spend a great deal of time in another state, you might want to consider signing an advance directive that meets all the legal requirements of that state.

Will an Advance Directive from another state be valid in Michigan?

An advance directive from another state may not meet all the requirements of Michigan law. To make sure that you have a legal advance directive, you should execute Michigan documents or have your attorney review the advance directive from the other state.

What should I do with my Advance Directives?

You should keep them in a safe place where your family members can get to them. Do **NOT** keep the original copies in your safe deposit box. Give copies of these documents to as many of the following people as you are comfortable with: your spouse and other family members; your doctor; your lawyer; your clergy person; and any local hospital or nursing home where you may be residing. Another idea is to keep a small wallet card in your purse or wallet which states that you have an advance directive and who should be contacted. Wallet cards are provided for you at the back of this booklet for that purpose.

LIVING WILL

What is a "Living Will" ?

A living will is a document which tells your doctor or other health care providers whether or not you want life-sustaining treatments or procedures administered to you if you are in a terminal condition or a permanent unconscious state. It is called a "living will" because it takes effect while you are still living.

Is a "Living Will" the same as a "Will" or "Living Trust" ?

No. Wills and living trusts are financial documents which allow you to plan for the distribution of your financial assets and property after your death. A living will only deals with medical issues while you are still living. Wills and living trusts are complex legal documents and you usually need legal advice to execute them. You do not need a lawyer to complete your Michigan living will.

Is a Living Will valid in Michigan?

Michigan is one of only three states that does not have a specific living will law. However, there are court decisions and your Constitutional rights which support the fact that a living will should be recognized in the state of Michigan. The living will presented in this booklet has been prepared to conform with these judicial decisions.

When does a Michigan Living Will go into effect?

A Michigan living will goes into effect when:

1) Your doctor has a copy of it; and 2) Your doctor has concluded that you are no longer able to make your own health care decisions; and 3) Your doctor has determined that you are in a terminal condition or a permanent unconscious state.

What are "life-sustaining" treatments?

These are treatments or procedures that are not expected to cure your terminal

condition or make you better. They only prolong dying. Examples are mechanical respirators which help you breathe, kidney dialysis which clears your body of wastes, and cardiopulmonary resuscitation (CPR) which restores your heartbeat.

What is a "terminal" condition?

A terminal condition is defined as an incurable condition for which administration of medical treatment will only prolong the dying process and without administration of these treatments or procedures, death will occur in a relatively short period of time.

What is a "permanent unconscious state"?

A permanent unconscious state means that a patient is in a permanent coma caused by illness, injury or disease. The patient is totally unaware of himself or herself, his or her surroundings and environment, and to a reasonable degree of medical certainty, there can be no recovery.

Will I receive medication for pain?

Unless your state otherwise in the living will, medication for pain will be provided where appropriate to make you comfortable and will not be discontinued.

Is a Living Will the same as a "Do Not Resuscitate (DNR)" order?

No. A Michigan living will covers almost all types of life-sustaining treatments and procedures. A "Do Not Resuscitate" order covers two types of life-threatening situations. A DNR order is a document prepared by your doctor at your direction and placed in your medical records. It states that if you suffer cardiac arrest (your heart stops beating) or respiratory arrest (you stop breathing), your health care providers are not to try to revive you by any means.

Does a Michigan Living Will affect insurance?

No. The making of a living will shall not affect the sale or issuance of any life insurance policy, nor shall it invalidate or change the terms of any insurance policy. In addition, the removal of life-support systems, shall not, for any purpose, constitute suicide, homicide or euthanasia, nor shall it be deemed the cause of death for the purposes of your insurance coverage.

Does a Michigan Living Will have to be signed and witnessed?

Yes. You must sign (or have someone sign the document in your presence and at your direction, if you are unable to sign) and date the living will. Then it should be witnessed by 2 adult people.

Most states have restrictions written into their laws as to who can witness the signature of your living will. Since Michigan does not have a specific statute, it is recommended that the following people **SHOULD NOT** witness your signature:

- 1) Your attending physician or an employee of your attending physician;
- 2) Anyone related to you by blood, marriage or adoption;
- 3) Anyone who is entitled to any part of your estate upon your death;

- 4) Anyone who has a claim against any portion of your estate; or
- 5) Any person directly financially responsible for your medical care.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

What is a Durable Power of Attorney for Health Care (DPAHC)?

A DPAHC is a legal document which allows you (the "patient") to appoint another person (the "attorney-in-fact" or "patient advocate") to make medical decisions for you if you should become temporarily or permanently unable to make those decisions yourself. The person you choose as your attorney-in-fact does not have to be a lawyer.

Who can I select to be my Patient Advocate?

You can appoint almost any adult to be your patient advocate. You should select a person(s) knowledgeable about your wishes, values, religious beliefs, in whom you have trust and confidence, and who knows how you feel about health care. You should discuss the matter with the person(s) you have chosen and make sure that they understand and agree to accept the responsibility.

You can select a member of your family, such as your spouse, adult child, adult brother or sister, or a close friend. If you select your spouse and the marriage is dissolved or annulled, the appointment of your spouse is revoked.

Michigan law does not place any restrictions on whom you can appoint as your patient advocate. However, it is usually not a good idea to appoint your treating doctor, his or her employees, the owner or operator of a health care facility in which you are residing or any of his or her employees as your patient advocate. This is due to a possible conflict of interest between being your patient advocate and having a direct bearing on the kind of health care you will or will not receive.

When does a Michigan DPAHC take effect?

The DPAHC only becomes effective when you are temporarily or permanently unable to make your own health care decisions and your patient advocate consents to start making those decisions. Your patient advocate will begin making decisions after your doctor has decided that you are no longer able to make them. Remember, as long as you are able to make treatment decisions, you have the right to do so.

What happens if I regain the capacity to make my own decisions?

If your doctor determines that you have regained the capacity to make or to communicate health care decisions, then two things will happen:

- 1) Your patient advocate's authority will end; and
- 2) Your consent will be required for treatment.

If your doctor later determines that you no longer have the capacity to make or to communicate health care decisions, then your patient advocate's authority will be restored.

Can a Michigan DPAHC go into effect if a patient is pregnant?

The DPAHC can still go into effect, but Michigan law does not permit your patient advocate to make any medical decision to withhold or withdraw treatment that would result in a pregnant woman's death.

What decisions can my Patient Advocate make?

Unless you limit his or her authority in the DPAHC, your patient advocate will be able to make almost every treatment decision in accordance with accepted medical practice that you could make, if you were able to do so. If your wishes are not known or cannot be determined, your patient advocate has the duty to act in your best interest in the performance of his or her duties. These decisions can include authorizing, refusing or withdrawing treatment, even if it means that you will die. As you can see, the appointment of a patient advocate is a very serious decision on your part.

Can my Patient Advocate make decisions about organ donation?

Yes. As of July, 2003, Michigan law allows you to give your patient advocate authority to make an anatomical gift of all or parts of your body upon your death.

Will being an organ donor affect my care at the hospital?

No. If you are injured or ill and are taken to a hospital emergency room, you will receive the best possible care, whether or not you are an organ donor. Donation procedures begin only after all efforts to save your life have been exhausted and death has been declared.

Can I still a regular funeral service?

Yes. A traditional open casket funeral service can still take place, even though many organs and tissues have been donated. The surgical procedures used are performed by highly skilled professionals and the appearance of the donor's body remains unchanged.

Can there be more than one Patient Advocate?

Yes. While you are not required to do so, you may designate alternates who may also act for you, if your primary patient advocate is unavailable, unable or unwilling to act. Your alternates have the same decision-making powers as the primary patient advocate.

Can I appoint more than one person to share the responsibility of being my Patient Advocate?

You should appoint only **ONE** person to be your patient advocate. Any others that you want to be involved with your health care decisions should be appointed as your alternates. If two or more people are given equal authority and they disagree on a health care decision, one of the most important purposes of the DPAHC--to clearly identify who has the authority to speak for you--will be defeated. If you are afraid of offending people close to you by choosing one over another to be your

patient advocate, ask them to decide among themselves who will be your primary patient advocate and select the others as alternates.

Can my Patient Advocate be liable for decisions made on my behalf?

No. Your patient advocate or your alternates cannot be held liable for treatment decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs incurred for your care, just because he or she is your patient advocate.

Can my Patient Advocate resign?

Yes. Your patient advocate and your alternates can resign at any time by giving written notice to you, your doctor or the facility where you are receiving care.

Does the DPAHC have to be signed and witnessed?

Yes. You must sign (or have someone sign the DPAHC in your presence and at your direction, if you are unable to sign) and date it. Then it must be witnessed by 2 qualified adult people, 18 years or older.

The following people **CANNOT** witness your signature of the DPAHC:

- 1) Your spouse;
- 2) Your parents, children or grandchildren;
- 3) Your brothers or sisters;
- 4) An heir to any part of your estate;
- 5) Your attending physician;
- 6) Your patient advocate or alternates;
- 7) Any employee of a life or health insurance company who is providing you with insurance; or
- 8) Any employee of a health care facility or home for the aged where you may be residing or receiving treatment.

How is the DPAHC different from the Living Will?

A living will only applies if you are in a terminal condition or if you are permanently unconscious and unless you write in other instructions, it only tells your doctor what you do **NOT** want.

The DPAHC allows you to appoint someone to make health care decisions for you if you cannot make them for yourself. It covers all health care situations in which you are incapable of making decisions for yourself. It also allows you to give specific instructions to your patient advocate about the type of care you want to receive.

The DPAHC allows your patient advocate to respond to medical situations that you might not have anticipated and to make decisions for you with knowledge of your values and wishes.

Since the DPAHC is more flexible, it is the advance directive most people choose. Some people, however, do not have someone whom they trust or who knows their values and preferences. These people should consider creating a living will.

MICHIGAN LIVING WILL

I, _____, being of sound mind, make
(Print Name)

this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery.

These instructions apply if I am: a) in a terminal condition; b) permanently unconscious; or c) if I am minimally conscious but have irreversible brain damage and will never regain the ability to make decisions and express my wishes.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment.

While I understand that I am not legally required to be specific about my future treatments, if I am in the condition(s) described above, I feel especially strong about the following forms of treatment: (Initial your choices on the lines provided)

- _____ I do not want cardiac resuscitation.
- _____ I do not want mechanical respiration.
- _____ I do not want tube feeding.
- _____ I do not want antibiotics.
- _____ I do want maximum pain relief.

Other directions (insert personal instructions): _____

DECLARANT SIGNATURE

These directions express my legal right to refuse treatment under the laws of the State of Michigan. I intend my instructions to be carried out, unless I have rescinded them in writing or by clearly indicating that I have changed my mind.

Signed: _____ Date: _____

Address: _____

WITNESS SIGNATURES

Witness: _____

Address: _____

Witness: _____

Address: _____

MICHIGAN DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, _____
(Name and Address of Patient)

appoint as my Patient Advocate:

(Name and Address of Patient Advocate)

with full authority to make health care and treatment decisions for me as authorized in this document.

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the patient advocate named above full power and authority to make health care decisions for me, including: consent, refusal of consent, or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, subject only to the limitations and special instructions that I may give in this document.

My patient advocate must act consistently with my desires stated in the document or as otherwise made known by me to my patient advocate.

My patient advocate has the same right as I would have to receive, review, and obtain copies of my medical records and to consent to disclosure of those records.

My patient advocate has the right to employ or discharge physicians, nurses and any other health care providers, and to arrange to pay them reasonable compensation.

My patient advocate has the authority to make an anatomical gift of all or part of my body upon my death in accordance with Michigan Public Acts 62 and 63 and Section 10102 of the Michigan Public Health Code, 1978 PA 368, MCL 333.10102.

In this appointment, I knowingly give my patient advocate the power to make medical treatment decisions to withhold or withdraw treatment which could or would result in my death.

LIFE SUSTAINING TREATMENT

I have initialed paragraph number(s) _____ below which state my desires concerning life-sustaining treatment. I understand that life-sustaining treatment also includes the administration of nutrition and hydration by gastric tube, intravenously, or by any other artificial means. Furthermore, I direct my patient advocate to convey these instructions to any physician or other health care provider who may be responsible for my care.

1. I want my life to be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or survival, or the cost of the treatment or procedure. (____)
2. If I am in an irreversible coma, I do not want life-sustaining procedures or treatments to be used. (____)
3. If I have an incurable or terminal illness, injury, or condition with no reasonable

hope of long-term recovery or survival, I do not want life-sustaining procedures or treatments to be used. (_____)

4. If the burdens of the treatment that is to be provided or continued outweigh the expected benefits, I do not want life-sustaining treatments to be used. My patient advocate is to consider the relief of suffering, the preservation and restoration of functioning, and the quality of the possible extension of my life. (_____)
5. Other _____ . (_____)

MEDICAL EXAMINATIONS (OPTIONAL)

(If your religious or moral standards do not allow you to have a medical examination to determine if you are able to give informed consent, fill out the section below. If none, write "None" on the lines provided.)

If I am unable to give informed consent in making medical decisions due to my religious or moral beliefs and standards, I desire that the determination be made in the following manner:

DESIGNATION OF ALTERNATE PATIENT ADVOCATE (OPTIONAL)

(You are not required to designate one or more alternate patient advocates, but you may do so)

If my patient advocate designated by me shall die, become legally incapacitated, disabled or incompetent, or resign, refuse to act, or be unavailable, I name the following (each to act successively in the order named) as my alternate(s).

First Alternate Patient Advocate:

Name: _____

Address: _____

Second Alternate Patient Advocate:

Name: _____

Address: _____

SPECIAL INSTRUCTIONS (OPTIONAL)

(You may give your patient advocate(s) any special instructions in this section. If you do not wish to do so, write "None" on the line provided.)

OTHER PROVISIONS

I revoke any prior Durable Power of Attorney for Health Care.

I understand that I may revoke this Durable Power of Attorney for Health Care at any time.

This Durable Power of Attorney for Health Care is intended to be honored in any jurisdiction in which it is presented.

This Durable Power of Attorney for Health Care shall become effective upon my disability or incapacity.

Photocopies of this Durable Power of Attorney for Health Care may be relied upon as though they were the originals.

SIGNATURE OF PATIENT

I am fully informed as to all the contents of this Durable Power of Attorney for Health Care and understand the full import of this grant of power to my patient advocate(s). I have not been required to sign this Durable Power of Attorney for Health Care in order to receive health care or to have health care withdrawn. I further declare that I am emotionally and mentally competent to make this Durable Power of Attorney for Health Care, and that I am at least 18 years of age.

(Signature of Patient)

(Date)

(Type or Print Name of Patient)

WITNESS STATEMENT

I declare under penalty of perjury under the laws of the State of Michigan that the person who signed this document is personally known to me to be the Patient; that the Patient signed this document in my presence; or directed another person to sign this document on his behalf in my presence; that I have signed this document in the presence of the Patient and also in the presence of the other witness; that the Patient appears to be of sound mind and under no duress, fraud, or undue influence.

I further declare that I am at least 18 years of age, and am not the husband, wife, parent, child, grandchild, sibling, presumptive heir or known beneficiary of the Patient, the Patient's attending physician, the person named as the Patient Advocate, the person named as the Patient's Alternative Advocate, an employee of a health or life insurance provider of the Patient, or an employee of a health care facility or home for the aged where the Patient now resides or is receiving medical care.

(First Witness Signature)

(Date)

(Address)

(Second Witness Signature)

(Date)

(Address)

ACCEPTANCE OF PATIENT ADVOCATE(S)

(The Patient Advocate and any alternate Patient Advocates must sign the following statement to be in compliance with the Patient Advocate Act of 1990, P.A. 312 (MCLA 700.496).

I agree to be the Patient Advocate for _____ (called the "Patient" in the rest of this Durable Power of Attorney for Health Care) and accept the designation of Patient Advocate. I understand and agree to take all reasonable steps to follow the Patient's wishes, desires and instructions as indicated in the Durable Power of Attorney for Health Care, as presented to me in other documents and as we have discussed verbally.

I also understand and agree that:

- a. This designation shall not become effective unless the Patient is unable to participate in medical treatment decisions.
- b. A Patient Advocate shall not exercise powers concerning a patient's care, custody, and medical treatment that the Patient, if the Patient were able to participate in the decision, could not have exercised on his or her own behalf.
- c. This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a Patient who is pregnant that would result in the pregnant Patient's death.
- d. A Patient Advocate may make a decision to withhold or withdraw treatment which would allow a Patient to die only if the Patient has expressed in a clear and convincing manner that the Patient Advocate is authorized to make such a decision, and that the Patient acknowledges that such a decision could or would allow the Patient's death.
- e. A Patient Advocate shall not receive any compensation for the performance of his or her authority, rights, and responsibilities, but a Patient Advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights and responsibilities.
- f. A Patient Advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the Patient and shall act consistent with the Patient's best interests. The known desires of the Patient expressed or evidenced while the Patient is able to participate in medical treatment decisions are presumed to be in the Patient's best interests.
- g. A Patient may revoke his or her designation at any time and in any manner sufficient to communicate an intent to revoke.
- h. A Patient Advocate may revoke his or her acceptance to the designation at any time and in any manner to communicate an intent to revoke.
- i. A Patient admitted to a health facility or agency has the rights enumerated in Section 20201 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being Section 333. 20201 of the Michigan Compiled Laws.

PATIENT ADVOCATE SIGNATURE

Sign Name _____ Date: _____

Name (Type or Print) _____

Address _____

Home Phone _____ Work Phone _____

FIRST ALTERNATE PATIENT ADVOCATE SIGNATURE

Sign Name _____ Date: _____

Name (Type or Print) _____

Address _____

Home Phone _____ Work Phone _____

SECOND ALTERNATE PATIENT ADVOCATE SIGNATURE

Sign Name _____ Date: _____

Name (Type or Print) _____

Address _____

Home Phone _____ Work Phone _____

A SUMMARY STATEMENT OF HEALTH CARE POLICIES REGARDING PATIENTS' RIGHTS OF SELF-DETERMINATION

(Since a summary like this cannot answer all possible questions or cover every circumstance, you should discuss any remaining questions with a representative of this health care facility.)

1. Prior to the start of any procedure or treatment, the physician shall provide the patient with whatever information is necessary for the patient to make an informed judgment about whether the patient does or does not want the procedure or treatment performed. Except in an emergency, the information provided to the patient to obtain the patient's consent shall include, but not necessarily be limited to, the intended procedure or treatment, the potential risks, and the probable length of disability. Whenever significant alternatives of care or treatment exist, or when the patient requests information concerning alternatives, the patient shall be given such information. The patient shall have the right to know the person responsible for all procedures and treatments.

2. The patient may refuse medical treatment to the extent permitted by law. If the patient refuses treatment, the patient will be informed of significant medical consequences that may result from such action.

3. The patient will receive written information concerning his or her individual rights under Michigan state law to make decisions concerning medical care.

4. The patient will be given information and the opportunity to make advance directives--including, but not limited to, a Michigan Durable Power of Attorney for Health Care and a Living Will.

5. The patient shall receive care regardless of whether or not the patient has or has not made an advance directive.

6. The patient shall have his or her advance directive(s), if any has been created, made a part of his or her permanent medical record.


7. The patient shall have all of the terms of his or her advance directive(s) complied with by the health care facility and caregivers to the extent required or allowed by Michigan law.

8. The patient shall be transferred to another doctor or health care facility if his or her doctor(s), or agent of his or her doctor(s), or the health care facility cannot respect the patient's advance directive requests as a matter of "conscience."

9. The patient shall receive the name, phone number and address of the appropriate state agency responsible for receiving questions and complaints about these advance directive policies.

WALLET CARDS FOR MICHIGAN ADVANCE DIRECTIVES


Cut out and complete the cards below. Put one card in the wallet or purse you carry most often, along with your driver's license or health insurance card. You may keep the second card on your refrigerator, in your motor vehicle glove compartment, a spare wallet or purse, or other easy-to-find place.



ATTN: MICHIGAN HEALTH CARE PROVIDERS
I have created the following Advance Directives:
(Check one or both)
 Michigan Living Will
 Durable Power of Attorney for Health Care

Please contact _____
(Name)
at _____
(Address)
and _____ for more information.
(Telephone)


(Date) _____
(Signature)



MICHIGAN ORGAN DONOR CARD
I have given my patient advocate authority to donate any or all of my organs in my Durable Power of Attorney for Health Care dated _____.

Please contact _____
(Name)
at _____
(Address)
and _____ for more information.
(Telephone)


(Date) _____
(Signature)



ATTN: MICHIGAN HEALTH CARE PROVIDERS
I have created the following Advance Directives:
(Check one or both)
 Michigan Living Will
 Durable Power of Attorney for Health Care

Please contact _____
(Name)
at _____
(Address)
and _____ for more information.
(Telephone)

(Date) _____
(Signature)



MICHIGAN ORGAN DONOR CARD
I have given my patient advocate authority to donate any or all of my organs in my Durable Power of Attorney for Health Care dated _____.

Please contact _____
(Name)
at _____
(Address)
and _____ for more information.
(Telephone)

(Date) _____
(Signature)

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