

FLORIDA  
Advance Directive  
Planning for important Health Care Decisions

**Using These Materials**

**BEFORE YOU BEGIN.**

1. Check to be sure that you have the materials for each state in which you may receive health care.
2. These materials include:
  - Instruction for preparing your advance directive, please read all the instructions.
  - Your state specific advance directive forms, which are the pages with the gray instructions bar on the left side.

**ACTION STEPS**

1. You may want to photocopy or print a second set of these forms before you start so you will have a clean copy if you need to start over
2. Talk with your family, friends, and physicians about your advance directive. Be sure the person you have appointed to make decisions on your behalf understand your wishes.
3. Once the form is completed and signed photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, health providers and/or faith leaders so that the form is available in the event of emergency.
4. You may also want to save a copy of your form in an online personal health record application, program or service that allows you to share your medical documents with your physician, family, and others who you want to take an active role in you advance care planning.

## **Introduction to Your Florida Advance Directive**

The packet contains a legal document that protects your rights to refuse medical treatment you do not want; in the event you lose the ability to make decision by yourself. You may complete Part One, Part Two or both, depending on your advance planning needs. You must complete Part Three.

Part One. The Florida designation of Health Care Surrogate is especially useful because it approaches to speak for you any time you are unable to make your own medical decisions, not only at the end of the life.

Your health care surrogate's power goes into effect when your doctor determines that you are physically or mentally unable to communicate a willful and knowing health care decision.

Part Two. The Florida Living Will lets you state your wishes about health care if you are in a persistent vegetative state, have an end-stage condition or develop a terminal condition. Your living will go into effect when your physician determines that you have of these conditions and can no longer make your own health care decisions.

Your living will also allow you to express your organ donation wishes.

Part Three contains the signature and witness provisions so that your document will be effective.

This form does not expressly address mental illness. If you would like to make advance care plans regarding mental illness, you should talk your physician and an attorney tailored your needs. However, on unless your Designation of Health Care Surrogate expressly states otherwise, your health care surrogate presumptively may make health care decision regarding mental health treatment.

*Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).*

## **Completing Your Florida Advance Directive**

Whom should I appoint as my surrogate?

Your surrogate is a person you appoint to make decisions about health care if you become unable to make these decisions yourself. Your surrogate may be a family member or a close friend whom you trust to make serious decisions. The person you name as your surrogate should clearly understand your wishes and be willing to accept the responsibility of making health care decision for you.

You can appoint a second person as your alternative surrogate. The alternate will step in if the first person you name as surrogate is unable or unavailable to act for you.

How do I make my Florida Advance Directive legal?

The law requires that you sign your Advance Directive in the presence of two adult witnesses , who must also sign the document if you are physically unable to sign , you may have someone sign for your presence and at your direction and in the presence of your two witnesses .

Your surrogate and alternate surrogate cannot act as witnesses to this document. At least one of your witnesses must be not your spouse or a blood relative.

Note: You do not need to notarize your Florida Advance Directive.

Should I add personal instruction to my Florida Advance Directive?

One of the strongest reasons for naming a surrogate is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions to this document it may help your surrogate carry out your wishes, but be careful that you do not unintentionally restrict your surrogate's power to act in your best interest in any event, be sure to talk with your surrogate about your future medical care and describe what you consider to be an acceptable "quality of life".

What if I change my mind?

You can always revoke your Florida Advance Directive State law permits you to revoke your document in the following ways.

1. Through a signed and dated writing showing your intent to revoke.
2. By physically destroying the original or having someone destroy it for you in your presence at your direction.
3. By orally expressing your intent to revoke or
4. By executing a new Advance Directive that supersedes the older document.

You should notify your health care provider and surrogate (s) to ensure that your revocation is effective.

If you name your spouse as your surrogate and you are divorced or your marriage is subsequently annulled your spouse's powers as surrogate will be automatically revoked, if you like your spouse's powers to continue in the event of a divorce or annulment, you can state this in "the additional instructions" section on page 2 of the form by adding an instruction such as "The authority of my surrogate shall not be revoked by divorce or annulment of our marriage.

What other facts should I know?

If you would like to give your surrogate the authority to refuse life-prolonging treatment for you in the event that you become terminally ill and incompetent while you are pregnant, you must add an instruction such as "My surrogate has the authority to order the withholding or withdrawal of life-prolonged treatment even if I am pregnant" under the "Additional Instructions" section on page 2 of the form.

Also, unless you expressly state otherwise under "Additional Instruction" section, your health care surrogate if you appoint one, does not have authority to authorize abortion, sterilization, electroshock therapy, psychosurgery, experimental treatment or voluntary admission to a mental health facility.

## Part One Designation of Health Care Surrogate.

First name

Middle Name /MI

Last Name

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In the event that I have determined incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures. I wish to designate as my surrogate for health care decisions:

Name Surrogate

Phone number

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Address of Surrogate

City/State Zip

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If my surrogate is unwilling or unable to perform his or her duties. I wish to designate as my alternate surrogate.

Name of the Alternate Surrogate

Phone number

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Address of Alternate Surrogate

City/State Zip

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I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold or withdraw consent on my behalf to apply for public benefits to defray the cost of health care facility.

When making health care decisions for me, my health care surrogate should think about what action would be consistent with past conversations we have had, my treatment preferences as expressed in Part Two (if I have filled out Part Two), my religious and other beliefs and values, and how I have handled medical and other important issues in the past. If what I would decide is still unclear then my health care surrogate should make decisions for me that my health care surrogate believes are in my best interest, considering the benefits, burdens, and risk of my current circumstances and treatment options.

Additional Instructions (Optional)

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## Part Two Decisions.

Today's Date: \_\_\_\_\_

If the patient willfully and voluntarily makes known my desire that my dying not be artificially prolonged under the circumstance set forth below and I do hereby declare that

If any time I am incapacitated and

Select any that apply.

- I have a terminal condition or
- I have an end stage condition or
- I am in persistent vegetative state.

Initials

\_\_\_\_\_

End if my attending or treating physician and another consulting physician have determined that there is not reasonable medical probability of my recovery from such condition. I direct that that the life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying and that I be permitted to dye naturally with only the administration of medication on the performance of any medical process demand necessary to provide me with comfort care to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequence of such refusal.

My failure to designate a health care surrogate in Part One shall not invalidate this declaration.

## ORGAN DONATION (OPTIONAL)

I hereby make this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires.

I give (select one choice below):

Any needed organs, tissues, or eyes for the purpose of transplantation, therapy, medical research, or education.

Initials

Only the following organs, tissues, or eyes for the purpose of transplantation, therapy, medical research, or education (listed below)

My body for anatomical study if needed. Limitations or special wishes. If any listed below.

I have already arranged to donate.

I give only the following organs, tissues, or eyes for the purpose of transplantation, therapy, medical research, or education:

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Limitations or special wishes I put on my body for anatomical study if needed.

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Initials

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If have already arranged to donate selected.

I donate any needed organ, tissues, or eyes.

I donate the following specified organs, tissues, or eyes.

Specified organs, tissues, or eyes.

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Name of Donee

Phone Number

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Donee Address

City/ State/Zip

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### Part Three. Execution

I, the patient, understand the full impact of this declaration, and I am emotionally and mentally competent to make this declaration. I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility.

Dated

\_\_\_\_/\_\_\_\_/\_\_\_\_

Signed

\_\_\_\_\_

Witness 1.

Firmado

\_\_\_\_\_

Address of Witness 1.

City/State/ Zip

\_\_\_\_\_

\_\_\_\_\_

Witness 2

Firmado

\_\_\_\_\_

Address of Witness 2.

City/State/ Zip

\_\_\_\_\_

\_\_\_\_\_

(Optional) I will notify and send a copy of this document to the following persons other than my surrogate, so they know who my surrogate is:

Name	Address	City/State/Zip
_____	_____	_____
Name	Address	City/State/Zip
_____	_____	_____

### You have Filled Out Your Health Care Directive, Now What?

1. Your Florida Advance Directive is an important legal document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed original to your surrogate, doctor(s), family, close friends, clergy, and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.
3. Be sure to talk with your surrogate (s), doctor (s), clergy, family, and friends, about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. You may also want to save a copy of in an online personal health records application, program or service that allows you to share your medical documents with your physician, family, and others who you want to take an active role in your advance care planning.
5. If you want to make change to your documents after they have been signed and witnessed, you must complete a new document.
6. Remember you can always revoke your Florida document.
7. Be aware that your Florida document will not be effective in the event of a medical emergency. Ambulance and hospital emergency department personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate directive or “do not resuscitate orders” are designed for people whose poor health give them little chance of benefiting from CPR. These directives instruct ambulance and hospital emergency personnel not to attempt CPR if your heart or breathing should stop.