

OPTIONS AND DEVELOPMENTS

RELATING TO

ADVANCE DIRECTIVES

AND HEALTH CARE PLANNING

- **Advance Directive for a Natural Death – Living Will**
- **Health Care Power of Attorney**
- **Advance Instruction for Mental Health Treatment**
- **Do Not Resuscitate Orders – DNR and Portable DNR Orders**
- **Medical Orders for Scope of Treatment – “MOST”**

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NOTE: This publication is intended to provide information of general interest. Information is presented in summary form and should not be construed as individual legal advice. In addition, to the extent there are changes or developments in the law that may affect the content of this document, efforts will be made to update the document. However, the most current information and guidance regarding individual situations should be obtained from an attorney or other qualified professional.

Further information about advance directives and medical orders for health care as discussed in this booklet may be obtained from the CarolinaEast Health System Director of Public Relations, Chaplain, or Vice President of Legal Affairs. See contact information for these individuals included within this booklet.

PATIENT RIGHTS AND HEALTH CARE PLANNING

PEACE OF MIND FOR YOU AND YOUR FAMILY

Advance Directives

The Patient Self-Determination Act (“PSDA”), enacted in 1990, was designed to enable individuals to exercise their rights to make decisions and give directions about their health care and, in particular, their end-of-life health care. Through the use of legal documents called “advance directives”, a person is able to direct his physician and family members or other authorized representatives about the specific medical interventions that the person wishes to have used or not used under circumstances where the person is no longer able to make such decisions for himself.

Persons who are 18 years of age or older and who have mental capacity to legally and appropriately execute advance directives documents may use such documents to communicate decisions about their medical and mental health treatment so that these decisions may be relied upon in determining what medical interventions should be used in certain instances in the future.

Documents customarily referred to as “advance directives” may include the following:

- Advance Directive for a Natural Death – referred to as a “Living Will”;
- Health Care Power of Attorney
- Advance Instruction for Mental Health Treatment

Medical Orders for Health Care

In addition to advance directives that are completed and executed by a person himself, there are several other options whereby a person’s physician, with the consent of the person or a person’s authorized representative, may issue medical orders directing that certain medical treatments or interventions be used or not used as part of a person’s end-of-life care. These medical orders are, in effect, a form of an advance directive about management of a person’s health situation but, unlike the advance directives noted above, these documents require the signature of a physician at the time they are created in order to make the documents valid and enforceable. These medical orders documents include the following:

- Do Not Resuscitate Order – referred to as a “DNR” Order
- Medical Orders for Scope of Treatment – referred to as a “MOST” form

In keeping with the PSDA, North Carolina has enacted various state laws and developed form documents for advance directives and medical orders for use as part of health care planning. These form documents, when prepared in accordance with applicable laws, become legally enforceable directives relating to medical treatment.

Advance directives, DNR Orders and MOST forms are optional resources and a person is not required to have them, or any of them, in order to receive care.

Other General Information

During the 2007 session of the North Carolina General Assembly, significant changes were made in the laws and forms relating to advance directives. These changes became effective on October 1, 2007. Advance directives that were appropriately created prior to October 1, 2007 and that are valid under North Carolina law will still be considered and treated as valid documents. After October 1, 2007, new advance directives laws and forms must be used in order to create valid advance directives.

As part of the North Carolina law changes that became effective on October 1, 2007, a new resource for health care planning called the Medical Orders for Scope of Treatment (“MOST”) form was created. The MOST form and the previously recognized Portable Do Not Resuscitate (“DNR”) Order are physician orders that direct use or withholding of certain types of medical treatment. These medical orders may be relied upon by Emergency Medical Services and other health care personnel who are often the first responders for persons who need immediate medical care. These orders will also be honored and implemented at CarolinaEast Health System (hereinafter referred to as “Health System” or “Hospital”) and its various facilities including, but not limited to, CarolinaEast Medical Center, CarolinaEast Primary Care, CarolinaEast Surgery Center, CarolinaEast Diagnostic Center, CarolinaEast Home Care, and CarolinaEast Rehabilitation Hospital as well as in the various physician practices that are part of CarolinaEast Health System - including CarolinaEast Heart Center, CarolinaEast Internal Medicine, CarolinaEast Urology, CarolinaEast Cardiac and Vascular Thoracic Center, CarolinaEast Ear, Nose & Throat, and other physician practices that may become part of the Health System. These directives will be implemented in accordance with specific Health System policies and procedures.

Persons who wish to provide instructions to their health care providers, family members, and others involved in their care should confer with their physicians and others who will or may be involved in making health care decisions. One’s personal physician may be especially helpful with regard to discussing the Portable DNR forms and MOST forms as resources for an individual patient. An attorney may also provide advice about legal considerations relating to advance directives, assist with creation and execution of advance directives documents, and provide information about use of the MOST and Portable DNR forms as health care planning resources.

Completed and signed advance directives documents may be given to a person’s attending physician and/or a trusted relative or other authorized representative. Because

originals, rather than copies, of the Portable DNR Order and MOST form must be provided before health care professionals may appropriately rely upon such medical orders, a person may wish to create multiple originals of these two particular documents.

A person who creates one or more advance directive documents should consider discussing these documents with his or her family members or others who may be involved in the person's health care decisions. A person may also provide copies of the documents to family members or others or at least tell these individuals where to find the originals and/or copies of the documents.

The Health Information Services Department at CarolinaEast Medical Center will also provide assistance to persons who wish to have their advance directive documents scanned into their medical records.

Originals and copies of advance directives and should be kept in a safe place so that the documents are readily available and accessible for use when a person comes to the Hospital for treatment or admission. Some individuals keep these documents – including their original Portable DNR and MOST forms – in an envelope attached to their refrigerator or in another location in their home where the documents are visible and readily available for use. This approach can make it easier for emergency medical personnel and others to bring these documents with a person when the person is being picked up for transport to the Hospital.

Advance directives documents may also be registered, for a small fee, with the Advanced Healthcare Directive Registry maintained by the North Carolina Secretary of State so that the documents become accessible via the Internet: www.sosnc.com. Information about other registries that are available outside of North Carolina can be obtained on the Internet.

This booklet has been developed as a general resource and is intended to replace and update advance directives information and similar publications previously distributed by the Hospital. The terms “he”, “him”, “his”, and “himself”, when used in this booklet, are intended to refer to both men and women. In addition, the term “person” or “patient” are used interchangeably to refer to the individual who executes or is the subject of an advance directive or who is the subject of a DNR Order or MOST form.

Information contained in this booklet is intended to be general and may not apply to particular individual situations. Persons who wish to obtain further information regarding use of advance directives and medical orders for treatment as discussed herein should consider consulting their health care providers, attorneys, or other qualified professionals.

As further educational and interpretive information relating to the recent changes in North Carolina laws and forms relating to advance directives becomes available, efforts will be made to update this booklet and related resource information about advance directives.

This booklet and the related advance directives forms are available on the Health System website at www.carolinaeasthealth.com. Additional copies of this booklet are also available from the Hospital Public Relations Department at CarolinaEast Medical Center and physician offices that are part of CarolinaEast Health System.

Further information about advance directives and other health care directives and their implementation at CarolinaEast Health System may also be obtained from the following resources:

Mr. Michael Bostian, Director of Pastoral Care Telephone 252-633-8120
Pager: 2-347
E-mail: mbostian@carolinaeasthealth.com

Ms. Brenda Harris, Clinical Chaplain Telephone 252-633-6200
Pager: 2-347
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Ms. Megan McGarvey, Director
Public Relations Department Telephone: 252-633-8154
E-mail: mmcgarvey@carolinaeasthealth.com

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Advance Directive for a Natural Death – “Living Will”

What is a “Living Will”?

A Living Will is a type of advance directive. It is a legal document that sets forth a person’s preferences and instructions relating to medical treatment that the person wants or does not want under certain circumstances at or near the end of life. It provides directions to a person’s physician, a health care agent appointed pursuant to a Health Care Power of Attorney, family members, or others who are involved in a person’s care regarding use of life-prolonging treatment measures when the person is no longer able to make or communicate his or her wishes about such matters. As an advance directive, a Living Will serves as a method for providing certain directions before the need for such information has arisen and while the person executing the Living Will document is mentally capable of making decisions and giving legally binding instructions about life-prolonging medical care and use of life-prolonging medical interventions.

Having a Living Will is an option and there is no legal requirement that a person have this advance directive in order to receive medical treatment.

When does a Living Will go into effect?

A Living Will is valid if it is in proper form and properly signed in the presence of two qualified witnesses and appropriately notarized. It provides direction about “life-prolonging measures” or, for Living Wills executed prior to October 1, 2007, “extraordinary means”, that are to be used or not used in particular situations that may occur at or near the end of life. A Living Will does not become effective until a person’s attending physician determines that the person is no longer able to make health care decisions for himself and fits within one or more of the circumstances selected by the person in the Living Will document. These circumstances include one or more of the following:

- The person has an incurable and irreversible condition that will result in death within a relatively short period of time;
- The person has become unconscious and the person’s health care providers determine that, to a high degree of medical certainty, the person will never regain consciousness;
- The person suffers from advanced dementia or any other condition which results in substantial loss of the person’s cognitive ability and the person’s health care providers determine that, to a high degree of medical certainty, the loss is not reversible.

For Living Wills executed prior to October 1, 2007, the following circumstances may trigger application of the Living Will:

- The person has a terminal and incurable condition; or
- The person is in a persistent vegetative state.

A “terminal and incurable condition” means a condition for which the administration of medical treatment will only prolong the process of dying and where death will occur within a relatively short period of time without treatment. A “persistent vegetative state” is a medical condition whereby, in the judgment of the attending physician, a person suffers from a sustained complete loss of self-aware cognition and (generally a total lack of awareness of and ability to comprehend his surroundings) and, without the use of extraordinary means or artificial nutrition or hydration, will die within a short period of time.

What are “life-prolonging” measures or “extraordinary means”?

As of October 1, 2007, North Carolina law defines “life-prolonging measures” as medical procedures or interventions which in the judgment of the attending physician would serve only to postpone artificially the moment of death by sustaining, restoring, or supplanting a vital function, including mechanical ventilation, dialysis, antibiotics, artificial nutrition and hydration, and similar forms of treatment.

“Life-prolonging measures” under the updated law replaces the term “extraordinary means” as such term applies to advance directives executed prior to October 1, 2007. “Extraordinary means” is defined as any medical procedure or intervention which, in the judgment of the attending physician, would serve only to postpone artificially the moment of death by sustaining, restoring, or supplanting a vital function.

“Life-prolonging measures” and “extraordinary means” do not cure the condition or other medical problem that exists but only prolong the process of dying. These treatments or procedures may include, but are not limited to, use of a mechanical respirator, cardiopulmonary resuscitation, or use of a feeding tube.

“Life-prolonging measures” and “extraordinary means” do not include care necessary to provide comfort or to alleviate pain.

Also, as noted, it is not necessary that a person have a Living Will or any other advance directive or order relating to health care planning in order to receive appropriate care and treatment.

What must I do to create a valid Living Will?

In order to be valid and enforceable, a Living Will must be:

- Created by a person who is 18 or older and of sound mind;
- Written and signed by the person to whom it relates – although, if necessary, the person who is otherwise qualified by age and mental capacity to create a Living Will, may direct another person to sign the document on his/her behalf and in his/her presence;
- Signed in the presence of 2 qualified witnesses and a notary public. In order to be qualified, a witness must not be a spouse, child, grandchild, great grandchild, parent, grandparent, great grandparent, aunt, uncle, niece or nephew, or brother or sister of the person making the Living Will. In addition, a witness may not be entitled under a will or by law to inherit from the person’s estate or have any present claim against the estate and may not be the person’s attending physician or a paid employee of the person’s attending physician or of the hospital, nursing home, adult care home, or other health facility where the person is receiving care. The law allows for volunteers at hospitals and other health care facilities to serve as qualified witnesses unless such service is prohibited by the particular hospital or other facility.

The restrictions relating to who may serve as a witness do not apply to who may serve as a notary public for a Living Will. Therefore, a paid employee of a hospital or other health care facility may serve as a notary for execution of a Living Will.

- Sufficiently clear in content and form to allow for reasonable interpretation and use as a Living Will. Although it is not the only way to create a valid Living Will, the form Living Will set forth in North Carolina General Statute §90-321(c), when properly completed, signed, and notarized, will create a Living Will that will be valid under North Carolina law.

If I have a Living Will and it indicates that “life-prolonging measures” or “extraordinary means” are not to be used, will I still be able to receive treatment for pain?

Unless you specify in your Living Will that you do not wish to receive any medications or other treatment to ease your pain and promote your comfort, you will still be able to receive these types of medical care even though, in keeping with the specific directions set forth in your Living Will, you will not be provided with “life-prolonging measures” or, in the case of a Living Will executed prior to October 1, 2007, “extraordinary means”.

If I have executed a Living Will and a Health Care Power of Attorney, is my health care agent obligated to follow my Living Will?

Generally yes, the health care agent must follow the directions set forth in a Living Will. However, the statutory Living Will form created as a result of the law changes that became effective on October 1, 2007 allows a person to expressly specify whether his

health care agent must follow the Living Will or has authority to override the Living Will. Unless the person expressly makes a choice about this in the Living Will, the health care agent will not ordinarily have the authority to override the Living Will.

Is a Living Will the same as a “Do Not Resuscitate” (“DNR”) Order or Medical Orders for Scope of Treatment (“MOST”)?

No. A Living Will is created by a person to give directions about his or her wishes relating to use of “life-prolonging measures.” A DNR Order and MOST form are medical orders that are issued and signed by a person’s physician - generally after the physician has consulted with the person or, if the person is not mentally capable of conferring with the physician, the person’s authorized representative – i.e. the person’s health care agent, guardian, family members, or other representative recognized by law. A Living Will is generally broader in scope and covers a variety of “life-prolonging measures” or, under prior law, “extraordinary means”. A DNR Order relates to only two situations – i.e. cardiac arrest or respiratory arrest – and directs health care providers to refrain from efforts to revive the patient if either or both circumstances occur. A MOST form may include directions regarding cardiac arrest, respiratory arrest, use of antibiotics, use of medically-administered fluids, and other medical interventions. A Living Will may, however, have a direct relationship to a DNR Order or MOST form because a physician may carry out directives set forth in a Living Will by issuing a DNR Order or MOST form.

What if I change my mind after I execute a Living Will?

Once a person has executed a valid Living Will, this advance directive will remain in effect unless and until the person revokes it. A person may revoke a Living Will in the following ways:

- By physically destroying the Living Will document; or
- By communicating in a clear and consistent manner, in writing or otherwise, that the person wishes to revoke the Living Will. Any such revocation should be communicated to the person’s attending physician either by the person himself or by the person’s authorized representative; or
- By creating a new Living Will document.

To avoid confusion and ensure that his wishes are clear, a person who creates a new Living Will should inform and provide copies of the new document to his attending physician, health care agent, family members, and/or other authorized representative.

What if I do not have a Living Will?

The law (specifically North Carolina General Statute §90-322) allows for an attending physician to withhold or withdraw life-prolonging measures under certain circumstances. Where a patient does not have a Living Will and lacks the capacity to make or communicate his/her health care wishes and will never regain such capacity, the attending physician may withhold or discontinue life-prolonging measures if the attending physician determines that the following circumstances exist and these circumstances are confirmed in writing by another physician:

1. The patient has an incurable or irreversible condition that will result in death within a relatively short period of time; or
2. The patient is unconscious and, to a high degree of medical certainty, will never regain consciousness*; and
3. There is written confirmation of the patient's present condition – as set forth in Items 1 and/or 2 above – by a physician other than the person's attending physician; and
4. A vital bodily function of the patient could be restored or is being sustained by life-prolonging measures.

The attending physician must also have the concurrence of the following persons, in the order indicated:

- a. A court-appointed general guardian or guardian of the patient; provided, however, that a health care agent who was appointed by a patient's HCPOA will still have authority as to matters covered by the HCPOA including, if granted in the HCPOA, the power to make decisions about anatomical gifts, autopsy, and disposition of remains unless the court expressly suspends the health care agent's authority as part of the order relating to appointment of the guardian.
- b. A health care agent appointed by a valid HCPOA and to the extent of the authority given by the HCPOA;
- c. A person who holds general or durable Power of Attorney for the patient when the Power of Attorney includes authority to make medical decisions;
- d. A patient's spouse;
- e. A majority of a patient's reasonably available parents and children who are at least 18 years of age;

- f. A majority of a patient's reasonably available siblings who are at least 18 years of age;
- g. An individual who has an established relationship with the patient, who is acting in good faith on behalf of the patient, and who can reasonably convey the patient's wishes.

*Note that this procedure does not apply where a person suffers from advanced dementia or any other condition which results in substantial and irreversible loss of the person's cognitive ability

See sample Living Will form attached at the end of this booklet.

Health Care Power of Attorney

What is a Health Care Power of Attorney?

A Health Care Power of Attorney is a legal document whereby a person appoints someone to be his or her health care agent for the purpose of making decisions relating to medical care or mental health treatment when the person lacks the capacity to make or to communicate his or her own wishes. This authority includes making decisions relating to withdrawal of life-prolonging measures.

Authority may also be given to a health care agent to arrange for organ donation, autopsy, and disposition of a person's remains and may incur reasonable costs relating to such matters. The right to incur reasonable costs relating to post-death decisions does not give a health care agent general authority with regard to a person's property or financial affairs.

A Health Care Power of Attorney may incorporate or be combined with an Advance Instruction for Mental Health Treatment. If a person has a separate Advance Instruction for Mental Health Treatment, the directions set forth in the separate document should be consistent with any mental health treatment directions included as part of the person's Health Care Power of Attorney

A person may choose one specific individual to be the health care agent and may also designate one or more other persons to serve, in order of succession, as the health care agent – i.e. if the original health care agent cannot serve, the next person designated as health care agent will serve and, if that person cannot serve, the next person specified will serve, etc.

A health care agent is obligated to use due care and to act in accordance with the directives set forth in the Health Care Power of Attorney document.

Because the powers granted by a Health Care Power of Attorney can be very broad, a person should discuss his or her wishes regarding use of life-prolonging measures, mental health treatment, and other health care decisions with the person or persons designated to serve as a health care agent.

Having a Health Care Power of attorney is an option and there is no legal requirement that a person have this advance directive.

Who may serve as a Health Care Agent?

Any individual who is eighteen (18) years of age or older and who is not being paid to provide health care to the person for whom he or she is to serve as health care agent may act as a health care agent. This may include, but is not limited to, a person's spouse, child, brother or sister, or friend.

What must I do to create a Health Care Power of Attorney?

In order to be valid and enforceable, a Health Care Power of Attorney must be:

- Created by a person who is 18 or older and of sound mind;
- Written and signed by the person to whom it relates – although, if necessary, the person may direct another person to sign the document on his/her behalf and in his/her presence;
- Signed in the presence of 2 qualified witnesses and a notary public. In order to be qualified, a witness must not be a spouse, child, grandchild, great grandchild, parent, grandparent, great grandparent, aunt, uncle, niece or nephew, or brother or sister of the person making the Health Care Power of Attorney. In addition, a witness may not be entitled under a will or by law to inherit from the person's estate or have any present claim against the estate and may not be the person's attending physician or a paid employee of the person's attending physician or of the hospital, nursing home, adult care home, or other health facility where the person is receiving care.

The restrictions relating to who may serve as a witness do not apply to who may serve as a notary public for a Health Care Power of Attorney.

- Be sufficiently clear in content and form to allow for reasonable interpretation and use as a Health Care Power of Attorney. Although it is not the only way to create a valid Health Care Power of Attorney, proper completion and signing of the form Health Care Power of Attorney set forth in North Carolina General Statute §32A-25.1 will create a Health Care Power of Attorney that will be valid under North Carolina law.

When does a Health Care Power of Attorney go into effect?

A person's Health Care Power of Attorney becomes effective when the person's physician states in writing that the person does not have sufficient capacity to make or to communicate decisions relating to the principal's care. The power of a health care agent appointed by a person under a valid Health Care Power of Attorney remains effective as long as the person's incapacity continues and the instrument ceases to be effective if and when the person regains capacity to make and communicate health care decisions on his or her own behalf.

How long is a Health Care Power of Attorney valid?

A person's Health Care Power of Attorney remains valid and enforceable unless and until it is revoked. Revocation will occur if:

- the person regains capacity to make and communicate decisions relating to his or her own health care;
- the person dies (except that the health care agent retains authority to make post-death decisions relating to autopsy, anatomical gifts, or disposition of the person's remains);
- the person signs a notarized revocation document;
- the person creates a new Health Care Power of Attorney;
- the person otherwise communicates an intention to revoke the Health Care Power of Attorney – for example, by physically destroying the Health Care Power of Attorney document.
- The intention to revoke must occur at a time when the person has the capacity to make his or her own health care decisions.
- **IMPORTANT:** The revocation should be communicated to each of the named health care agents and to the person's attending physician;
- If a person's spouse is the health care agent, the spouse's authority to serve as health care agent will cease if the marriage is dissolved through divorce, court-approved legal separation, or annulment. If the person has designated one or more other health care agents, if the person's spouse ceases to have authority as health care agent, the next health care agent designated in succession by the person will become the person's health care agent.

May a person designate more than one health care agent?

The Health Care Power of Attorney form allows for a person to appoint one health care agent or to designate more than one health care agent. When more than one agent is

appointed, the agents will generally serve alone in succession – that is, if the first health care agent is not legally or practically able to serve or is removed as health care agent, then the next person on the list of health care agents shall become the health care agent.

What decisions may a health care agent make for the principal?

Unless a person expressly limits the health care agent’s authority, the health care agent may generally make all decisions that the person himself or herself could have made relating to the person’s medical treatment and/or mental health treatment. Such decisions may include, but are not limited to, decisions relating to withholding or withdrawal of life-prolonging measures. The Health Care Power of Attorney form includes a general statement of the authority granted to a health care agent and also allows a person to limit a health care agent’s authority regarding certain matters or to provide specific directions about certain matters – i.e. withholding artificial nutrition or hydration, disposition of remains, etc.

Do I need to have a Health Care Power of Attorney if I have a Living Will?

The Health Care Power of Attorney is one means for a person to give advance directions relating to his or her health care. It may serve as a supplement to a Living Will or to an Advance Instruction for Mental Health Treatment. While it is not necessary for a person to appoint a health care agent in order for the person’s Living Will or Advance Instruction for Mental Health Treatment to be effective, having a health care agent may, in some instances, increase the possibility that the person’s wishes as set forth in the Living Will and/or Advance Instruction for Mental Health Treatment are implemented. In addition, a health care agent may oversee and provide for a person’s health care needs on a temporary basis when the person temporarily lacks capacity to make or communicate decisions – e.g. if the person is incapacitated for a period of time because of accident or other situation.

Do I need to have Health Care Power of Attorney if I have a Power of Attorney?

A Power of Attorney* is a legal document that gives authority to another person (referred to as the “attorney-in-fact” or “agent”) to handle one’s property and financial affairs. Unless the instrument provides for the agent to make health care decisions, the instrument does not automatically confer such authority on the agent. Such authority may be given to the agent within the Power of Attorney document or by a separate Health Care Power of Attorney document.

If a person creates a Power of Attorney that includes authority to make health care decisions and also creates a Health Care Power of Attorney, the authority given in the Health Care Power of Attorney document will be superior to the powers given in the Power of Attorney relating to health care decisions.

See sample Health Care Power of Attorney document attached at the end of this booklet.

*A Power of Attorney is an instrument whereby a person appoints another individual to serve as the person's agent to handle business and financial affairs while the person is still competent. A Power of Attorney may also include provisions relating to giving the person's agent some healthcare-related decision making authority. If the Power of Attorney is a Durable Power of Attorney either because the document expressly states that it is or it is made under the North Carolina Uniform Power of Attorney Act that became effective on January 1, 2018, the instrument will survive the maker's incapacity – that is, the agent will be able to act after the person who created the Power of Attorney is no longer able to act on his own behalf.

Because of this survivorship feature, a Power of Attorney that is a Durable Power of Attorney is sometimes a useful and effective tool for use in health care planning.

Persons who wish to create a Power of Attorney may consult with an attorney. Information about obtaining a sample form for a Power of Attorney may also be available from the local Clerk of Court or the North Carolina Secretary of State – see Secretary of State website at www.secretary.state.nc.us or www.sosnc.com

The North Carolina Uniform Power of Attorney Act that became effective on January 1, 2018 made some substantial changes with regard to creation and implementation of a Power of Attorney. While the new law does not invalidate a Power of Attorney that was appropriately created under prior law, an individual who already has a Power of Attorney may wish to consult with an attorney about whether he or she wishes to create a new Power of Attorney under this new law.

Advance Instruction for Mental Health Treatment

What is an Advance Instruction for Mental Health Treatment?

An Advance Instruction for Mental Health Treatment is one kind of advance directive whereby a person gives directions relating to particular aspects of his or her health care – specifically mental health treatment. Mental health treatment is the process of providing for the physical, emotional, psychological, and social needs of the person in connection with the person's mental illness and includes, but is not limited to, electroconvulsive treatment, use of psychotropic medications, and admission to and retention in a facility for treatment of mental illness.

An Advance Instruction for Mental Health Treatment sets forth the person's awareness that a mental health treatment provider is authorized to follow the instructions set forth in the document. It may include consent to or refusal of mental health treatment.

An Advance Instruction for Mental Health Treatment may include the names and telephone numbers of individuals who may be contacted in case a person experiences a mental health crisis, situations that may cause the person to experience a mental health

crisis, types of assistance that may escalate or de-escalate a crisis, and medications that the person is taking or has taken in the past and the effects of those medications.

What must I do to create an Advance Instruction for Mental Health Treatment?

In order to be valid and enforceable, an Advance Instruction for Mental Health Treatment must be:

- Created by a person who is 18 or older and of sound mind;
- Written and signed by the person to whom it relates – although, if necessary, the person may direct another person to sign the document on his/her behalf and in his/her presence;
- Signed in the presence of 2 qualified witnesses and a notary public. In order to be qualified, a witness must not be a spouse, child, grandchild, great grandchild, parent, grandparent, great grandparent, aunt, uncle, niece or nephew, or brother or sister of the person making the Health Care Power of Attorney. In addition, a witness may not be entitled under a will or by law to inherit from the person's estate or have any present claim against the estate and may not be the person's attending physician or an employee or agent (paid or unpaid) of the person's attending physician or of the hospital, nursing home, adult care home, or other health facility where the person is receiving care.
- The restrictions relating to who may serve as a witness do not apply to who may serve as a notary public for an Advance Instruction for Mental Health Treatment.
- Be sufficiently clear in content and form to allow for reasonable interpretation and use as an Advance Instruction for Mental Health Treatment. Although it is not the only way to create a valid Advance Instruction for Mental Health Treatment, proper completion and signing of the form Advance Directive for Mental Health Treatment will create an Advance Directive for Mental Health Treatment that will be valid under North Carolina law.

When does an Advance Instruction for Mental Health Treatment go into effect?

An Advance Instruction for Mental Health Treatment becomes valid when properly executed and becomes operational when the principal's physician or eligible psychologist (a licensed psychologist who holds permanent licensure and certification as a health services provider psychologist issued by the North Carolina Psychology Board) determines in writing that the principal lacks sufficient understanding or capacity to make and communicate mental health treatment decisions. In order for an Advance Instruction for Mental Health Treatment to be honored at CarolinaEast Health System based on the findings of an eligible psychologist, the psychologist must have privileges at the hospital.

How long is an Advance Instruction for Mental Health Treatment valid?

A properly executed Advance Instruction remains valid and enforceable unless and until it is revoked by the person who created it. The person may revoke it in any manner by which he or she is able to communicate an intention to revoke and by notifying his or her attending physician or other mental health treatment provider about the revocation. An Advance Instruction for Mental Health Treatment is also revoked when a court appoints a guardian for a person. Under these circumstances, however, the guardian must still follow the instructions set forth in the Advance Instruction for Mental Health Treatment.

The law requires that an Advance Instruction for Mental Health Treatment and any revocation thereof be made a part of a person's medical record.

May a health care agent be given power to implement an Advance Instruction for Mental Health Treatment?

Yes. Authority to implement an Advance Instruction for Mental Health Treatment may be combined with a Health Care Power of Attorney or a Power of Attorney or Durable Power of Attorney. A health care agent under a Health Care Power of Attorney or an agent under a Power of Attorney or Durable Power of Attorney may be given authority to consent or withhold consent to mental health treatment for the person who executed the Advance Instruction for Mental Health Treatment.

See sample Advance Instruction for Mental Health Treatment document attached at the end of this booklet.

Do Not Resuscitate Orders

What is a Do Not Resuscitate (“DNR”) Order?

A DNR Order is a written directive, given by a physician, which instructs health care providers to withhold cardiopulmonary resuscitation (“CPR”) or other resuscitative efforts when the patient has stopped breathing or the patient's heart has stopped beating. A DNR Order authorizes withholding resuscitation but is not a directive to limit or withhold other types of care or treatment.

The term Advanced Cardiac Life Support (“ACLS”) is often used to refer to CPR and other resuscitative efforts that may be used when a patient's cardiac and/or respiratory functions have stopped. ACLS includes procedures such as closed chest compressions, intubation and mechanical ventilation, and administration of medicines to correct or restore heart rhythm.

There are specific hospital policies relating to DNR Orders. These policies provide guidance to physicians about circumstances under which DNR Orders may be written.

A DNR Order must be signed by a physician and should be given only after the physician has consulted with the patient or, if the patient is incapacitated, with the patient's health care agent, guardian, or other appropriate representative.

A DNR order may be written by a physician on a patient's medical chart while the patient is hospitalized or the physician may sign a Portable DNR Order for the patient.

Physician DNR Order: A DNR Order written by a physician for a hospitalized patient must be written in the patient's medical record and must be signed by the physician. Such an order should be given only after the physician has consulted with the patient or, if the patient is incapacitated, with the patient's health care agent, guardian, or other appropriate representative.

Portable DNR Order: A Portable DNR Order may be prepared outside of the hospital. Hence, it is sometimes referred to as an "out-of-facility" order. It is a special form signed by a person's physician. In order to issue a Portable DNR Order, a physician must have the consent of the person to whom it relates or, if the person is a minor, the consent of the person's parent or guardian. If a person is not a minor but is incapable of giving consent, the person's health care agent or other legal representative may give consent for a Portable DNR Order. A Portable DNR Order may be implemented by the Hospital only if the Portable DNR Order satisfies the following requirements:

1. The order must be prepared on the official form developed by The North Carolina Department of Health and Human Services for use on and after April 1, 2002. The form has the following characteristics:
 - It is bright "goldenrod" yellow;
 - It has a big red "Stop" sign in the upper left hand corner;
 - It references the applicable law – North Carolina General Statute §90-21-16(b) [NOTE: More recent citation for the statute is §90-21-7]
2. The document must be an original and must be signed by a physician and must contain all of the other information relating to the physician - including physician's printed name, address, and office and emergency phone numbers. A person may have multiple originals of a Portable DNR Order;
3. The physician who signed the Portable DNR Order must be a member of the Health System's medical staff. This requirement is a matter of Hospital policy; and

4. There is no indication that the Portable DNR Order has been revoked or has been superseded by a subsequent physician order.

The Portable DNR Order is signed by the physician and retained by the person to whom it relates. The person or someone acting on his or her behalf may bring the Portable DNR Order to the Hospital at the time the person is admitted. In order to be valid, the Portable DNR Order must be on the requisite special form and must be an original. It may not be copied or altered. Under these circumstances, it is often helpful for a person to have his or her physician sign several original Portable DNR Order forms for the person's use. The person may then retain these documents so that one is readily available whenever it is needed. If a physician relies on a Portable DNR order relating to a patient, the basis for such reliance must be documented in the patient's chart.

A completed Portable DNR Order may be kept in a person's home or at any other place where the person is located so that it is readily available to confirm for emergency medical services personnel, hospice personnel, and other health care professionals that cardiopulmonary resuscitation or other resuscitative efforts are to be withheld. With persons who are terminally or seriously ill and who may experience a cardiac or respiratory arrest at home, having a Portable DNR Order posted or readily available in the patient's home may facilitate honoring the patient's wishes.

An individual may bring an original completed Portable DNR Order when he or she comes to the hospital for care, testing, or admission. The Portable DNR Order will be placed on the patient's chart and the patient may request to have the document returned to him or her at the time of discharge. As noted, however, it is often helpful for a person to have his or her physician sign multiple originals of the Portable DNR Order so that the person has several available for use.

See sample Portable Do Not Resuscitate Order attached at the end of this booklet. Original Portable DNR forms are available from the Public Relations Department of CarolinaEast Health System and various physician practices that are part of CarolinaEast Health System.

Medical Orders for Scope of Treatment (“MOST” form)

What is a MOST form and what purpose does it serve?

The law now provides an option for a person or his representative, with assistance from his physician, to make some advance decisions relating to end-of-life treatment through use of a official state form designated as a Medical Orders for Scope of Treatment (“MOST” form).

The purpose of the MOST form is to provide directions pursuant to orders issued by a person's physician that are based on the person's wishes concerning the level and type of treatment to be provided at the end of life.

A MOST form may be a helpful resource for persons who have advanced chronic progressive illnesses or other serious illnesses and who have limited life expectancies. The MOST is also available for use by persons who wish to further define their health care preferences regarding end-of-life care.

A physician may issue a MOST under the following circumstances:

- With the consent of the person to whom the MOST relates;
- If the person is a minor, with the consent of the parent or guardian;

If the person is not a minor but is incapable of making informed decisions or giving consent, with the consent of the person's authorized representative. An authorized representative is determined in accordance with the hierarchy of individuals who may give consent for withholding or withdrawal of life-prolonging measures in the absence of a Living Will as specified by North Carolina General Statute §90-322. A person's representative for purposes of a MOST is determined based on the hierarchy of individuals who may give consent where there is no living will. See response to the question **“What if I do not have a Living Will?”** in the Living Will section of this booklet.

It is important to note that a person's representative may authorize and sign a MOST form only if the person himself is no longer able to make or communicate decisions on his own behalf.

Just like the Portable DNR Order, the MOST form is an official form that contains medical orders given by a person's physician. The MOST form is to be signed by a person's physician (or a physician assistant or nurse practitioner acting under the supervision of the person's physician and with physician signing as well) and must also be signed by the person himself or by his representative. Health System policy requires that a MOST form be signed by a physician who is a member of the Health System's medical staff in order for the MOST form to be implemented at the Hospital or other Health System facilities.

What is included as part of a MOST form?

The official MOST form is a bright pink document that is was issued and approved by the North Carolina Department of Health and Human Services. It includes the following information:

- Name, address, and telephone number and signature of physician (or physician assistant or nurse practitioner) authorizing the order;
- Name and contact information of the health care professional who prepared the form with the person or the person's representative;

- Information about who agreed to the options selected on the MOST form (whether the person himself or the person’s representative);
- A range of options for cardiopulmonary resuscitation, medical interventions, antibiotics, and medically administered fluids and nutrition;
- A person’s or person’s representative’s name, contact information, and signature.

As previously noted, a person’s representative may authorize and sign a MOST form only if the person himself is no longer able to make or communicate decisions on his own behalf.

If a person’s representative is located at a distance, the MOST form may be prepared in consultation with the person’s representative by telephone, electronic, or other means. A copy of the prepared MOST form may be sent to the person’s representative by fax or electronically and the person’s representative may sign the form and send it back to the physician or other health care professional who prepared the form. Under these circumstances, the copy of the signed MOST form should be placed in the medical record and a notation should be made on the original MOST form by writing the words “on file” in the signature block reserved for “Patient or Patient Representative Signature” on the original MOST form.

- Effective date of the form;
- A prominent advisory (i.e. notation on the form itself) indicating that directions in a MOST form may suspend, when such directions are in effect, any conflicting directions in a person’s previously executed Living Will, Health Care Power of Attorney, or other legal instrument;
- An advisory (i.e. notation on the form itself) that the MOST may be revoked by the person or the person’s representative;
- A statement in boldface type directly above the signature line saying: **“You are not required to sign this form to receive treatment.”**

What is required to make a MOST form valid and for how long is a MOST form valid?

A MOST form is valid if it is an original and is properly signed by a person’s physician. A person may have more than one original of the MOST form.

When should a MOST form be reviewed?

It is recommended that the MOST form be reviewed when:

- The person is admitted and/or discharged from a hospital or health care facility; or

- There is a substantial change in the person's health status; or

The MOST form must be reviewed if:

- The person's treatment preferences change.

How may a MOST form be revoked?

A MOST form may be revoked by a person or his authorized representative. Where a person has more than one original MOST form, each and every original should be revoked.

General forms of revocation may include the following:

- Physically destroying the original or all originals;
- Drawing a line and writing "Void" across Sections A through E of the form;
- Selecting the "Form Voided" option under the Outcome of Review section on the back side of the form – because form is no longer needed or because the person no longer wishes to have a MOST

How is a MOST form implemented at CarolinaEast Health System?

The Hospital will implement a MOST form it in accordance with policies and procedures that are similar to those that currently apply to use of the Portable DNR Order. That is:

- The MOST form must be original; and
- The form must be signed by a physician who is a member of the Health System's medical staff; and
- There must be no indication that the MOST form has been revoked.

An individual may bring an original completed MOST form when he comes to the Hospital for care, testing, or admission. The MOST form will be placed on the patient's chart and the patient may request to have the document returned to him at the time of discharge. While it may be helpful to have multiple originals of the MOST form, where multiple originals exist, each original should be kept up to date – including having documentation confirming annual review. Also, if revocation of the MOST occurs, each original should be revoked.

Under certain circumstances and depending on the medical needs of the person to whom a MOST relates, the directions in a MOST form may be superseded by orders of a treating physician.

Is it necessary to have a MOST if a person has a Portable DNR Order?

The Portable DNR Order remains an option for persons who wish to have a readily available and accessible physician directive about withholding use of cardiopulmonary resuscitation.

The MOST form is in some ways broader and more comprehensive than the Portable DNR form in that the MOST form provides directions with regard to medical interventions relating to end-of-life care. The MOST form includes options relating to cardiopulmonary resuscitation as well as use of antibiotics, artificial nutrition and hydration, and other medical interventions. While the Portable DNR Order prescribes when cardiopulmonary resuscitation should not be used, the MOST form can be used to specify both when to use and when not to use cardiopulmonary resuscitation and other medical interventions.

If a person has both a Portable DNR Order and a valid MOST form and the information included on the forms is conflicting, the more recently issued of the forms should generally be followed.

What effect does a MOST have with regard to directions set forth in a Living Will?

If a person has a Living Will and subsequently obtains a valid MOST form that contains directions that are different from the directions set forth in the Living Will, the more recently issued MOST form will generally control and, as long as the MOST form remains valid (i.e. is reviewed annually), the directions set forth in the MOST will generally temporarily suspend the conflicting directions set forth in the Living Will. If the MOST form is revoked or loses its validity, the directions set forth in the Living Will should generally be followed.

See sample MOST form attached at the end of this booklet.

Original MOST forms are generally available from private physicians and physician practices. Information about obtaining the forms may also be obtained from the Public Relations Department of CarolinaEast Health System.



Effective Date: _____

Expiration Date, if any _____

Check box if no expiration

DO NOT RESUSCITATE ORDER

Patient's full name _____

In the event of cardiac and/or pulmonary arrest of the patient, efforts at cardiopulmonary resuscitation of the patient SHOULD NOT be initiated. This order does not affect other medically indicated and comfort care.

I have documented the basis for this order and the consent required by the NC General Statute 90-21.17(b) in the patient's records.

Signature of Attending Physician/Physician Assistant/Nurse Practitioner

Printed Name of Attending Physician

Address

City, State, Zip

Telephone Number (office)

Telephone Number (emergency)


Do Not Copy

Do Not Alter

SAMPLE – NOT FOR EXECUTION



HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

 <h2 style="text-align: center;">Medical Orders</h2> <h3 style="text-align: center;">for Scope of Treatment (MOST)</h3> <p>This is a Physician Order Sheet based on the patient's medical condition and wishes. Any section not completed indicates full treatment for that section. When the need occurs, first follow these orders, then contact physician.</p>		Patient's Last Name:	Effective Date of Form:												
		Patient's First Name, Middle Initial:	Patient's Date of Birth:												
Section A Check One Box Only	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing. <input type="checkbox"/> Attempt <u>Resuscitation</u> (CPR) <input type="checkbox"/> <u>Do Not Attempt Resuscitation</u> (DNR/no CPR) When not in cardiopulmonary arrest, follow orders in B, C, and D.														
Section B Check One Box Only	MEDICAL INTERVENTIONS: Patient has pulse and/or is breathing. <input type="checkbox"/> Full Scope of Treatment: Use intubation, advanced airway interventions, mechanical ventilation, cardioversion as indicated, medical treatment, IV fluids, etc.; also provide comfort measures. Transfer to hospital if indicated. <input type="checkbox"/> Limited Additional Interventions: Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. May consider use of less invasive airway support such as BiPAP or CPAP. Also provide comfort measures. Transfer to hospital if indicated. Avoid intensive care. <input type="checkbox"/> Comfort Measures: Keep clean, warm and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital unless comfort needs cannot be met in current location. Other Instructions _____														
Section C Check One Box Only	ANTIBIOTICS <input type="checkbox"/> Antibiotics if indicated <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs <input type="checkbox"/> No Antibiotics (use other measures to relieve symptoms) Other Instructions _____														
Section D Check One Box Only in Each Column	MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Offer oral fluids and nutrition if physically feasible. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> IV fluids if indicated</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Feeding tube long-term if indicated</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> IV fluids for a defined trial period</td> <td style="border: none;"><input type="checkbox"/> Feeding tube for a defined trial period</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> No IV fluids (provide other measures to ensure comfort)</td> <td style="border: none;"><input type="checkbox"/> No feeding tube</td> </tr> </table> Other Instructions _____			<input type="checkbox"/> IV fluids if indicated	<input type="checkbox"/> Feeding tube long-term if indicated	<input type="checkbox"/> IV fluids for a defined trial period	<input type="checkbox"/> Feeding tube for a defined trial period	<input type="checkbox"/> No IV fluids (provide other measures to ensure comfort)	<input type="checkbox"/> No feeding tube						
<input type="checkbox"/> IV fluids if indicated	<input type="checkbox"/> Feeding tube long-term if indicated														
<input type="checkbox"/> IV fluids for a defined trial period	<input type="checkbox"/> Feeding tube for a defined trial period														
<input type="checkbox"/> No IV fluids (provide other measures to ensure comfort)	<input type="checkbox"/> No feeding tube														
Section E Check The Appropriate Box	DISCUSSED WITH AND AGREED TO BY: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Patient</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Majority of patient's reasonably available parents and adult children</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Parent or guardian if patient is a minor</td> <td style="border: none;"><input type="checkbox"/> Majority of patient's reasonably available adult siblings</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Health care agent</td> <td style="border: none;"><input type="checkbox"/> An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Legal guardian of the patient</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Attorney-in-fact with power to make health care decisions</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Spouse</td> <td style="border: none;"></td> </tr> </table> Basis for order must be documented in medical record.			<input type="checkbox"/> Patient	<input type="checkbox"/> Majority of patient's reasonably available parents and adult children	<input type="checkbox"/> Parent or guardian if patient is a minor	<input type="checkbox"/> Majority of patient's reasonably available adult siblings	<input type="checkbox"/> Health care agent	<input type="checkbox"/> An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient	<input type="checkbox"/> Legal guardian of the patient		<input type="checkbox"/> Attorney-in-fact with power to make health care decisions		<input type="checkbox"/> Spouse	
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<input type="checkbox"/> Legal guardian of the patient															
<input type="checkbox"/> Attorney-in-fact with power to make health care decisions															
<input type="checkbox"/> Spouse															
MD/DO, PA, or NP Name (Print):		MD/DO, PA, or NP Signature and Date (Required):	Phone #:												
Signature of Patient, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative (Signature is required and must either be on this form or on file)															
I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent. If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form. You are not required to sign this form to receive treatment.															
Patient or Representative Name (print)		Patient or Representative Signature	Relationship (write "self" if patient)												

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Contact Information

Patient Representative:	Relationship:	Phone #: Cell Phone #:
Health Care Professional Preparing Form:	Preparer Title:	Preferred Phone #: Date Prepared:

Directions for Completing Form

Completing MOST

- MOST must be reviewed and prepared by a health care professional in consultation with the patient or patient representative.
- MOST is a medical order and must be signed and dated by a licensed physician (MD/DO), physician assistant, or nurse practitioner to be valid. **Be sure to document the basis for the order in the progress notes of the medical record.** Mode of communication (e.g., in person, by telephone, etc.) also should be documented.
- The signature of the patient or his/her representative is required; however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record and "on file" must be written in the appropriate signature field on the front of this form or in the review section below.
- Use of original form is required. **Be sure to send the original form with the patient.**
- MOST is part of advance care planning, which also may include a living will and health care power of attorney (HCPOA). If there is a HCPOA, living will, or other advance directive, a copy should be attached if available. **MOST may suspend any conflicting directions in a patient's previously executed HCPOA, living will, or other advance directive.**
- **There is no requirement that a patient have a MOST.**
- MOST is recognized under N. C. Gen. Stat. 90-21.17.

Reviewing MOST

Review of the MOST form is recommended when:

- The patient is admitted to and/or discharged from a health care facility; or
- There is a substantial change in the patient's health status.

This MOST must be reviewed if:

- The patient's treatment preferences change.

If MOST is revised or becomes invalid, draw a line through Sections A – E and write "VOID" in large letters.

Revocation of MOST

A patient with capacity or the patient's representative (if the patient lacks capacity) can revoke the MOST at any time and request alternative treatment based on the known preferences of the patient or, if unknown, the patient's best interests.

Review of MOST

Review Date	Reviewer and location of review	MD/DO, PA, or NP Signature (required)	Signature of patient or representative (preferred)	Outcome of Review
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

DO NOT ALTER THIS FORM!

Organ Donor Registration

Now there are several ways to sign-up to be an organ, eye and/or tissue donor in North Carolina, including at the DMV or at:

DonateLifeNC.org
<http://www.donatelifenc.org>

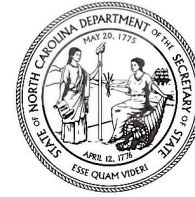
This site allows you to create an online donor record. When you go to the DMV to obtain or renew your driver's license or ID card, your examiner will ask if you would like to become a donor. When you say "yes," a red heart is added to your license or ID card. This heart is legally binding; once you turn 18, your wishes to be an organ and eye donor cannot be overturned by others. It relieves your family of making this decision on your behalf, so please be sure to tell them when you join the registry.

Approximately 3,400 people, including neighbors, parents, children, relatives, coworkers and friends, are waiting for transplants in North Carolina.

One person can save eight lives through organ donation and enhance more than 50 lives through tissue donation.

Still have questions? Please visit www.DonateLifeNC.org to learn more or call Donate Life North Carolina at 919-451-7893.

10,000 copies of this document were printed at a total cost of \$959.07 or \$0.09591 per copy.



THE NORTH CAROLINA
DEPARTMENT OF THE
SECRETARY OF STATE

ADVANCE HEALTH CARE DIRECTIVE REGISTRY

Thank you for your interest in studying what advance health care directives are available to you!

One of the most stressful times to make important life or death decisions, and decisions affecting mental health treatment or organ donation is during an actual medical emergency. The person having the emergency, his or her family and loved ones, and the health care providers are all under very critical, time-sensitive pressures during an emergency.

One of the best times to make some of these same decisions is when a person is not in a medical emergency and can take the time to reflect and study on what directions he or she wants family and medical providers to know in a crisis situation, before it ever happens.

This is why so many people today do make the effort to put on record one or more of the advance health care directives available.

The North Carolina Department of the Secretary of State is proud to offer this voluntary registry program to people who want to plan ahead and to make sure that they always have a voice in their health care issues.

Elaine F. Marshall
N.C. Secretary of State



P.O. Box 29622
Raleigh, NC 27626-0622

www.sosnc.com

Phone: 919-807-2167
Fax: 919-807-2215
Email: ahcdr@sosnc.com

♥ Health Care Directive Registry

The NC General Assembly authorized the North Carolina Department of the Secretary of State to establish a registry where you may file your advance health care directives. Advance health care directives are legal documents that give written instructions about your health care if, in the future, you cannot speak for yourself. Advance health care directives may include any of the following:

- A Health Care Power of Attorney;
- A Declaration of a Desire for a Natural Death;
- An Advance Instruction for Mental Health Treatment; or
- Declaration of an Anatomical Gift.

A **Health Care Power of Attorney** allows you to name a person you trust to make your health care decisions if you cannot make them yourself.

A **Declaration of a Desire for a Natural Death** (or Living Will) is a statement that you desire not to have your life prolonged by extraordinary measures if you have a terminal or incurable illness, or if you are in a vegetative state.

An **Advance Instruction for Mental Health Treatment** makes a declaration of instructions, information and preferences regarding your mental health treatment. It also states that you are aware that the advance instruction authorizes a mental health treatment provider to act according to your wishes. It may also outline your consent or refusal of mental health treatment.

In each of the cases, the directive **must be notarized** before you may submit it to the Secretary of State for filing into the Advanced Health Care Directive Registry.

The North Carolina Secretary of State is only the Administrator of the Advance Health Care Directive Registry and is prohibited from giving legal advice.

Questions about advance health care directives may be answered by consulting with your attorney or other agencies that specialize in end-of-life care choices and issues.

♥ How to register:

1. Print the Registration Form from the Advance Health Care Directive Registry link on our website at www.sosnc.com.
2. Complete the Registration Form and submit a \$10 fee for processing and filing *each* document you wish to register.
3. Mail the Registration Form(s) along with the directive(s) [preferably copies] and the fee(s) to:

North Carolina Secretary of State
Advance Health Care Directive Registry
P.O. Box 29622
Raleigh, NC 27626-0622.

Your directive(s) will be scanned into our secure online database. We will send you two (2) Registry Cards that contain your file number and password, which can be used by you and those you select to view your directive(s) over the internet 24 hours a day, seven days a week, 365 days a year. Your directive may be accessed by clicking on the Advance Health Care Directive Registry link at www.sosnc.com. If the directives you submitted were originals, we also will return them to you.

Who should you notify of your Advance Health Care Directives?

After receiving your Registry Cards with your access information on them, you may want to make copies for everyone who you would like

to have access to your directives. You may also want to consider placing an extra copy in the glove compartment of your vehicle and a copy in any other residences you may have.

Directives should be readily available to those who will need to make decisions for you in the event you are unable to make decisions for yourself. Therefore, if you place your card in a hidden location or a safety deposit box, the directive information may not be nearby when you need it the most.

Registration of your Advance Health Care Directive is *entirely voluntary*. Whether or not you decide to register your directives with the North Carolina Secretary of State, you should notify everyone who needs to know your wishes outlined in your directives, such as your Power of Attorney designee, other family members and your doctor, hospital, agent or surrogate.

♥ Revocation

You may, at any time, revoke your directives filed with the Secretary of State *free* of charge. To do so, print a Removal Form from the Advance Health Care Directive Registry link on our website at www.sosnc.com; complete the Removal Form and have it notarized. Then mail it to the North Carolina Secretary of State, Advance Health Care Directive Registry. We will delete your directive and it will no longer be accessible over the Internet.

Please note: The person who originally sent the paperwork is the only one who may revoke a directive.