

*Advance Directive and Durable Power of Attorney*  
**Health Care Advance Directives**  
**The Patient's Right to Decide**

State of Florida

The Rest of Your Life recommends that you review completed documents with an attorney, especially if there are mitigating circumstances surrounding your Advance Directive or Durable Power of Attorney.

### **Advance Directives Electronic Forms**

The ROYL is a leader in offering electronic Advance Directive documents for digital signatures. Electronic Advance Directive Forms are secure and accessible anytime from any device that allows for Internet access.

### **Why do an Advance Directive?**

Anyone 18 years of age or older should have an Advance Directive. This document allows for the care you have designated to be respected and followed through in the event you cannot speak for yourself. It allows for you to name someone to speak on your behalf, but most importantly it removes the stress, anxiety and guilt from decisions that your loved ones would otherwise have to make on your behalf.

An Advance Directive is not just for aging people. The cases of Teri Shivo and Karen Ann Quinlan serve as examples of how any adult, regardless of age, can benefit from having one. Both young adults, Shivo and Quinlan were kept alive by machines for years because they did not tell or write down what they wanted in the event of a tragic accident. The court battles that ensued took not only an emotional toll, but required government involvement because of disagreements between spouses and family members.

### **Description:**

An Advance Directive, sometimes referred to as a Living Will or an Advance Health Care Directive, allows you to make your wishes known if you are unable to speak for yourself. An Advance Directive provides you and your loved ones with peace of mind that your care is compatible with your wishes. This is truly a gift to those you love as it helps them clearly know what to do in this stressful situation.

Advance Directive requirements vary from state to state. You can download the appropriate state form here at no cost prior to completing the form online so that you have the required information prepared in advance.

### **Security:**

Your documents are processed using DocuSign, the leader in global electronic signature and document security.

When you complete your Advance Directive with The ROYL, you can download it as a PDF file to your computer's hard drive. DocuSign will email a final copy to the designees in your Advance Directive. We recommend you print a hard copy and send it via email or mail to others you want to have copies.

Contact us if you have questions in preparing the forms selected.

**NOTICE: You must have the required information available prior to initiating the document (designees, contact information, wishes for care).**

## Living Will

Declaration made this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, I, EXAMPLE,  
willfully and voluntarily make known my desire that my dying not be artificially prolonged under the  
circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically  
incapacitated and

\_\_\_\_(initial) I have a terminal condition,  
or \_\_\_\_ (initial) I have an end-stage condition,  
or \_\_\_\_ (initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is  
no reasonable medical probability of my recovery from such condition, I direct that 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 die naturally with only the  
administration of medication or the performance of any medical procedure deemed necessary to provide  
me with comfort care or to alleviate pain.

I do \_\_\_\_, I do not \_\_\_\_ desire that nutrition and hydration (food and water) be withheld or withdrawn when  
the application of such procedures would serve only to prolong artificially the process of dying.

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 to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the  
withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my  
surrogate to carry out the provisions of this declaration:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

I understand the full import of this declaration, and I am emotionally and mentally competent to make this  
declaration.

Additional Instructions (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signed) \_\_\_\_\_

Witness \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_

Witness \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_

*At least one witness must not be a husband or wife or a blood relative of the principal.*

Definitions for terms on the Living Will form:

“End-stage condition” means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

“Persistent vegetative state” means a permanent and irreversible condition of unconsciousness in which there is: The absence of voluntary action or cognitive behavior of any kind and an inability to communicate or interact purposefully with the environment.

“Terminal condition” means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

These definitions come from section 765.101 of the Florida Statutes. The Statutes can be found in your local library or online at [www.leg.state.fl.us](http://www.leg.state.fl.us).

## Designation of Health Care Surrogate

Name: EXAMPLE

In the event that I have been determined to be 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 \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Phone: \_\_\_\_\_

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

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

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; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name \_\_\_\_\_  
Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witnesses            1. \_\_\_\_\_  
                             2. \_\_\_\_\_

*At least one witness must not be a husband or wife or a blood relative of the principal.*

## Uniform Donor Form

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

I give:

(a) \_\_\_\_\_ any needed organs or parts

(b) \_\_\_\_\_ only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_ my body for anatomical study if needed. Limitations or special wishes, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In Process

Signed by the donor and the following witnesses in the presence of each other:

Donor's Signature \_\_\_\_\_ Donor's Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_ City and State \_\_\_\_\_

Witness \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Witness \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver's license or state identification card (at your nearest driver's license office).

The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

<b>Health Care Advance Directives</b>	
I, <u>EXAMPLE</u>	
have created the following Advance Directives:	
<input type="checkbox"/>	Living Will
<input type="checkbox"/>	Health Care Surrogate Designation
<input type="checkbox"/>	Anatomical Donation
<input type="checkbox"/>	Other (specify) _____
----- FOLD -----	
<b>Contact:</b>	
Name	_____
Address	_____ _____ _____
Phone	_____
Signature	_____ Date _____

Produced and distributed by the Florida Agency for Health Care Administration. This publication can be copied for public use or call our toll-free number 1-888-419-3456 for additional copies. To view or print other publications from the Agency for Health Care Administration please visit [www.FloridaHealthStat.com](http://www.FloridaHealthStat.com).