



Hospice of New York

SERVING MANHATTAN, THE BRONX, BROOKLYN, QUEENS AND NASSAU

ADVANCE DIRECTIVES

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ADVANCE DIRECTIVES

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INFORMED CONSENT INFORMATION ON ADVANCE DIRECTIVES

BACKGROUND

The laws of this State ensure that you have a right to decide about your health care if you are a competent adult (18 years or older). You have a right to accept or refuse medical or surgical treatment. You have a right to have an explanation about medical or surgical treatment before you receive it.

If you are too ill or injured to decide about your health care options, others will choose for you. The issue you have to decide is how much influence you want to exert when others choose for you.

Advance Medical Directives assist you in protecting your “right to choose” if you become physically or mentally unable to communicate your choices due to an accident or illness.

An Advance Directive could relieve your family and physician of the responsibility and stress of making difficult health care decisions without knowing clearly what you would have wanted.

Advance Directives are of critical importance in light of the capacity of modern medical technology to extend life where formerly an individual might have died. The major concern with the use of medical technology to extend life is the *quality of life!*

**Advance Directives
can limit life-prolonging
measures when there is
little or no chance
of recovery.**

ADVANCE DIRECTIVES CAN HELP YOU DIRECT:

- Who will be your doctor or other health care provider
- Who can have access to your medical records
- What type of treatment you will or will not receive
- Who will make decisions for you when you are unable to do so

ADVANCE DIRECTIVES CAN HELP YOU MAKE YOUR FEELINGS AND WISHES KNOWN REGARDING:

Cardiopulmonary Resuscitation (CPR) — used to restore breathing and/or a heartbeat;

Respirators — used to keep you breathing;

Dialysis — used to clean your blood when kidneys fail;

Intravenous Therapy (IV) — used to provide nutrients and medication through a vein when you can no longer swallow

and **Feeding Tubes** — used to provide nutrition through a nose tube when you can no longer eat.

THERE ARE GENERALLY FIVE TYPES OF ADVANCE DIRECTIVES:

Living Will

A living will is a written statement directing your health care provider to withhold or withdraw life-prolonging procedures if you should be diagnosed as having a terminal condition and you lack the capacity to make a decision. A living will is limited to withholding or withdrawing life-prolonging measures only when your condition is terminal; it does not apply to other health care decisions. It is wise to name a person (agent, guardian, etc.) to serve as your proxy when you sign your living will. Your proxy must carry out your wishes.

Durable Power of Attorney

A durable power of attorney is a legally enforceable, formal document in which you authorize another person to be your “attorney-in-fact” to make health care decisions when you are not able to do so. A power of attorney document must be prepared and signed when you are competent. It will not be affected by your later disability or incapacity. It can address treatments you wish to withhold or receive. It can authorize your “attorney-in-fact” to make limited health care decisions on your behalf. A power of attorney statement is only operable when you can not make your own health care decisions. A power of attorney statement is not recognized in every state.

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Health Care Representative or Agent

Some states allow you to name the person who will make your health care decisions when you are unable to make choices about your health care. They do not require court intervention. If you are competent you can make an oral (before two witnesses) or written statement declaring whom you want to be your agent. You can instruct your agent in as much or as little detail as you wish about your wishes. You can give your agent limited or complete authority to make health care decisions on your behalf.

Guardian or Conservator

In some states a court will appoint a decision-maker for you when you are unable to make health care choices. You have a right to nominate (name) the person you want to serve as your guardian or conservator. Most often the court will appoint the person you name as your guardian or conservator. A guardianship or conservatorship becomes effective when you are unable to decide for yourself and the court names a guardian or conservator. If at any time you regain your ability to decide, you can ask the court to restore your rights and end the guardianship or conservatorship.

Mental Health Advance Directive

A few states allow you to sign an Advance Directive explaining your wishes about “intrusive” mental health treatment such as electroshock therapy or neuroleptic medication. You can declare the types of treatment that you do or do not want. You can name a proxy to decide for you. A Mental Health Advance Directive becomes effective only when you are not capable of giving your consent to treatment.

In New York there are three ways to make an Advance Directive: by choosing a proxy, writing directions or writing instructions to a proxy.

**Whom shall I tell?
...Tell your family, friends,
physician, proxy, and
attorney about your
Advance Directives**

STATEMENT OF POLICY

It is the policy of this hospice to implement your Advance Directives without exception, if you make Advance Directives. We will not discriminate against you whether you do or do not make Advance Directives.

If you have made Advance Directives, your specific instructions will be recorded in your medical record. A note will be made in your medical record if you have not made Advance Directives.

This hospice will provide you with a form to make Advance Directives and appoint an agent. If you wish to sign a living will or give the power of attorney to someone, our social worker will assist you in this.

Our philosophy is to help you clarify your wishes related to health care decisions. Once you know what you would want, you can develop clear instructions for others who would carry out your wishes if you should become incapacitated and could no longer choose for yourself.

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DECIDING ABOUT CPR: DO-NOT-RESUSCITATE (DNR) ORDERS A GUIDE FOR PATIENTS AND FAMILIES

A. WHAT DO CPR AND DNR ORDERS MEAN?

CPR—cardiopulmonary resuscitation—refers to the medical procedures used to restart a patient’s heart and breathing when the patient suffers heart failure. CPR may involve simple efforts such as mouth-to-mouth resuscitation and external chest compression. Advanced CPR may involve electric shock, insertion of a tube to open the patient’s airway, injection of medication into the heart and in extreme cases, open chest heart massage.

A do-not-resuscitate (DNR) order tells medical professionals not to perform CPR. This means that doctors, nurses and emergency medical personnel will not attempt emergency CPR if the patient’s breathing or heartbeat stops.

DNR orders may be written for patients in a hospital or nursing home, or for patients at home. Hospital DNR orders tell the medical staff not to revive the patient if cardiac arrest occurs. If the patient is in the nursing home or at home, a DNR order tells the staff and emergency medical personnel not to perform emergency resuscitation and not to transfer the patient to a hospital for CPR.

B. WHY ARE DNR ORDERS ISSUED?

CPR, when successful, restores heartbeat and breathing and allows patients to resume their previous lifestyle. The success of CPR depends on the patient’s overall medical condition. Age alone does not determine whether CPR will be successful, although illnesses and frailties that go along with age often make CPR less successful.

When patients are seriously ill or terminally ill, CPR may not work or may only partially work, leaving the patient brain-damaged or in a worse medical state than before the heart stopped. In these cases, some patients prefer to be cared for without aggressive efforts at resuscitation upon their death.

C. CAN I REQUEST A DNR ORDER?

Yes. All adult patients can request a DNR order. If you are sick and unable to tell your doctor that you want a DNR order written, a family member or close friend can decide for you.

D. IS MY RIGHT TO REQUEST OR RECEIVE OTHER TREATMENT AFFECTED BY A DNR ORDER?

No. A DNR order is only a decision about CPR and does not relate to any other treatment.

E. ARE DNR ORDERS ETHICALLY ACCEPTABLE?

It is widely recognized by health care professionals, clergy, lawyers and others that DNR orders are medically and ethically appropriate under certain circumstances. For some patients, CPR offers more burdens than benefits, and may be against the patient’s wishes.

F. IS MY CONSENT REQUIRED FOR A DNR ORDER?

Your doctor must speak to you before entering a DNR order if you are able to decide, unless your doctor believes that discussing CPR with you would cause you severe harm. In an emergency, it is assumed that all patients would consent to CPR. However, if a doctor decides that CPR will not work, it is not provided.

G. HOW CAN I MAKE MY WISHES ABOUT DNR KNOWN?

An adult patient may consent to a DNR order orally by informing a physician, or in writing, such as a living will, if two witnesses are present. In addition, the Health Care Proxy Law allows you to appoint someone you trust to make decisions about CPR and other treatments if you become unable to decide for yourself.

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Before deciding about CPR, you should speak with your doctor about your overall health and the benefits and burdens CPR would provide for you. A full and early discussion between you and your doctor will assure that your wishes will be known.

H. WHAT DO CPR AND DNR ORDERS MEAN?

If you don't want CPR and you request a DNR order, your doctor must follow your wishes or:

- transfer your care to another doctor who will follow your wishes; or
- begin a process to settle the dispute if you are in a hospital or nursing home.

If the dispute is not resolved within 72 hours, your doctor must enter the order or transfer you to the care of another doctor.

I. IF I AM NOT ABLE TO DECIDE ABOUT CPR FOR MYSELF, WHO WILL DECIDE?

First, two doctors must determine that you are unable to decide about CPR. You will be told of this determination and have the right to object.

If you become unable to decide about CPR, and you did not tell your doctor or others about your wishes in advance, a DNR order can be written with the consent of someone chosen by you, by a family member or by a close friend. The person highest on the following list will decide about CPR for you:

- the person chosen by you to make health care decisions under New York's Health Care Proxy Law;
- a court appointed guardian (if there is one);
- your closest relative (spouse, child, parent, sibling);
- close friend.

J. HOW CAN I SELECT SOMEONE TO DECIDE FOR ME?

The Health Care Proxy Law allows adults to select someone they trust to make all health care decisions for them when they are no longer able to do so themselves, including decisions about CPR. You can name someone by filling out a health care proxy form, which you can get from your physician or other health care professionals.

K. UNDER WHAT CIRCUMSTANCES CAN A FAMILY MEMBER OR CLOSE FRIEND DECIDE THAT A DNR ORDER SHOULD BE WRITTEN?

A family member or close friend can consent to a DNR order only when you are unable to decide for yourself and you have not appointed someone to decide for you. Your family member or friend can consent to a DNR order when:

- you are terminally ill; or
- you are permanently unconscious; or
- CPR will not work (would be medically futile); or
- CPR would impose an extraordinary burden on you given your medical condition and the expected outcome of CPR.

Anyone deciding for you must base the decision on your wishes, including your religious and moral beliefs, or if your wishes are not known, on your best interests.

L. WHAT IF MEMBERS OF MY FAMILY DISAGREE?

In a hospital or nursing home, your family can ask that the disagreement be mediated. Your doctor can request mediation if he or she is aware of any disagreement among your family members.

M. WHAT IF I LOSE THE ABILITY TO MAKE DECISIONS ABOUT CPR AND DO NOT HAVE ANYONE WHO CAN DECIDE FOR ME?

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A DNR order can be written if two doctors decide that CPR would not work or if a court approves of the DNR order. It would be best if you discussed your wishes about CPR with your doctor in advance.

N. WHO CAN CONSENT TO A DNR ORDER FOR CHILDREN?

A DNR order can be entered for a child with the consent of the child's parent or guardian. If the child is old enough to understand and decide about CPR, the child's consent is also required for a DNR order.

O. WHAT HAPPENS IF I CHANGE MY MIND AFTER A DNR ORDER HAS BEEN WRITTEN?

You or anyone who consents to a DNR order for you can remove the order by telling your doctor, nurses or others of the decision.

P. WHAT HAPPENS TO A DNR ORDER IF I AM TRANSFERRED FROM A NURSING HOME TO A HOSPITAL OR VICE VERSA?

The DNR order will continue until a doctor examines you and decides whether the order should remain or be cancelled. If the doctor decides to cancel the DNR order, you or anyone who decided for you will be told and can ask that the DNR order be entered again.

Q. IF I AM AT HOME WITH A DNR ORDER, WHAT HAPPENS IF A FAMILY MEMBER OR FRIEND PANICS AND CALLS AN AMBULANCE TO RESUSCITATE ME?

If you have a DNR order and family members show it to emergency personnel, they will not try to resuscitate you or take you to a hospital emergency room for CPR.

R. WHAT HAPPENS TO MY DNR ORDER IF I AM TRANSFERRED FROM A HOSPITAL OR NURSING HOME TO HOME CARE?

The order issued for you in a hospital or nursing home will not apply at home. You, your health care agent or family member must specifically consent to a home DNR order. If you leave a hospital or nursing home without a home DNR order, a DNR order can be issued by a doctor for you at home.

Hospitals must provide to patients a brochure developed by the State Health Department that describes the Do-Not-Resuscitate law. The brochure must be furnished to the patient at or prior to the time of admission. It must also be furnished to each member of the hospital's staff involved in the provision of medical care, and it must be posted in a public place in each hospital.

**Patient Self-Determination Act in OBRA '90 amending 1902 (a) (58) of Social Security Act
Public Health Law 2929**

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HEALTH CARE PROXY

APPOINTING YOUR HEALTH CARE AGENT IN NEW YORK STATE

The New York Health Care Proxy Law allows you to appoint someone you trust—for example, a family member or close friend—to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. This form can also be used to document your wishes or instructions with regard to organ and/or tissue donation.

ABOUT THE HEALTH CARE PROXY FORM

This is an important legal document. Before signing, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise in this form. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.
3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.
4. You may write on this form examples of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision-making power of the agent. Your agent must follow your instructions when making decisions for you.
5. You do not need a lawyer to fill out this form.
6. You may choose any adult (18 years of age or older), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she will have to choose between acting as your agent or as your attending doctor because a doctor cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility to explain those restrictions.
7. Before appointing someone as your health care agent, discuss it with him or her to make sure that he or she is willing to act as your agent. Tell the person you choose that he or she will be your health care agent. Discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.
8. If you have named your spouse as your health care agent and you later become divorced or legally separated, your former spouse can no longer be your agent by law, unless you state otherwise. If you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.
9. Even though you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object, nor will your agent have any power to object.
10. You may cancel the authority given to your agent by telling him or her or your health care provider orally or in writing.

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11. Appointing a health care agent is voluntary. No one can require you to appoint one.
12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.

FREQUENTLY ASKED QUESTIONS

A. WHY SHOULD I CHOOSE A HEALTH CARE AGENT?

If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may express what they think your wishes are related to a particular treatment. However, in New York State, only a health care agent you appoint has the legal authority to make treatment decisions if you are unable to decide for yourself. Appointing an agent lets you control your medical treatment by:

- allowing your agent to make health care decisions on your behalf as you would want them decided;
- choosing one person to make health care decisions because you think that person would make the best decisions;
- choosing one person to avoid conflict or confusion among family members and/or significant others.

B. WHO CAN BE A HEALTH CARE AGENT?

Anyone 18 years of age or older can be a health care agent. The person you are appointing as your agent or your alternate agent cannot sign as a witness on your Health Care Proxy form.

C. HOW DO I APPOINT A HEALTH CARE AGENT?

All competent adults, 18 years of age or older, can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer or a notary, just two adult witnesses. Your agent cannot sign as a witness. You can use the form provided by Hospice of New York, but you can also use your own.

D. WHEN WOULD MY HEALTH CARE AGENT BEGIN TO MAKE HEALTH CARE DECISIONS FOR ME?

Your health care agent would begin to make health care decisions after your doctor decides that you are not able to make your own health care decisions. As long as you are able to make health care decisions for yourself, you will have the right to do so.

E. WHAT DECISIONS CAN MY HEALTH CARE AGENT MAKE?

Unless you limit your health care agent's authority, your agent will be able to make any health care decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accordance with your wishes and interests. However, your agent can only make decisions about artificial nutrition and hydration (nourishment and water provided by feeding tube or intravenous line) if he or she knows your wishes from what you have said or what you have written. The Health Care Proxy form does not give your agent the power to make non-health care decisions for you, such as financial decisions.

F. WHY DO I NEED TO APPOINT A HEALTH CARE AGENT IF I'M YOUNG AND HEALTHY?

Appointing a health care agent is a good idea even though you are not elderly or terminally ill. A health care agent can act on your behalf if you become even temporarily unable to make your own health care decisions (such as might occur if you are under general anesthesia or have become comatose because of an accident). When you again become able to make your own health care decisions, your health care agent will no longer be authorized to act.

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G. HOW WILL MY HEALTH CARE AGENT MAKE DECISIONS?

Your agent must follow your wishes, as well as your moral and religious beliefs. You may write instructions on your Health Care Proxy form or simply discuss them with your agent.

H. HOW WILL MY HEALTH CARE AGENT KNOW MY WISHES?

Having an open and frank discussion about your wishes with your health care agent will put him or her in a better position to serve your interests. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interest. Because this is a major responsibility for the person you appoint as your health care agent, you should have a discussion with the person about what types of treatments you would or would not want under different types of circumstances, such as:

- whether you would want life support initiated/continued/removed if you are in a permanent coma;
- whether you would want treatments initiated/continued/removed if you have a terminal illness;
- whether you would want artificial nutrition and hydration initiated/withheld or continued or withdrawn and under what types of circumstances.

I. CAN MY HEALTH CARE AGENT OVERRULE MY WISHES OR PRIOR TREATMENT INSTRUCTIONS?

No. Your agent is obligated to make decisions based on your wishes. If you clearly expressed particular wishes, or gave particular treatment instructions, your agent has a duty to follow those wishes or instructions unless he or she has a good faith basis for believing that your wishes changed or do not apply to the circumstances.

J. WHO WILL PAY ATTENTION TO MY AGENT?

All hospitals, nursing homes, doctors and other health care providers are legally required to provide your health care agent with the same information that would be provided to you and to honor the decisions by your agent as if they were made by you. If a hospital or nursing home objects to some treatment options (such as removing certain treatment) they must tell you or your agent BEFORE or upon admission, if reasonably possible.

K. WHAT IF MY HEALTH CARE AGENT IS NOT AVAILABLE WHEN DECISIONS MUST BE MADE?

You may appoint an alternate agent to decide for you if your health care agent is unavailable, unable or unwilling to act when decisions must be made. Otherwise, health care providers will make health care decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

L. WHAT IF I CHANGE MY MIND?

It is easy to cancel your Health Care Proxy, to change the person you have chosen as your health care agent or to change any instructions or limitations you have included on the form. Simply fill out a new form. In addition, you may indicate that your Health Care Proxy expires on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent or as your alternate, and you get divorced or legally separated, the appointment is automatically cancelled. However, if you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

M. CAN MY HEALTH CARE AGENT BE LEGALLY LIABLE FOR DECISIONS MADE ON MY BEHALF?

No. Your health care agent will not be liable for your health care decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

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N. IS A HEALTH CARE PROXY THE SAME AS A LIVING WILL?

No. A living will is a document that provides specific instructions about health care decisions. You may put such instructions on your Health Care Proxy form. The Health Care Proxy allows you to choose someone you trust to make health care decisions on your behalf. Unlike a living will, a Health Care Proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances can and make decisions you could not have known would have to be made.

O. WHERE SHOULD I KEEP MY HEALTH CARE PROXY FORM AFTER IT IS SIGNED?

Give a copy to your agent, your doctor, your attorney and any other family members or close friends you want. Keep a copy in your wallet or purse or with other important papers, but not in a location where no one can access it, like a safe deposit box. Bring a copy if you are admitted to the hospital, even for minor surgery, or if you undergo outpatient surgery.

P. MAY I USE THE HEALTH CARE PROXY FORM TO EXPRESS MY WISHES ABOUT ORGAN AND/OR TISSUE DONATION?

Yes. Use the optional organ and tissue donation section on the Health Care Proxy form and be sure to have the section witnessed by two people. You may specify that your organs and/or tissues be used for transplantation, research or educational purposes. Any limitation(s) associated with your wishes should be noted in this section of the proxy. **Failure to include your wishes and instructions on your Health Care Proxy form will not be taken to mean that you do not want to be an organ and/or tissue donor.**

Q. CAN MY HEALTH CARE AGENT MAKE DECISIONS FOR ME ABOUT ORGAN AND/OR TISSUE DONATION?

No. The power of a health care agent to make health care decisions on your behalf ends upon your death. Noting your wishes on your Health Care Proxy form allows you to clearly state your wishes about organ and tissue donation.

R. WHO CAN CONSENT TO A DONATION IF I CHOOSE NOT TO STATE MY WISHES AT THIS TIME?

It is important to note your wishes about organ and/or tissue donation so that family members who will be approached about donation are aware of your wishes. However, New York Law provides a list of individuals who are authorized to consent to organ and/or tissue donation on your behalf. They are listed in order of priority: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death, or any other legally authorized person.

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HEALTH CARE PROXY FORM INSTRUCTIONS

Item (1)

Write the name, home address and telephone number of the person you are selecting as your agent.

Item (2)

If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

Item (3)

Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

Item (4)

If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write:
I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.

If you wish to make more specific instructions, you could say:
If I become terminally ill, I do/don't want to receive the following types of treatments...

If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don't want the following type of treatments: ...

If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want the following types of treatments: ...

I have discussed with my agent my wishes about _____ and I want my agent to make all decisions about these measures.

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transplantation
- blood transfusions
- abortion
- sterilization

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Item (5)

You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Item (6)

You may state wishes or instructions about organ and/or tissue donation on this form. A health care agent cannot make a decision about organ and/or tissue donation because the agent's authority ends upon your death. The law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death, or any other legally authorized person.

Item (7)

Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.

MISSION STATEMENT

Hospice of New York is committed to the total care of the patient who is facing a life-limiting illness, care of his/her family and care givers, the development of the community's health care delivery system and the conservation of health care resources. This organization will maintain the ethical framework and the standards of excellence in which the staff can fulfill its commitment to deliver the highest quality spiritual, emotional, physical, and psycho-social care of our patients and families.

ACCREDITATION

Hospice of New York is accredited by the Community Health Accreditation Program.



Hospice of New York

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