



SIERRA MADRE COMMUNITY MEDICAL GROUP

147 W. Sierra Madre Boulevard, Sierra Madre, CA 91024

Sierra Madre Medical Group Advance Directives

The Natural Death Act

This is another type of advance directive most often called a “Declaration.” This document DOES NOT require you to appoint an agent to make health decisions for you.

The Declaration is for terminally ill patients. While you still have decision-making capabilities, you make sign a Declaration, which tells your doctors that you don’t want any treatment that would prolong the dying process. The Declaration must be followed in these circumstances:

- If you fall into a permanent unconscious state or a terminal condition (certified by two doctors)
- At the time you cannot make your own health care decisions

Those persons who are witnesses to the signing of the Declaration must meet the same requirement as those needed for the Durable Power of Attorney for Health Care.

Do I need a special form for the Durable Power of Attorney for Health Care?

Yes. Use a Durable Power of Attorney for Health Care form, not a plain Durable Power of Attorney. You can ask your physician, nurse, or social worker about the form

The California Medical Association has printed forms that meet legal requirements.

California Medical Assc. P.O. Box 7690, San Francisco, CA 94120-7690 (415) 882-5175

The form is also carried by:

The California Health Decisions, 500 south Main St., Orange CA 92668 (714) 647-4920

Many stationary stores carry the form. There is a small charge for these forms from all sources.

Other Documents

Other documents that help determine your health care desires IF and WHEN you are UNABLE to make such decisions for yourself:

“Do Not Resuscitate” This form allows your doctor to without “resuscitative measures” should that be your desire. This should be signed by you, your doctor, and a surgeon. The law does not require witness and notarization. NO ONE CAN MAKE YOU SIGN A “DO NOT RESUSICTATE”

ORDER. **“Preferred Intensity of Care”** This is a document of your preferences for care under special circumstances. A discussion with your physical and/or legal representative occurs prior to creating this document. **“Living Will”** This list is NOT a legally binding agreement, although it is often accepted as an accurate statement of one’s wishes.

For more information about Advanced Directives, contact the State Ombudsman (916) 323-6681 or set up a time to speak with your personal physician.



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I have been informed of my right to formulate an Advance Directive and I have been provided with information regarding the execution of Advance Directive.

Please check the following statement which applies to you:

- I have previously completed an Advance Directive and have provided copy for inclusion in my record.
- A copy of my Advance Directive is on file with _____
(name of physician or Healthcare).
- I have not executed an Advance Directive and I am not interested in further information
- I am interested in formulating an Advance Directive and will discuss my options with my primary care provider.

Patient's Signature

Printed Name

Date of Birth

Today's Date