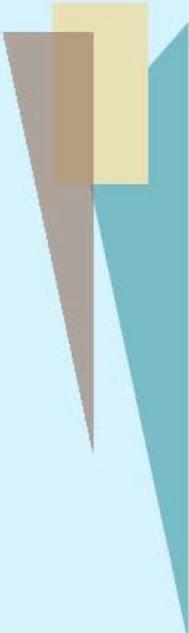


Planning for *Medical and Mental Health Care* in the Event of Loss of Decision Making Ability



Medical and Psychiatric Advance Directives Medical

COURSE OBJECTIVES

As a result of this training, participants will...

- A.** Understand the impact of the revised “Medical and Mental Health Advance Directive for Health Care Decision Making” policy on service delivery.
- B.** Understand the value and challenges of medical and mental health Advance Directives.
- C.** Understand federal and state Advance Directive requirements.

Medical and Psychiatric Advance Directives Medical

COURSE OBJECTIVES

As a result of this training, participants will...

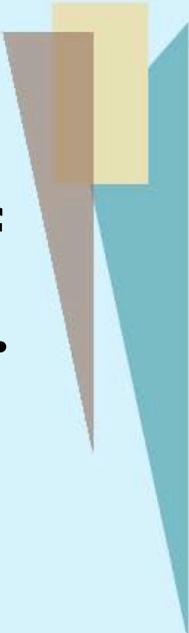
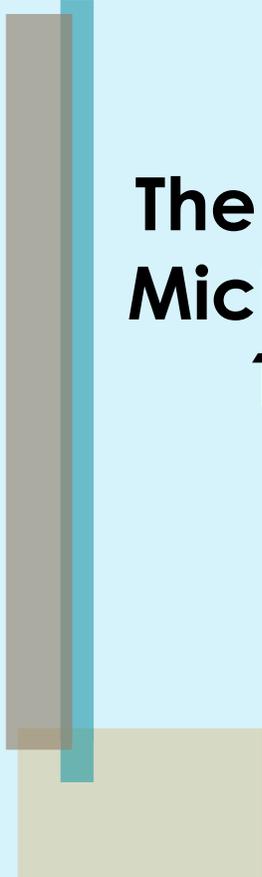
- D.** Understand the fundamental elements of Advance Directives.
- E.** Be able to provide Advance Directive information to consumers, their advocates and care providers.
- F.** Be aware of the educational materials regarding Advance Directives and resources for consumer assistance.

PART I

**OVERVIEW OF MEDICAL AND
PSYCHIATRIC ADVANCE DIRECTIVES**

First Party: _____

Second Party: _____



The Balanced Budget Act and the State of Michigan Law, “ENROLLED SENATE BILL NO. 146 empowers medical and mental health care consumers to execute Advance Directives.”

**Detroit-Wayne County
Community Mental Health Agency**

Name Of Policy/Protocol: Medical and Mental Health Advance Directives for Health Care Choices

Effective Date:

Page 1 of 23

Approved By:

Title:

I. PROTOCOL

It is the policy of the Detroit-Wayne County Community Mental Health Agency (Agency) to provide adult beneficiaries who receive services from the Agency's network, with a written summary of current Michigan law relative to Advance Directives. Furthermore, it is the Agency's policy to provide information to relevant staff regarding Agency policies and procedures on Advance Directives. The Agency will also make informational materials available to the public regarding this subject.

It is the policy of the Agency to provide written information to all adult consumers who receive services from the Agency's network prior to the reception of such services regarding their right to prepare Advance Directives and of written policies respecting the implementation of such rights.

It is the policy of the Agency that each competent adult consumer receiving services from the Agency's network, will be provided information regarding Advance Directives. The Agency's network will document the consumer's decision to accept or decline the opportunity to prepare Advance Directives, as well as the existence of such Advance Directives. If the consumer has executed an Advance Directive, the Agency's network will request a copy of the document for placement within the consumer's record. A copy of the Advance Directive will also be maintained in the consumer's file.

It is the policy of the Agency that the consumer's decision to execute or not to execute an Advance Directive will have no impact on the provision of services to that consumer.

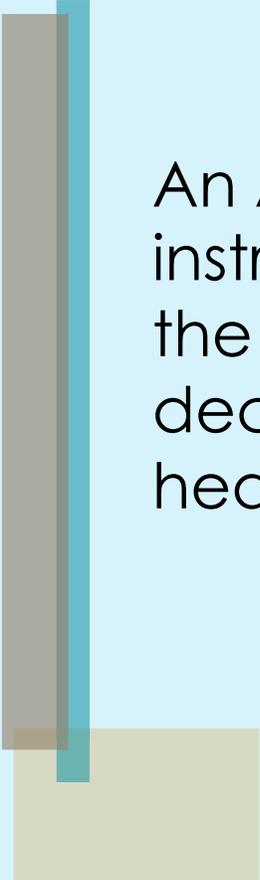
II. PURPOSE

This policy is established by the Agency to provide standards and procedures for notifying consumers/legal guardians of relevant state laws, policies, and procedures, which support their right to develop Advance Directives for medical and mental health treatment within the context of the Person-Centered Planning Process (PCP).

This policy is designed to ensure that the Agency and its network complies with Federal and state regulations and contractual responsibilities to provide appropriate enrollees with information regarding Advance Directives, as well as providing appropriate information to staff and the public.

Select one: NEW PROTOCOL/POLICY This Protocol/Policy replaces: _____
policy dated _____ / Revision of policy dated: _____



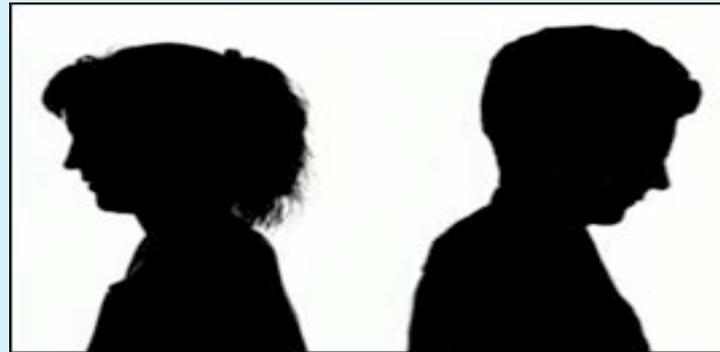


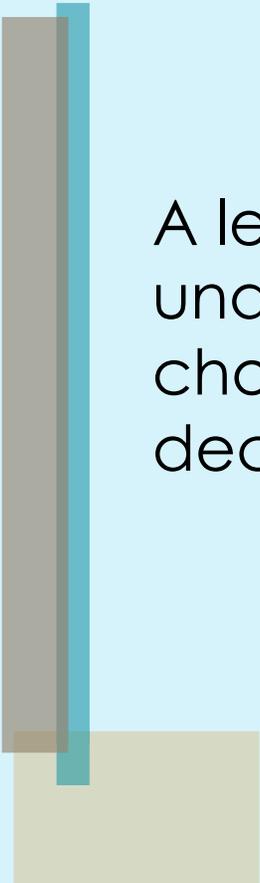
Definition of an Advance Directive

An Advance Directive is a type of written instruction about health care to be followed if the consumer becomes unable to make decisions regarding their medical or mental health treatment.

Any competent adult can complete an Advance Directive

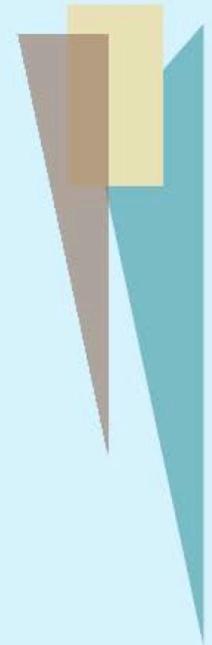
- Serious Mental Illness
- Developmental Disability
- Substance Abuse
- Physical Illness
- No significant medical or mental health problems





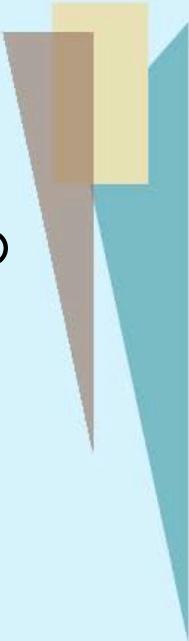
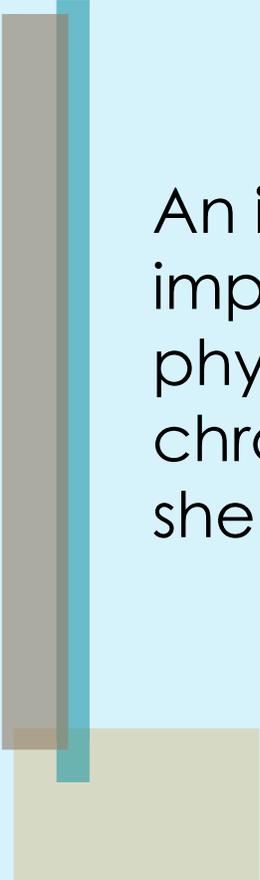
Definition of Competent

A legal term meaning the capacity to understand, appreciate, reason and make choices in the context of a specific activity or decision.



The Advance Directive is prepared when the consumer is competent and allows them to continue as a partner in the decision making process at a time when they lack the capacity to participate in making medical or mental health treatment decisions.

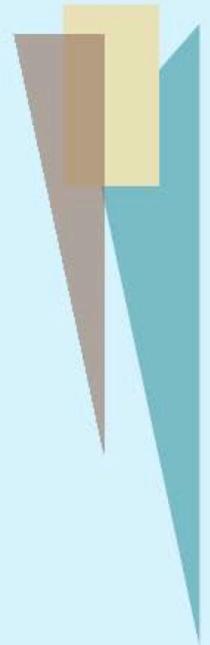




An **incapacitated** consumer is an adult who is so impaired by mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other causes, that he or she exhibits one or all of three things:



1. Lack of understanding or capacity to understand the nature and consequences of health care decisions, including the benefits, risks, and alternatives to proposed treatment, and then to make or communicate informed choices.





2. Inability to understand the nature, character, and anticipated results of proposed treatment or alternatives;

3. Inability to understand or recognize serious possible risks, complications, and anticipated benefits in treatments and alternatives, including non-treatment.

- During a period of incapacity, the Patient Advocate has the authority to make treatment decisions in accordance with the consumer's wishes.



- When the consumer regains the capacity to make health care decisions, the Patient Advocate's decision-making authority ends.

PART II

**QUESTIONS FROM A CONSUMER'S
PERSPECTIVE**

First Party:

Second Party:



Who determines whether or not a consumer is competent?

In the health care setting, this determination is made by a physician or psychologist.



How will the treatment team know that I was competent at the time the Advance Directive was prepared and signed?





Unless there are substantiated indicators to the contrary, the treatment team will trust that the Advance Directive was executed at a time when the consumer was competent.



Why create an Advance Directive?

- Sometimes, because of illness or injury, people are not able to decide about treatment for themselves. Sometimes, when there is **no** Advance Directive, family members and members of the health care team don't know what treatment choices the consumer may prefer.
- An Advance Directive makes the consumer's wishes and instructions known regarding mental and physical health care if they are unable to decide for themselves for a short or long term period.

- No one can insist that a consumer execute an Advance Directive.
- Also, mental health care or medical health care providers cannot require consumers to have an Advance Directive in order to provide health care services.

Is there a required form for the Advance Directive document?

- No. There is a form available through Customer Services and Peer Support Specialists for consumers to consider.
- Consumers may want to choose a document found on the Internet, at an office supply store, in their doctor's office, etc. Or, consumers can develop their own form.

Can anyone help fill out the Advance Directive form?

- Anyone can help a consumer fill out the Advance Directive form. Consumers may want to discuss the provisions of the Advance Directive with their mental health or physical health care treatment providers.
- A Peer Resource Specialist who has been trained to assist in preparing Advance Directives can also be helpful.
- If someone does help, it is up to the consumer to make the final decisions and sign the Advance Directive document.

Does the Advance Directive have to be notarized?

No. There is no need for a notary or a court hearing or any due process outside of the necessary witnesses and signatures.



Is an Advance Directive needed if the consumer already has a Legal Guardian?

- The terms of the Legal Guardianship would have to be reviewed in order to answer this question. If the Legal Guardian has the authority to make medical and mental health care decisions, a Patient Advocate is not needed.
- However, the consumer can choose to orally make their wishes known to their Legal Guardian and to the health care team for their medical or mental health care. The consumer can also choose to put their wishes and preferences in writing.

Is an Advance Directive needed if the consumer already has a Crisis Plan?

- A Crisis Plan is a consumer driven, non-legal binding document. In the plan, the consumer expresses issues which need to be addressed in a crisis, such as the people who will be enlisted for support during the crisis.
- A Crisis Plan does not legally cover or replace the kinds of medical and mental health care issues addressed in an Advance Directive.

Is an Advance Directive needed if a consumer has one or more family members who are involved in their care?

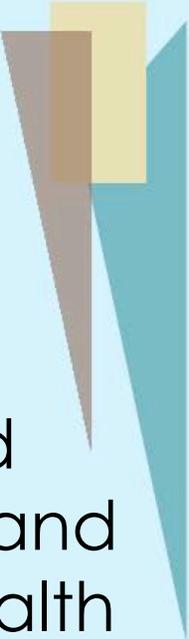
In the absence of a Legal Guardian, there are circumstances where an incapacitated consumer's parents, adult children, spouse or siblings make health care decisions on the consumer's behalf.



- The advantage of having an Advance Directive is that choosing one person to decide about medical or mental health treatment on the consumer's behalf may help to avoid conflict or confusion among family members about who should be the person to make decisions.



- The written instructions in the Advance Directive may also help to avoid conflict or confusion about what decisions should be made in the consumer's behalf.



How does the health care team talk to a family member who is not a guardian or health care advocate without violating the consumer's right to privacy?

- The consumer's health information is indeed protected by federal law. The law sets rules and limits on who can receive the consumer's health care information.

- However, if the consumer is incapacitated and unable to object to or grant permission to the health care team to speak with their family and others, the HIPAA Privacy Rule at 45 CFR 164.510(b) specifically permits a doctor to discuss an incapacitated patient's condition with a family member if doing so is consistent with professional judgment that it would be in the best interest of the patient.

Does having an Advance Directive override a Commitment Order?

- If you give your patient advocate the power to hospitalize you, there may be no need for an application or petition to the probate court and a commitment hearing in the future.
- If there is a petition and court order, such as a **Assisted Outpatient Treatment (AOT)** order, the Patient Advocate must honor the provisions of that order.

Any time they are ready!

- After being informed about the option of having an Advance Directive.
- When there is a significant change in the medical or physical condition of the consumer.
- When a significant event has occurred (i.e., traumatic hospital experience).

PART III

TYPES OF ADVANCE DIRECTIVES

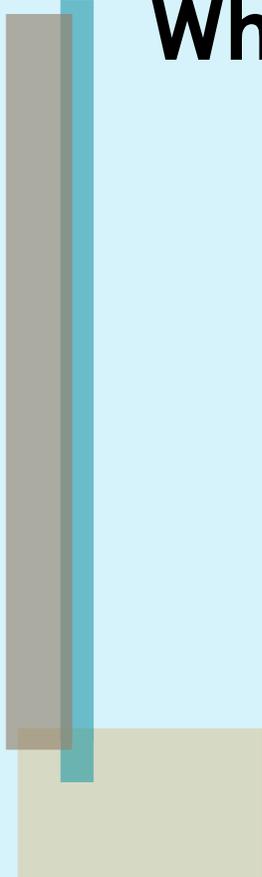
First Party: _____

Second Party: _____

Are there different types of Advance Directives?

There are four different types of Advance Directives, including:

- A.** Appointment of Patient Advocate (Proxy)
- B.** Durable Power of Attorney
- C.** Living Will
- D.** Do Not Resuscitate (DNR) Order



**What is the person who is assigned
the responsibility for making
decisions on the consumer's
behalf called?**

Patient Advocate

Patient Advocate

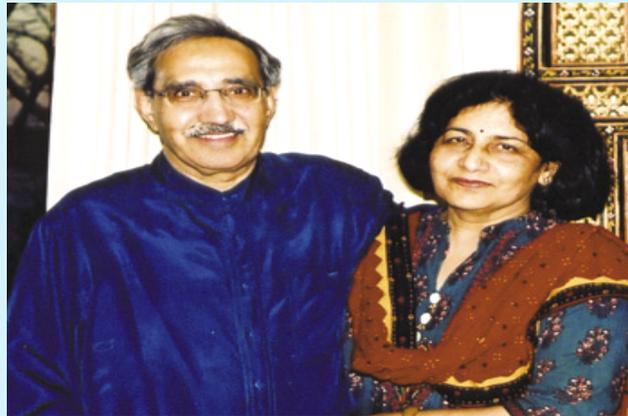
- The consumer is allowed to appoint someone they trust and who knows them well, such as a family member or close friend, who will agree to act in their best interests regarding their health care if they lose the ability to make decisions about treatment for themselves. The document in which the consumer appoints the Patient Advocate is called a Proxy.

What advantage is there to appointing a Patient Advocate?

- One of the advantages of appointing a Patient Advocate is that it can avoid delays in the decision making, planning, treatment and recovery process by ensuring that the health care team can readily involve the Patient Advocate's knowledge of the consumer's history, preferences and wishes.

Who Can Act As The Patient Advocate?

- Any person, age 18 or older can be a Patient Advocate. The Patient Advocate can be the consumer's spouse, adult child, friend or other individual. The Patient Advocate should be someone who is trusted, who can handle the responsibility, and who is willing to be the Patient Advocate.



The Patient Advocate **cannot** be a member of the institution that is providing the consumer's medical or mental health care:

- Nurses
- Social Workers
- Psychologists
- Receptionists
- Case Managers
- Physical or Occupational Therapists
- Speech and Language Therapists
- Dietitians.....etc.

Exception!

- The consumer **can** appoint their physician as their Patient Advocate, but the physician will not be able to serve both as the Patient Advocate and the attending physician after his or her decision-making authority as the Patient Advocate begins. Furthermore, that physician cannot determine the consumer's capacity to make health care decisions.

How many Patient Advocates can be appointed?

- The consumer may wish to appoint one Health Patient Advocate and one Alternate Patient Advocate who can make decisions if the first Patient Advocate is unavailable or unable to function as the surrogate decision maker.

→
Patient
Advocate



←
Alternate Patient
Advocate

APPOINTMENT OF Patient Advocate (PROXY)

A. APPOINTMENT OF A Patient Advocate: I hereby appoint the following individual as my Patient Advocate to make any and all health care decisions for me, except to the extent that I state otherwise. This health care proxy shall take effect when and if I become unable to make my own medical or psychiatric health care decisions:

Name _____

Address _____



B. APPOINTMENT OF AN ALTERNATE Patient Advocate (optional):

If the consumer appointed above is unable or unwilling to serve as my Patient Advocate, I hereby appoint the following individual to act as my alternate Patient Advocate:

Name _____

Address _____

How does the person who agrees to be the Patient Advocate show that they have accepted this responsibility?

By signing their name on the Advance Directive document:

I, _____ (Name of patient advocate) understand the above conditions and I accept the designation as patient advocate or successor patient advocate for

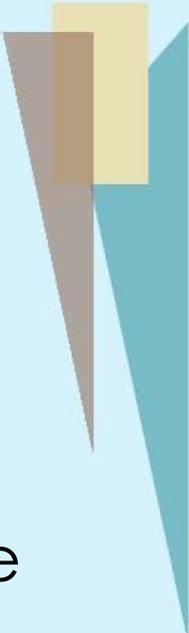
_____ (Name of patient), who signed a durable power of attorney for health care.

Signature: _____

Dated: _____



How Much Authority Does a Patient Advocate Have to Make Treatment Decisions In The Consumer's Behalf?

- The consumer can give the Patient Advocate as little or as much authority as they want. The Patient Advocate can decide about all health care matters or may be limited to only certain matters.
- 

- For example, the Patient Advocate may have the authority to make decisions only about mental health care, but not about medical care. However, a consumer cannot appoint one Patient Advocate for physical health care decisions and one for mental health care decisions.



Should all of the consumers wishes be put in writing?

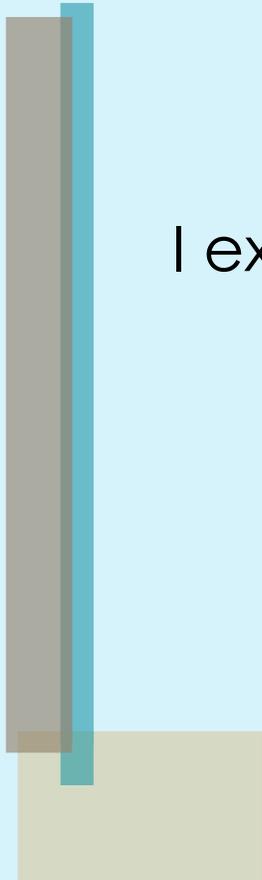
- Oral instructions can be given to the Patient Advocate. However, it is best to provide clear, written instructions in order to avoid confusion.



What are some examples of the types of instructions that can be provided?

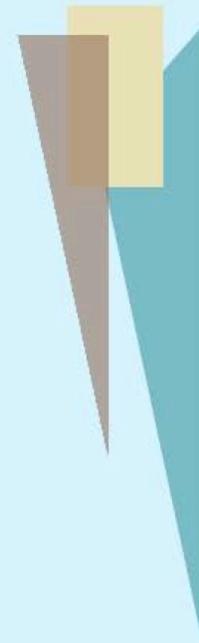
- The consumer does not have to know in advance all the decisions that may want the Patient Advocate to make for them.

- The Patient Advocate can interpret the consumer's wishes as circumstances arise or change and can make decisions that were not anticipated when the Advance Directive was executed.

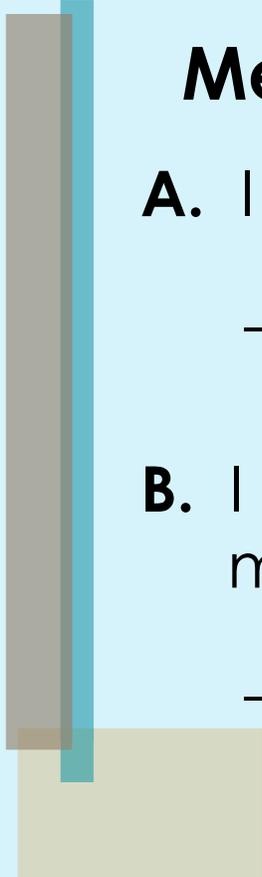


I. POWER REGARDING MENTAL HEALTH TREATMENT

I expressly authorize my Patient Advocate to make decisions concerning the following treatments if a physician and a mental health professional determine I cannot give informed consent for mental health care:



- 
- 
- Outpatient therapy
 - Admission as a formal voluntary patient to a hospital to receive inpatient mental health services. I have the right to give three days notice of my intent to leave the hospital.
 - Admission to a hospital to receive inpatient mental health services
 - Psychotropic medication
 - Electro-convulsive therapy (ECT)



Medication:

A. I prefer to be given the following medications:

B. I prefer **not** to be given the following medications, for the following reasons:

Choice of Physicians:

A. My choice of treating physician(s), if possible:

B. I **do not** wish to be treated by the following physicians, if possible, for the following reasons:

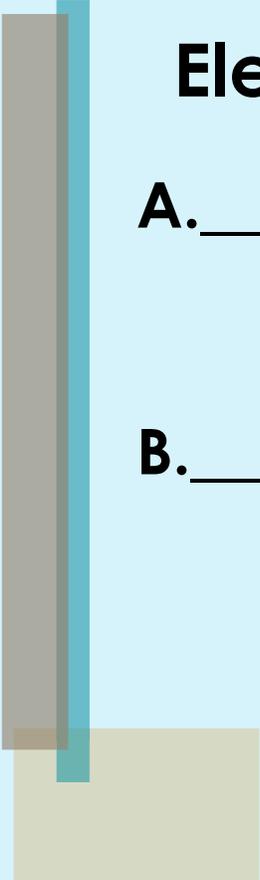
Treatment Facilities:

A. I would prefer to receive this care at the following hospitals or programs/facilities, if possible: _____

B. I prefer **not** to receive this care at the following hospitals or programs/facilities, if possible, for the reasons I have listed: _____

Unique Advantage To Having An Advance Directive For Mental Health Care:

- In the event that psychiatric hospitalization is necessary, the Advance Directive may be a means of avoiding a psychiatric commitment. The Patient Advocate can voluntarily hospitalize the consumer, preferably at the hospital of the consumer's choice.



Electroconvulsive Therapy (ECT):

A. ___ I authorize my Patient Advocate to consent to ECT in my behalf.

B. ___ I **do not** authorize my Patient Advocate to consent to ECT in my behalf.

II. POWER REGARDING MEDICAL CARE AND TREATMENT

STATEMENT OF WISHES

My Patient Advocate has the authority to make decisions in a wide variety of circumstances. In this document, I can express general wishes regarding conditions such as terminal illness, permanent unconsciousness, or other disability and specify particular types of treatment I do or not want in such circumstances.

MY PATIENT ADVOCATE HAS THE AUTHORITY TO MAKE DECISIONS REGARDING:

- Do-not-Resuscitate Order
- Withholding or withdrawal of nutrition
- Withholding of surgical procedures
- Withholding or withdrawal of dialysis
- Withholding or withdrawal of respiratory support

Does the Patient Advocate have to follow the consumer's instructions?

- The Patient Advocate must do their best to follow these instructions.
- If the Patient Advocate does not **know** the consumer's wishes or beliefs regarding a certain matter, they are legally required to act in the consumer's best interests.

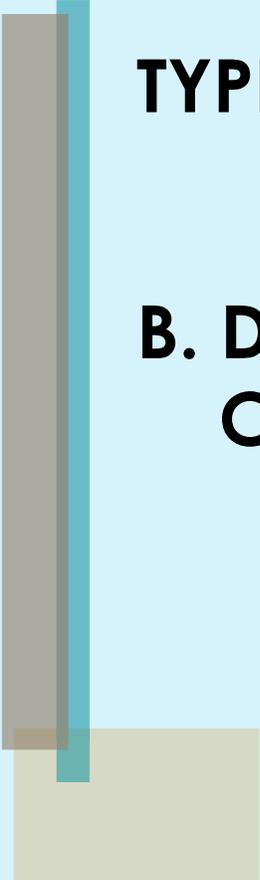
What happens if the Patient Advocate changes their mind at some point in time about taking on this responsibility?

- The Patient Advocate can resign from this responsibility at any time by telling the consumer. If the consumer is incapacitated, the Patient Advocate can tell the members of the health care team and this must be documented in the patient record.



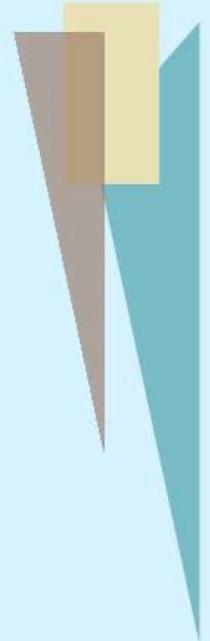
Can the consumer change the person chosen as the Patient Advocate or change any treatment instructions given to the Patient Advocate?

- Yes, the consumer may make changes in the person chosen as the Patient Advocate or in the instructions given orally or in writing to the Patient Advocate. It is best to modify the Advance Directive document as soon as changes are made.



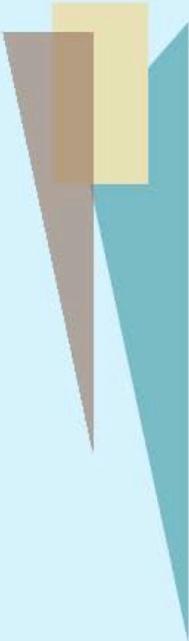
TYPES OF ADVANCE DIRECTIVES

B. Durable Power of Attorney for Health Care Choices

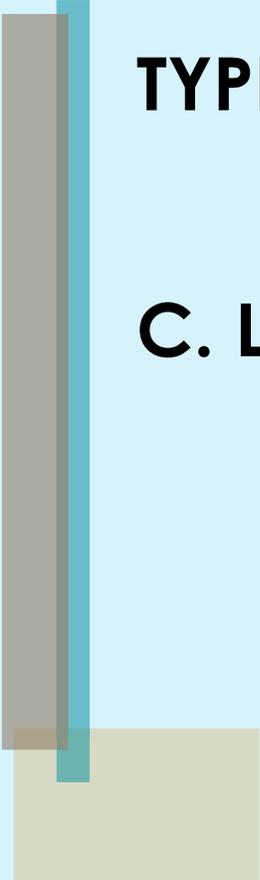




What is a Durable Power of Attorney?

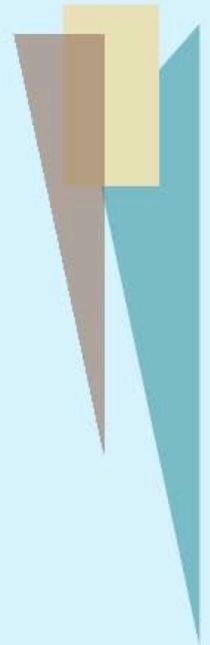
- Instead of having a Patient Advocate, some people elect to have someone appointed with “Durable Power of Attorney” over their person and/or their property.
- 

- The **health care** choice instructions written in the “Durable Power of Attorney” document serve to make the consumer’s **wishes & instructions** known regarding their **mental** and **medical** health care if they become incapable of making treatment decisions.



TYPES OF ADVANCE DIRECTIVES

C. Living Wills



What is a Living Will?

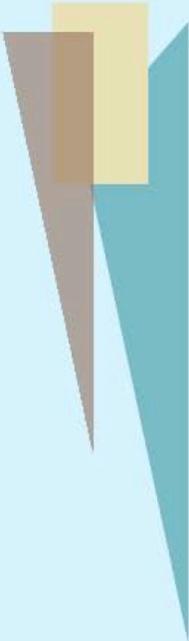
- The Living Will Declaration is a written document that can provide useful information for the members of the health care team, the Patient Advocate and family members during the stressful time of **end-of-life** decision making in a person's behalf.

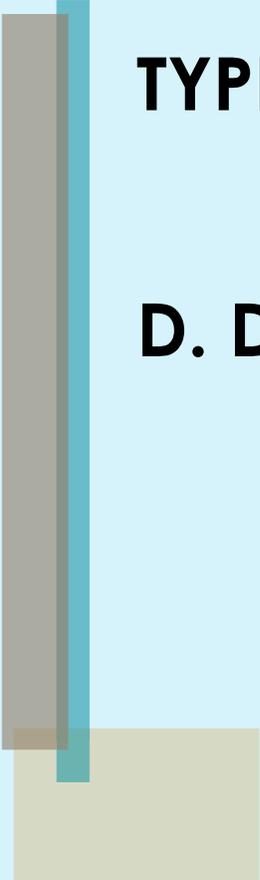
LIVING WILL DECLARATION

My Patient Advocate has authority to make decisions in a wide variety of circumstances. In this document, I am expressing general wishes regarding conditions such as terminal illness, permanent unconsciousness, or other disability; specify particular types of treatment I do or do not want in such circumstances, etc. My wishes are as follows (may attach more sheets of paper):



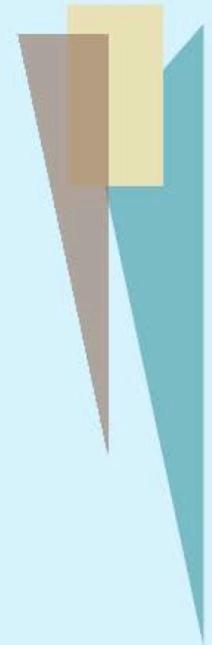
Note: A Living Will with conditions that could result in the person's death is not legally recognizable for a patient who is pregnant.





TYPES OF ADVANCE DIRECTIVES

D. Do not resuscitate (DNR) order



What is a DNR?

- The MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT 193 of 1996 allows for a DNR.
- A Do-Not-Resuscitate (DNR) order tells medical professionals not to perform CPR. This means that doctors, nurses, and emergency medical personnel are **not** to attempt emergency CPR if the patient's breathing or heartbeat stops.

- All adult consumers can request a DNR order when they are terminally ill and CPR would be medically futile or would impose an extraordinary burden, given the consumer's medical condition and the expected outcome of CPR.



What is CPR?

- CPR or Cardio-Pulmonary Resuscitation refers to the medical procedures used to restart a person's heart and breathing when the person 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.

Does a DNR order have to be a part of the Advance Directive?

- No. If there is no Advance Directive or no mention of DNR in an existing Advance Directive, an adult consumer may consent to a DNR order verbally or in writing, if *two* adult witnesses are present. When consent is given *verbally*, one of the witnesses must be the primary care physician or a physician affiliated with the hospital where the consumer is receiving care.

DO-NOT-RESUSCITATE ORDER

I have discussed my health status with my physician, _____.
I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is effective until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

_____	_____
(Declarant's signature)	(Date)

(Type or print declarant's full name)	
_____	_____
(Signature of person who signed for declarant, if applicable)	(Date)

(Type or print full name)	
_____	_____
(Physician's signature)	(Date)

(Type or print physician's full name)	

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

_____	_____	_____	_____
(Witness signature)	(Date)	(Witness signature)	(Date)
_____		_____	
(Type or print witness's name)		(Type or print witness's name)	

**THIS FORM WAS PREPARED PURSUANT TO, AND IN COMPLIANCE WITH,
THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT**

Point of Clarification

- Staff of a hospital, a nursing home, or a mental health facility owned or operated by the Michigan Department of Community Health does not recognize a DNR order unless the consumer is in HOSPICE care.

Point of Clarification

- In accordance with the “**Adult Foster Care Facility Licensing Act**”, Michigan Attorney General Opinions and, the Michigan Assisted Living Association, an **adult foster care home**, which has a resident that has signed a valid DNR Order, may honor the DNR Order. However, the home must still contact the local EMS and have a copy of the order available when EMS arrives.

Point of Clarification

- An adult foster care home which has a resident that has signed a valid DNR order and is in a licensed **Hospice** program, may honor the DNR Order, does not need to contact the local EMS, but must notify the Hospice care provider.

Point of Clarification

- It is not enough to notify the Hospice nurse by phone.



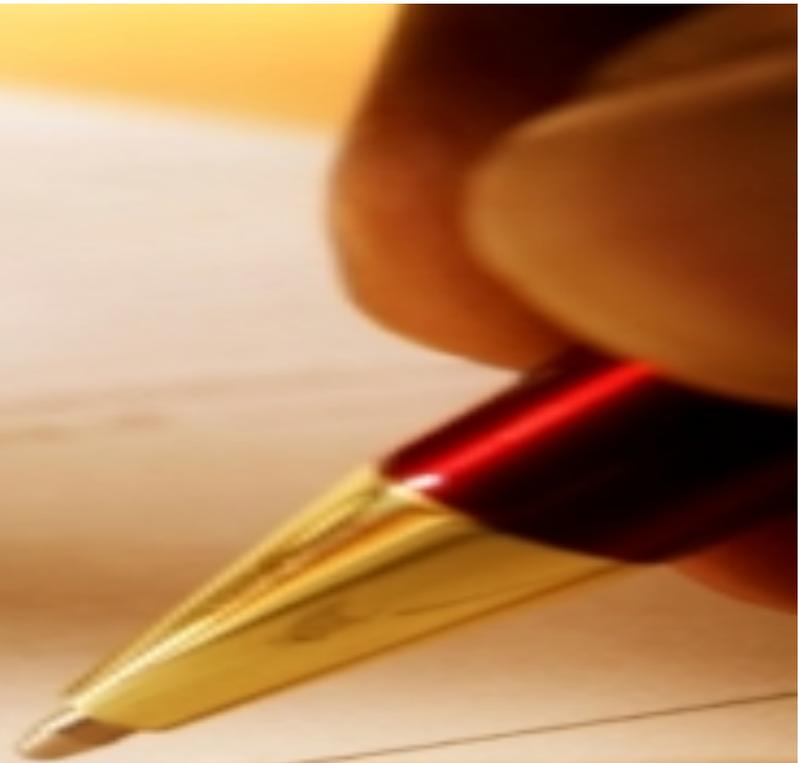
- The Hospice nurse must come out to the Adult Foster Care home.

PART IV

WITNESSES

First Party: _____

Second Party: _____



- The witnesses for the Advance Directive document can be any competent adult who is not a family member or an employee of the health care agency where the consumer receives medical or mental health services.
- Witnesses can be friends, co-workers, neighbors, etc. Another consumer who is competent to do so can also serve as a witness.



Exception!

- If the consumer lives in a developmental center, community residence or other residence operated or licensed by the Office of Mental Retardation and Developmental Disabilities, one witness must be a doctor or clinical psychologist with specific training or experience in treating developmental disabilities

STATEMENT REGARDING WITNESSES

I have chosen two adult witnesses who are not named in my will; who are not my spouse, parent, child, grandchild, brother or sister; who are not my physician or my patient advocate; who are not an employee of my life or health insurance company, an employee of a home for the aged where I reside, an employee of the community mental health program providing me services or an employee at the health care facility where I receive care.

STATEMENT AND SIGNATURE OF WITNESSES

We sign below as witnesses. This declaration was signed in our presence.

The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud or undue influence.

(Print name) (Signature of witness)

(Address)

(Print name) (Signature of witness)

(Address)

PART V

COPY, COMMUNICATE & REVIEW

First Party: _____

Second Party: _____



Who Should Be Given Copies of the Advance Directive?

Copies should be given to:

1. The Patient Advocate and Alternate Patient Advocate (if one has been appointed)
2. The treatment providers and health care professionals who routinely provide the consumer's care.
3. The consumer's family or friends.
4. The consumer should also keep a copy with their important papers.



How often should an Advance Directive be reviewed?

- Since medicines and treatments are constantly changing, and since there may be changes in the consumer's outlook, it would be wise to review the Advance Directive **once a year**.

PART VI

**REVOCATION OR CANCELLATION
OF THE ADVANCE DIRECTIVE**

First Party: _____

Second Party: _____



REVOCACTION

- The Advance Directive will be valid unless and until it is revoked or cancelled. In addition, the consumer can require that the Health Care Proxy expire on a specified date or if certain events occur.

- The consumer has to fill out a new Advance Directive form with the necessary signatures and distribute it to the appropriate parties.
- Or, the consumer may simply orally inform the health care team, family members and the Patient Advocate that the Advance Directive is revoked or cancelled.

- The consumer may change or cancel the Advance Directive document for psychiatric care or for medical care.

A. Medical Revocation

The decision to cancel or change the Advance Directive for medical care can go into effect immediately upon informing the medical care staff.



B. Mental Health Revocation

As a protective measure, the consumer may elect to stipulate that cancellations or changes for the Advance Directive for mental health care is to become effective **30 days** after the consumer informs the staff of their wishes.

Example

I give up my right to have a revocation effective immediately. If I revoke my Advance Directive, the revocation is effective 30 days from the date I communicate my intent to revoke. Even if I choose this option, I still have the right to give three days notice of my intent to leave a hospital if I am a formal voluntary patient.

PART VII

**RESPONSIBILITIES OF MENTAL AND
PHYSICAL HEALTH CARE PROVIDERS**

First Party: _____

Second Party: _____



Providers receiving federal funds have an obligation to:

- Comply with all state law regarding Advance Directives.
- Maintain written policies and establish procedures with respect to Advance Directives.
- Provide education for staff and the community on issues concerning Advance Directives.

Providers receiving federal funds have an obligation to...

- Inform all adult beneficiaries of their right to make decisions concerning his or her medical care, including the right to accept or refuse treatment.
- Avoid conditioning the provision of care or otherwise discriminate against consumers, based on whether or not they have executed an Advance Directive.

Providers receiving federal funds have an obligation to...

- Provide information to consumers regarding the right to execute an Advance Directive at the following times: (a) During the Person Centered Planning process. (b) During the annual review of the Person Centered Plan. (c) Within 90-days of a change in state law regarding Advance Directives.

Providers receiving federal funds have an obligation to...

- Document in the consumer's record the date that Advance Directive information was provided.



Providers receiving federal funds have an obligation to...

- Place a copy of the consumer's most current Advance Directive in a prominent part of the consumer's current record. Communicate the fact that the consumer has an Advance Directive to other providers.



A mental health or medical care professional can refuse to honor the consumer's wishes concerning a specific mental health or medical treatment, location, etc., when:

A) There is a psychiatric/medical emergency endangering the consumer's life or the life of another;

B) The treatment requested is unavailable;

C) There is a conflict with court-ordered treatment;

D) There is a **Conscientious Objection**: The Advance Directive conflicts with the healthcare provider's perceived legal and ethical duties to provide the specific treatment that they believe is best for the consumer, and their obligation to abide by the consumer's own wishes regarding acceptance of recommended treatment.



- When the instructions of an Advance Directive will not be followed, the care provider must make the reasons clear and document this in the consumer's record.



- As a matter of sound practice, the health care team may want to consult with Legal Council when uncertain or uncomfortable about any aspect of a consumer's Advance Directive.



PART VIII

CONFLICTS, COMPLAINTS AND CONCERNS

First Party: _____

Second Party: _____



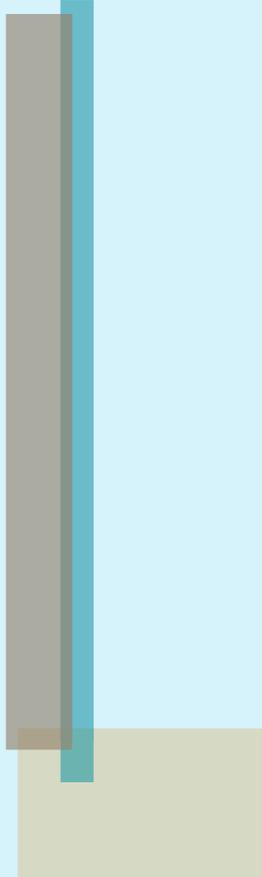
1. Any complaints concerning the implementation of Advance Directive requirements may be filed with the Office of Consumer Relations, Michigan Department of Community Health (MDCH), at **517-373-1255**.



2. If a person interested in the welfare of the consumer has reason to believe that an Advance Directive has been executed contrary to the wishes of the consumer, the interested person may petition the Probate Court where the consumer lives or where the consumer is receiving care, to have the Advance Directive and the conditions of its execution reviewed.



- It is difficult to judge based on the number of Advance Directives that are executed by consumers. The most quantifiable measure of the success of the Advance Directive consumer education effort is to look at medical records to validate whether or not consumers have been provided information about their right to an Advance Directive. In such a review, the degree of documentation will reflect the degree of compliance by providers who receive federal funds.

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- **PEER RESOURCE SPECIALISTS**
 - **CUSTOMER SERVICES**
 - **QUALITY MANAGEMENT**
 - **CORPORATION COUNSEL**
 - **MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH**