RIVERSIDE

Advance Care Planning

OPTIONAL ADDENDUM TO ADVANCE DIRECTIVE
Healthcare Agent Authority over My Protest

This is an addendum to the Advance Directive of _____

When people become very ill, they may become confused to the point that they protest the care that they previously said that they would want. This protest can cause delays to important medical care and unnecessary suffering for patients and their families.

While you are able to make an informed and rational decision, you can instruct your Healthcare Agent and physicians to honor the choices you make on your advance directive, even if you lose the ability to make decisions and then protest your own directions.

A physician or licensed clinical psychologist must sign below to certify that you are capable of making an informed decision at the time that you created this form.

My Agent's Authority in the Event of My Protest:

Cross out any language that you do not wish to use:

My Healthcare Agent may authorize my admission to a health care facility for the treatment of mental illness for no more than 10 days, even over my protest.

My Healthcare Agent may authorize the specific types of health care identified in my advance directive even over my protest.

Physician Attestation: I certify that _____ is capable of making an informed decision, and understanding the consequences of these provisions.

Physician Signature: _____date:_____time:_____

Physician name (please print) _____ office phone: _____

A physician's signature is not necessary if you do not wish to use this section.

Note: a Healthcare Agent may not override a protest regarding withholding or withdrawing life- prolonging procedures.

Signature of the person
named on this form: _____ Date: _____

Witness #1 _____ Date: _____

Name of Witness (please print) _____

Witness #2 _____ Date: _____

Name of Witness (please print) _____