

Menlo Park Surgical Hospital's Policy Regarding Advance Health Care Directives

Menlo Park Surgical Hospital (MPSH) supports a patient's right to participate in health care decision making. We comply with California laws and court decisions on Advance Health Care Directives (AHCD). It is your responsibility to provide a copy of your AHCD to us, so that it may be kept with your medical record. However, you do not have to sign any form of an AHCD in order to receive medical care at MPSH.

The law defines advance directives as a "written instruction...(such as an AHCD), recognized under state law and relating to the provision of such care when the individual is incapacitated."

Every competent adult may consent to or refuse medical treatment and has the right to formulate an AHCD. The AHCD is a legal document that allows you to appoint another individual to make your health care decisions for you if you ever become unable to give "informed consent" for such decisions because of lack of mental capacity, coma or unconsciousness. It also allows you to make your wishes known regarding what medical treatment you would desire or not desire if you were to become unable to make such medical decisions for yourself.

The MPSH will honor a patient's AHCD. If your physician feels he or she cannot carry out your wishes, your care will be transferred to a physician who will honor your AHCD.

Complaints concerning AHCDs may be made to:
Department of Health Services/Licensing and Certification
1800 Third Street, #120, Sacramento, CA 95814 • (916) 327-4316

- 1. Have you completed an AHCD?..... Yes No
If yes, did you bring a copy with you? Yes No
- 2. Do you have a copy on file at MPSH?..... Yes No
- 3. If you did not bring your AHCD with you, please summarize the document:

Please provide MPSH with a copy as soon as possible so that it may be included as part of your medical record.

- 4. Would you like to receive more information about AHCDs?..... Yes No
Information given Yes No
- 5. Would you like assistance in formulating/completing an AHCD? Yes No
Assistance provided by: _____

Patient Signature _____ Date _____

Signature of Hospital Personnel _____ Date _____

Follow-Up (if applicable): _____