

SAN MATEO COUNTY HEALTH SYSTEM  
BEHAVIORAL HEALTH AND RECOVERY SERVICES

**Attachment A: Advance Health Care Directive Acknowledgment Form**

**Background**

In accordance with State & Federal Law (California Probate Code 4600 & Federal Title 42), clients 18 years of age and older shall receive information about Advance Health Care Directives and be informed of their right to make decisions about their medical treatment.

**To Be Completed by Staff**

The client was given a copy of the Advance Health Care Directive Fact Sheet at the first face-to-face contact or clinic visit.  Yes  No

If "No" please explain why the client was not given the Fact Sheet:

  
  

Does the client have a current Advance Health Care Directive?  Yes  No

If the client would like to execute an Advance Health Care Directive, please refer them to the resources identified on the Fact Sheet. If a client already has an Advance Health Care Directive, insert a copy into the client's Clinical Record in Section 2 (Consents and Notices).

**To Be Completed by the Client/Responsible Adult\***

I have been asked about having an Advance Health Care Directive, and I have been given or offered an Advance Health Care Directive Fact Sheet.

Signature of Client	Date
Signature of Responsible Adult*	Relationship to Client
Signature of Witness/Interpreter **	Date

This Form was interpreted in \_\_\_\_\_ for the client and/or responsible adult.

If a translated version of this Form was signed by the client and/or responsible adult, the translated version must be attached to the English version.

Signer  was given  declined a copy of this Form on \_\_\_\_\_ by \_\_\_\_\_.

Date Initials

\* Responsible Adult = Guardian, Conservator, or Parent of minor when required.

\*\* Witness/Interpreter = Person who either witnessed the signing of the form (may be staff or other person) or the person who interpreted this form into another language for the client (must include the language it was interpreted into).

<p><small>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.</small></p>	<p><b>Name:</b></p> <p><b>Program:</b></p> <p><b>Medical Record #:</b></p>
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**FACT SHEET**

**What is an Advance Health Care Directive?**

An Advance Health Care Directive is a legal document that allows individuals to state in advance their healthcare wishes if they become unable to make their own decisions.

In California, an Advance Directive consists of two parts:

(1) Selection of an agent for healthcare; and (2) an individual's health care instructions.

**What can an Advance Health Care Directive do for a person with a psychiatric disability?**

- It allows you to make treatment choices now in the event you need mental health treatment in the future. You can tell your doctor, institution, provider, treatment facility, and judge what types of treatment you do and do not want.
- You can select a friend or family member to make mental health care decisions, if you cannot make them for yourself.
- It can improve communications between you and your physician.
- It may reduce the need for long hospital stays.
- It becomes a part of your medical record.

**Who can fill out an Advance Health Care Directive?**

Any person 18 years or older who has the "capacity" to make health care decisions. "Capacity" means the person understands the nature and consequences of the proposed healthcare, including the risks and benefits.

**When does an Advance Health Care Directive go into effect?**

An Advance Health Care Directive goes into effect when the person's primary physician determines the person does not have the "capacity" to make their own healthcare decisions. This means the individual is unable to understand the nature and consequences of the proposed healthcare or has been injured and is unable to make decisions. *The fact that a person has been admitted into a psychiatric facility does not mean the person lacks "capacity."*

**How long is an Advance Health Care Directive in effect?**

In California, an Advance Health Care Directive stays in effect until you change it. You can change your mind at any time, as long as you have the "capacity" to make decisions. It is a good idea to review your Advance Health Care Directive yearly to make sure your wishes are up to date and stated.

**Do I have to have an Advance Health Care Directive?**

Your choices are important, but you don't have to have one. It's just a way of making your wishes known in advance.

**Where do I get legal advice about an Advance Health Care Directive?**

- Legal Advice Line 800-551-5554 or a private attorney

**Where can I get the Advance Health Care Directive Forms?**

- Your Health Care Provider
- Visit [www.calhospital.org/resource/advance-health-care-directive](http://www.calhospital.org/resource/advance-health-care-directive) or <https://oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf>

**Who should have a copy of the Advance Health Care Directive?**

- You (keep your Advance Health Care Directive in a safe place, but easily accessible.)
- Your agent (the person designated to make health care decisions if you are unable to do so.)
- Each of your health care providers;
- Each of your mental health providers.

It is important that you keep track of who has a copy of your Advance Health Care Directive in case you make changes in the document.

Complaints concerning non-compliance with the advance health care directive requirements may be filed with the California Department of Health Services (DHS) Licensing and Certification by calling 1-800-236-9747 or by mailing to P.O. Box 997413, Sacramento, California 95899-7413.