



# Advance Directives Healthcare Planning in New Jersey

Important information for every patient



HACKENSACK UNIVERSITY MEDICAL CENTER

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IMPORTANT INFORMATION FOR EVERY PATIENT

*The State of New Jersey, Hackensack University Medical Center, and the professionals who provide your care consider healthcare planning very important. For that reason, every patient is asked about and encouraged to prepare an advance directive.*

*This booklet will provide you with information about advance directives, why they are important to your healthcare, how you can prepare one as part of your healthcare planning, and what medical center resources are available to help you.*

## YOUR BASIC HEALTHCARE RIGHTS

You have the right to understandable information about your condition and its likely course, your treatment choices and their benefits and risks, and your physicians' recommendations. You have the right to accept or refuse any appropriate test or treatment. Most patients are able to make these decisions after discussion with their physicians and family or other trusted advisors.

## WHAT IS AN ADVANCE DIRECTIVE?

What happens to your rights to make healthcare decisions if you become temporarily or permanently unable to consider and communicate your values and wishes? You may decide in advance what treatments you would or would not want and put those wishes in writing, or you may name someone else – a trusted person who knows what is important to you – to make healthcare decisions for you. This legal document is called an advance directive.

### **Under New Jersey law, there are three kinds of advance directives:**

- a **proxy directive**, which appoints a person (**healthcare representative**) and an **alternate representative** to make healthcare decisions when you are not able to do so. This is sometimes called a **healthcare proxy** or a **healthcare power of attorney**;
- an **instruction directive**, which states your treatment wishes and/or instructions. This is sometimes called a **living will**; and
- a **combined directive**, which appoints a healthcare representative and states your treatment instructions.

## WHO SHOULD PREPARE AN ADVANCE DIRECTIVE?

Everyone over the age of 18 who understands the purpose of healthcare planning and can make treatment decisions should prepare an advance directive.

### **The benefits of having an advance directive are:**

- giving a trusted person the same decision-making authority that you would have, including the ability to talk with your care team, understand your medical condition as it changes, and make the decisions you would make if you were able; and
- providing your doctor and other caregivers, as well as your family, with guidance about your healthcare goals and the treatment you would and would not want in different circumstances.


Advance directives are not about dying or about being old or sick. They are about being responsible. Young, healthy people also suffer illnesses and injuries that leave them temporarily or permanently unable to consider or communicate their treatment choices.

Federal and state law require care-providing institutions to ask all patients on admission whether they have advance directives and, if they do not, whether they would like help in preparing one. Now, when you are healthy, relaxed and able to think clearly, is the best time to prepare an advance directive.

## IS PREPARING AN ADVANCE DIRECTIVE COMPLICATED?

Deciding what healthcare you would want in different circumstances may be complicated, but preparing an advance directive is not. **All that is required is that:**

- the directive be in writing;
- the directive be signed by you; and
- your signature be witnessed by
  - two adults (over age 18) who are not the people you are appointing as healthcare representative and alternate representative; or
  - a notary public or other legal official (like a New Jersey attorney or judge).



There is no specific form of advance directive that must be followed in New Jersey, although there are many model forms available. All hospitals and nursing homes have approved forms, such as the one enclosed in this booklet. You do not need a lawyer to prepare an advance directive. It can be as simple as a letter stating your healthcare wishes or naming the person you trust to make healthcare decisions for you.

Because your condition may be unexpected, the proxy directive is recommended because it gives your representative the authority to make decisions about things you may not have considered. If you choose to appoint a representative, it is very important that you inform that person of the appointment and discuss your care goals, wishes and values. Your wishes cannot be honored if no one knows what they are and why they are important to you.

## **WHEN DOES AN ADVANCE DIRECTIVE BECOME OPERATIVE?**

### **An advance directive only becomes operative when:**

- it is transmitted to your doctor, hospital or other healthcare provider; and
- you are temporarily or permanently unable to make healthcare decisions.

If and when you regain decision-making ability, you will resume making your own healthcare decisions.

Copies of your advance directive should be given to your doctor, your healthcare representative and alternate, your family and friends, and anyone else who might be called upon if you need medical care and cannot make decisions. The punch-out card on the enclosed form should be completed and carried in your wallet so that your healthcare representative can be notified if you need medical care and cannot make decisions.

Remember that an advance directive may request that treatment be provided, not just withheld or withdrawn. **Under New Jersey law, any treatment, including life-support, may be withheld or withdrawn in accordance with your advance directive if:**

- you are permanently unconscious;
- you are in a terminal condition;
- you have a serious irreversible condition and the burdens of treatment outweigh the benefits; or
- the treatment is experimental or is likely to be ineffective or futile.

# ADVANCE DIRECTIVES FORM

I \_\_\_\_\_  
(PRINT PATIENT'S NAME)

hereby appoint \_\_\_\_\_  
NAME RELATIONSHIP TO PATIENT

ADDRESS TELEPHONE NUMBER

CITY STATE ZIP

as my healthcare representative to make any and all healthcare decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own healthcare decisions.

If the person I have designated above is unable, unwilling or unavailable to act as my healthcare representative, I hereby designate the following person(s) to act as my healthcare representative, in the order of priority stated:

a. \_\_\_\_\_  
NAME RELATIONSHIP TO PATIENT

ADDRESS TELEPHONE NUMBER

CITY STATE ZIP

b. \_\_\_\_\_  
NAME RELATIONSHIP TO PATIENT

ADDRESS TELEPHONE NUMBER

CITY STATE ZIP

I, being of sound mind, willfully and voluntarily make known my wishes regarding healthcare in the event of loss of decision-making capacity.

- If at any time I am permanently unconscious, as determined by my attending physician and confirmed by a second qualified physician; or
- have a terminal condition, as determined by my attending physician and confirmed by a second qualified physician; or
- if treatment is experimental or likely to be ineffective or futile in prolonging my life; or is likely to merely prolong an imminent dying process; or
- I have a serious irreversible illness or condition and the likely risks and burdens of medical intervention outweigh the benefits; and unwanted medical intervention would be inhumane,

I direct my proxy to make healthcare decisions in accord with my wishes and any limitations as may be stated below. I also direct that I be given all medically appropriate care necessary to make me comfortable and to relieve pain.

Optional statement of desires concerning life-prolonging care, treatment, services and procedures:

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CONTINUED FROM OTHER SIDE

In the absence of my ability to give directions regarding my healthcare, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to accept or to refuse medical care. In the event that my wishes are not clear, my representative is authorized to make decisions in my best interests, based on what is known of my wishes.

Optional

I  do  do not consent to be an organ donor. (check one)

By signing below, I indicate that I understand the contents of this document.

DATE SIGNATURE

Witnesses: I declare that the person who signed this document, or asked another to sign this document on his or her behalf, did so in my presence, that he or she is personally known to me, and that he or she appears to be of sound mind and free of duress or undue influence. I am 18 years of age or older, and am not designated by this or any other document as the person's healthcare representative, nor as an alternate healthcare representative.

WITNESS NAME RELATIONSHIP TO PATIENT

ADDRESS

SIGNATURE DATE

WITNESS NAME RELATIONSHIP TO PATIENT

ADDRESS

SIGNATURE DATE

OR

Notary Public: Before me, the undersigned authority, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared

\_\_\_\_\_; and NAME

\_\_\_\_\_; and NAME

\_\_\_\_\_, NAME

known to me to be the declarant and the witnesses, respectively, whose names are signed to the foregoing instrument, and who, in the presence of each other, did subscribe their names on this document on this date, and that said declarant at the time of execution of said directive was over the age of eighteen (18) years and of sound mind.

NOTARY PUBLIC SIGNATURE EXPIRATION DATE OF COMMISSION

Copies provided to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Notary Seal

Primary Physician: \_\_\_\_\_

## WHERE CAN I GET MORE INFORMATION ABOUT ADVANCE DIRECTIVES AND ASSISTANCE IN PREPARING ONE?

**At Hackensack University Medical Center, the Consumer Affairs Department is available to:**

- answer questions about advance directives and patient rights;
- assist patients in preparing advance directives; and,
- if necessary, arrange a consultation with the medical center's Bioethics Consultation Service or Biomedical Ethics Committee.

You can reach Consumer Affairs at 201-996-2010 and the Bioethics Service at 201-996-4179.

*Additional information is available through your County Medical Society, County Bar Association, and County Board of Social Services.*

*Web resources include:*

- *[Familydoctor.org/003.xml](http://Familydoctor.org/003.xml)*
- *[www.bazelon.org](http://www.bazelon.org)*
- *[www.compassionindying.org/ad.php](http://www.compassionindying.org/ad.php)*
- *[www.kidney.org](http://www.kidney.org)*
- *[www.medicalert.org](http://www.medicalert.org)*
- *[www.caringinfo.org/PlanningAhead](http://www.caringinfo.org/PlanningAhead)*





ADVANCE DIRECTIVE CARD

I have an advance directive for health care

Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_

Please contact as soon as possible my appointed healthcare agent

Name \_\_\_\_\_
Phone \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_

If my healthcare agent is unavailable, please contact my alternate healthcare agent

Name \_\_\_\_\_
Phone \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_



Notes

Multiple horizontal lines for writing notes.

ORGAN DONOR CARD

In the hope that I may help others, I hereby make this anatomical gift, to take effect upon my death. The words and marks below indicate my desires.

I give \_\_\_\_\_
any needed organs or parts or \_\_\_\_\_
only the following organs or parts:

Three horizontal lines for listing organs or parts.

for the purposes of transplantation, therapy, medical research or education.

Signed by the donor and the following two witnesses in the presence of each other:

Signature of donor \_\_\_\_\_
Date of birth of donor \_\_\_\_\_
Date signed \_\_\_\_\_
City and state \_\_\_\_\_
Witness \_\_\_\_\_
Witness \_\_\_\_\_

This is a legal document under the Uniform Anatomical Gift Act.

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research, and community outreach.



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30 Prospect Avenue, Hackensack, New Jersey 07601 201-996-2000 [www.humc.com](http://www.humc.com)