



NORTHSIDE HOSPITAL

Atlanta • Cherokee • Forsyth

English - Spanish

Advance Directives: “Your Right To Decide”

Georgia law gives competent adults the right to make choices about their own health care. This includes the right to choose medical care, to refuse certain care or to stop care altogether. Georgia law also lets you choose someone to make health care choices for you if you are unable or unwilling to do so.

The best way for you to be in control of your medical treatment is to sign a ***‘Georgia Advance Directive For Health Care’*** before you have an illness that prevents you from communicating your wishes.

What is an *‘Advance Directive’*?

An advance directive is a legal form that lists your wishes about medical care and treatment. You may also name someone to make choices about your medical care and treatment if you can't. These forms are called advance directives since they are written in advance of a serious illness, to let other people know your wishes.

Do I have to have an advance directive?

No. Federal law makes it against the law for a hospital to refuse to take care of you because you do not have an advance directive.

What is the *‘Georgia Advance Directive For Health Care’*?

The ***‘Georgia Advance Directive For Health Care’*** is a legal document that that you complete. It is a standard form approved by the Georgia legislature. You can print a copy from Northside's website under Patient Information: Advance Directives. The form includes detailed instructions and guides you in answering important questions about how you want to be treated when you can no longer communicate or make decisions.

What is Northside Hospital's policy about advance directives?

- Northside will honor a patient's advance directive if it meets the requirements of Georgia law.
- Northside also recognizes and respects the right of competent patients to accept or refuse offered medical or surgical treatment, to the extent permitted by law.
- Northside Hospital's policy is that employees MAY NOT sign as a witness to any of these documents.
- If a patient becomes unstable in one of Northside's outpatient centers, including affiliated medical practices, Northside will initiate first line emergency care for the patient and transfer the patient to the emergency department via EMS. Healthcare providers in the emergency department will evaluate the patient's condition and decide if it is appropriate to follow the advance directive.



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If I am pregnant, will my wishes in my advance directive be carried out?

That depends.

If the baby is developed enough that the baby could survive delivery, any instructions that would result in withholding or withdrawing life-sustaining treatments would not be honored.

Even if the baby is not developed enough to survive delivery, your treatment choices would not be honored unless you initial the statement on the **'Georgia Advance Directive For Health'** form that you want life sustaining treatment withheld or withdrawn when you are pregnant with a non-viable infant.

After I complete the advance directive, what do I do with it?

Once you have completed your advance directive and it is properly signed and witnessed, make sure you give a copy to:

- Your health care agent
- Your doctor or health care provider
- Your relatives.
- You may also complete the **'Georgia Advance Directive For Health'** Card included at the end of the form and keep it in your wallet.

This card says that you have an advance directive and whom to contact.

Georgia Advance Directive For Health Card

Directives I have completed: (check one or more as appropriate)

- Part 1 Healthcare Agent
 Part 2 Treatment Preferences
 Part 3 Guardianship

Person to Contact: _____

Address: _____

City: _____ State _____

Zip _____ Phone _____

Date _____

Signature _____

Georgia Advance Directive For Health Card

Directives I have completed: (check one or more as appropriate)

- Part 1 Healthcare Agent
 Part 2 Treatment Preferences
 Part 3 Guardianship

Person to Contact: _____

Address: _____

City: _____ State _____

Zip _____ Phone _____

Date _____

Signature _____