



1050 Gemini Street
Suite 101
Houston, TX 77058
Phone: 281-560-3200

Patient Name:
DOB:

ADVANCED DIRECTIVES INFORMATION

What Are Advance Directives?

Advance directives are documents that state **your choices for health care, or name someone to make those decisions**, if you are unable to make your wishes known in the future because of illness or injury.

By putting your wishes in writing, you take the burden off your family and doctors for making those most difficult decisions.

Why Do I Need an Advance Directive?

Even if you're young and healthy, it is never too soon to put your wishes in writing. No doubt, the middle of a medical crisis is the worst time to begin thinking about these critical questions, when your family is upset and you may be disoriented or in pain.

Orbis encourages you to think through these issues, share your wishes with your loved ones, and put them in writing while you are healthy.

What Does the Law Say?

Nearly a decade ago, the Texas Legislature passed the **Texas Advance Directives Act**, which clarifies the rights of adult patients to make important legal decisions about their health care in advance.

Texas law provides for **four types** of advance directives. You can create one or more, to meet your particular needs and wishes.

Key things to know:

- Advance directives do not need to be **notarized**, only witnessed, signed and dated.
- Two **witnesses** are required. Only one of them may be a family member or caregiver.
- The **lack** of advance directives will not impact your access to care.
- Having an advance directive **will not affect** insurance policies or premiums.
- Advance directives **executed in another state** are valid in Texas.
- If one advance directive conflicts with another, the **later document** supersedes.
- Advance directives executed **before Sept. 1, 1999**, are still valid, but are governed by the law in effect when executed.
- You can **revoke** an advance directive at any time.
- The national **Five Wishes** program does not meet all of Texas' legal requirements; it is best to document your desires using **Texas** forms.

What are My Options for Advance Directives?

There are **four types** of advance directives. You can execute one, or several, depending on your needs and situation. Download and complete the Texas forms below in English or Spanish. Share copies with your doctor and your family and take copies with you to the hospital.

Directive to Physicians and Family or Surrogates



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- This directive allows you to specify for the provision, withdrawal or withholding of medical care in the event of a terminal or irreversible condition.
- Your condition must be certified by one physician.

Medical Power of Attorney

- This directive allows you to designate another person as your agent for making health care decisions if you become incompetent.
- You do not have to have a terminal or irreversible condition for a medical power of attorney to be used.

Out-of-Hospital Do-Not-Resuscitate Order

- This directive allows competent adults to refuse certain life-sustaining treatments in non-hospital settings where health care professionals are called to assist, including hospital ERs and outpatient settings.
- You should carry a photocopy of your written form or wear a designated ID bracelet.
- This directive cannot be executed for minors unless a physician states the minor has a terminal or irreversible condition.
- **Note:** The PDF form in English must be properly executed in accordance with the instructions on the opposite side (download Spanish instructions separately) to be considered a valid form by emergency medical services personnel.

Declaration of Mental Health Treatment

- This directive allows a court to determine when you become incapacitated, and when that declaration becomes effective.
- You may opt not to consent to electro-convulsive therapy or to the use of psychoactive drugs.
- The declaration expires in three years, unless you are incapacitated at that time.

If you wish to complete an Advanced Directive, copies of the official state forms are available online at

<https://www.hhs.texas.gov/formas/advance-directives>



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ADVANCED DIRECTIVES or OUT-OF-HOSPITAL-DO-NOT-RESUSCITATE ORDER

Orbis Vascular recognizes the right of patients to actively participate in decisions regarding their medical care including the right to have an ADVANCED DIRECTIVE.

It is the policy of the center, in the event of deterioration, our personnel will honor all written and legal executed Advanced Directives provided by the patient or legal guardian.

Competent adults have the right to make decisions about recommended medical treatments and to be fully informed of the risks, benefits, complications, and alternatives to the prescribed treatment. This decision-making right not only includes the right to accept the treatment, but also the right to forego (refuse) the treatment offered.

Treatments that patients may decide to withhold/withdraw include, but are not limited to, ventilator support, chemotherapy, surgery, feeding tube, dialysis, antibiotics, transfusions and the use of cardiopulmonary resuscitation (CPR).

Regardless of such a decision, the dignity, social, psychological and spiritual well-being of the patient will be respected at all times. In addition, all nursing and comfort measures to relieve pain and suffering and provide hygienic care will be provided to all patients at all times.

We strongly suggest that you review the information and discuss your wishes with your physician, family and other healthcare professionals. If you already have an ADVANCED DIRECTIVE, please make sure you provide a copy to the center staff. If you do not have an ADVANCED DIRECTIVE or Out-Of-Hospital-Do-Not-Resuscitate Order or do not inform the center of your wishes, Orbis Vascular will assume you do not have any and will implement all efforts necessary to sustain your life.

A patient has the right to review and revise his/her ADVANCED DIRECTIVE at any time.

Once you have had a chance to review the material, please give this form to a healthcare provider and he/she will notify the physician. Should you have any questions, the nurse manager and physician are available to assist you.

- ☐ I have received information on ADVANCED DIRECTIVES and would not like assistance obtaining the forms.
☐ I have received information on ADVANCED DIRECTIVES and would like assistance obtaining the forms.
☐ I already have a signed advanced directive and have given a copy to the Center.

Print Name

Signature

If Legally Authorized Representative, list relationship to Patient:

Date: _____

Time: _____ A.M./P.M.