



UPDATED AUGUST 2001

Primary Care

Patient Education Booklet

Table of Contents

Patient Satisfaction	1
Patient Rights	1
The Ethics Committee	2
Patient Responsibility	2
Things to Bring to Your Primary Care Visit	2
Pain	3
Prevention Is the Key	3
Nutrition	3
Cholesterol	3
Blood Pressure	3
Exercise	4
Safety	4
Smoking	4
Immunizations	4
Sun Safety	4
Cancer Screening	4
Alcohol	4
Appointments & Waiting Time	5
Holidays	5
How to Access Our Clinics	5
After Hours	5
Pharmacy	6
Refills by Mail	6
Refills by Phone	6
Money Matters	8
Insurance & Billing	8
Veteran Copayments	9
Advance Directives	9

Welcome to the North Florida/South Georgia Veterans Health System. We are proud to serve those who served our country. It is our job to give you the best care we can, with kindness and respect.

This guide will tell you things you should know as a patient in our outpatient clinics. We hope it will be helpful to you.

Vision Statement: To provide the health care excellence that makes a difference in the lives of veterans and their families.

Mission Statement: To improve the health of our veteran population by providing the highest quality primary, specialty, and extended care in an integrated health care delivery system, enhanced by research and sustained through education.

Values: The North Florida/South Georgia Veterans Health System is a caring health care community in which people are valued, trusted, and respected. The following values guide our actions and choices in achieving excellence:

Trust ■ Integrity ■ Compassion
Accountability ■ Competence ■ Teamwork ■ Respect ■ Commitment

Patient Satisfaction

We are always trying to improve and need your comments to help us. If you have suggestions, concerns or problems, please take time to let us know how you feel about your care.

Patient Rights

As a patient, you have the right to get quality health care. We promise to do our best to give this care and help meet your health and illness needs. We are here for you. As you get care, we want you to know you

have certain rights.

You have the right to:

- Be treated with dignity and respect
- Privacy
- Know the names, titles, and jobs of people who give care to you
- Get information about your health, illnesses, and care in a way that you can understand
- Make decisions about your care
- Refuse any care you do not want
- Have information about your health and care kept confidential

Rights continued on next page

Your name of your provider is:

The name of your team is:



Rights *continued from previous page*

- Be cared for in a safe setting, free from abuse or harm
- Get information about a Living Will or Advance Directive, and make your wishes known
- Be kept as comfortable as possible

If at any time you feel any of these rights are being violated, you have the right to complain. You can make a complaint to any employee, such as a doctor, nurse, or social worker. You can make a complaint without fear that it will affect your health care or benefits.

If you cannot work out a problem with staff and their supervisors, you can ask to talk to your Patient Advocate.

The Ethics Committee

Sometimes it is hard for a patient/family member to make a decision about medical care because of moral or ethical issues. Patients and/or family members may disagree with the medical team's plan of care for the patient. For example, a patient may want a certain drug but the health team does not feel that drug should be prescribed.

When these problems cannot be easily solved, the North Florida/South Georgia Veterans Health System Ethics Committee can be consulted.

The Ethics Committee's role is to look at ethical concerns by having the committee members talk things over with patients, family members, and the treatment team. The Ethics Committee **does not make treatment decisions**. The role of the committee is to offer assistance and guidance with ethical problems.

The Ethics Committee can be contacted through your Patient Advocate's office. A staff member can help you get in touch with your Patient Advocate.

Patient Responsibilities

As a patient, we want you to get the best possible care. We need your help in taking care of your illnesses and keeping you healthy.

We need you to:

- Give us complete and accurate information about your health and well being. This includes how you feel now, any illnesses or operations you have had, medicines you are taking, and other health matters.
- Listen to suggestions from your doctor, nurse, social worker, pharmacist, dietitian, or others and tell them

how you feel about these suggestions.

- Let us know when you agree or disagree with your suggested care and ask to have care changed if necessary.
- Follow the plan you and your doctor have made about your health and well being.
- If you decide not to follow the plan, accept and be responsible for the end results.
- Ask questions about anything you don't understand.
- Report changes in how you feel to your doctor or nurse.
- Be on time for all appointments or let us know if you cannot keep them.
- Be responsible for personal items you choose to keep with you.

Finally, when you leave our care, we need to be sure you understand what to do at home. This means you need to know about:

- Your medicines and diet
- Whom to call if you have trouble
- What you need to do to take care of yourself
- When and if you have a follow-up appointment

If you do not understand any of these things, please ask a health care person to explain them.

SMOKING POLICY

Our medical centers are smoke free. If you or your visitors must smoke, please smoke in designated areas only.

Things to Bring to Your Primary Care Visit

1. If it was mailed to you, the **Practitioner Talk Form**
2. If given to you on your last visit, your completed **stool cards**
3. Any **medical records, reports, labs, test results**, etc., from another facility or from your local doctor
4. All **pill bottles of medicines** you take including over-the-counter medicines, vitamins, food supplements and/or herbal remedies
5. If you have made one out, a **Living Will or Advance Directive** (forms are attached to this publication)
6. A **list of questions** you may have for your provider

7. A list of **medical problems** you have, so you will be able to tell your provider
8. Your **blood pressure or blood sugar readings**, if you have them. Also bring your **blood sugar and/or blood pressure machine** if you have one
9. Any **insurance information** you have.

NOTE: If your appointment is in the morning, please come **fasting** (do not eat or drink anything except water for 12 hours before scheduled appointment)

PAIN: The Fifth Vital Sign

When you come to the VA for an exam, your health care provider will check your five “vital signs”: blood pressure, pulse, temperature, respirations, and **pain**. You have the right to have your level of pain checked and to receive treatment for pain - relief, control, and management. Treatment means relieving, controlling, and managing your pain. Your provider will ask you to rate your pain on a scale from 0 to 10:

“0” = no pain

“10” = worst pain imaginable

Your provider will also ask you the following questions about your pain.

- **Where** is it?
- **When** did it start?
- **How long** has it lasted or does it last?
- **What** makes it better or worse?
- **Which** medications have you tried? Bring your list.
- Have **treatments** worked well? Yes or no - tell your story.

There are different ways to control pain. They include:

- **Home remedies** - heat, ice, elevation, rest
- **Stretching and exercise** - physical and occupational therapies
- **Medications** - the kind prescribed depends on the type and degree of pain
- **Invasive therapies** - surgery, blocks, and injections
- **Non-invasive therapies** - massage, acupuncture, biofeedback, TENS (transcutaneous electrical nerve stimulation - a device that uses electricity to block pain signals going to the brain)

Here are some safety tips to keep in mind when being treated for pain.

- Give an accurate report of your **health history** (high blood pressure, heart problems, ulcers, kidney, and liver problems, etc.)
- Report any **side effects** to drugs (allergies, reactions)
- **Report medicines** you are now taking. This includes prescriptions, over-the-counter drugs, nutritional supplements, and herbal remedies.
- Take medicines **as prescribed**.
- **Do not drive** if you are too drowsy from your medicine.
- **When taking pain medication, check with your provider first to see if it's OK to drink alcohol or use other drugs that can make you drowsy.**

Prevention Is the Key to Healthy Living

Please follow these tips for healthier living:

NUTRITION

- Eat less meat.
- Eat less salt.
- Eat less sugar.
- Eat five servings of fruits and vegetables a day.
- Eat six servings of grains a day.
- Use very little fats and oils.
- Know your **Body Mass Index (BMI)**. It is a way of using your height and weight to determine your risk for obesity, high blood pressure, heart disease and diabetes.
- Keep your BMI below 27.

CHOLESTEROL

- Lowering your cholesterol can lower your risk for heart disease.
- Know your cholesterol number. If your level is high, your healthcare team can recommend changes in diet, activity, and medication.

BLOOD PRESSURE

- Have your blood pressure checked regularly (no less than every two years).
- Know if your blood pressure is high, normal, or low.

My height is: _____

My weight is: _____

My BMI is: _____

My cholesterol is: _____

My blood pressure is: _____

EXERCISE

Regular physical exercise is good for your mind and body!

Exercise helps:

- Improve strength and endurance
- Improve flexibility
- Strengthen bones
- Your heart and circulation
- Reduce stress and anxiety

Before starting any exercise program, talk with your doctor or nurse about what is best for you.

SAFETY

- **Always wear your seat belt.** In Florida it is the law!
- Insist everyone in your vehicle buckle up.
- Wear a helmet when riding bicycles and operating motorcycles.
- Obey all speed limits.
- Do not drink and drive.

SMOKING

Smoking increases your risk for:

- Lung cancer
- Throat and mouth cancers
- Emphysema and bronchitis
- Heart disease
- High blood pressure
- Stroke

How do you stop?

Smoking is an addiction. Quitting is very hard for most people. Our smoking cessation classes can help you kick the habit! Ask your healthcare team for more information.

Tobacco in all forms has serious health risks!

IMMUNIZATIONS

Protect yourself with a:

- Tetanus shot every 10 years
- Pneumonia shot, as recommended by your provider
- Flu shot every year (pneumonia and flu shots are

especially important for older veterans and everyone with diabetes, heart and lung disease, or other chronic health problems)

SUN SAFETY

The sunny weather in Florida and South Georgia increases your risk for getting skin cancers. To protect yourself:

- Wear a long-sleeved shirt outdoors
- Wear a wide-brimmed hat
- Don't forget your sunglasses
- Use sunscreen with an SPF of greater than 15

CANCER SCREENING

- If you are age 50 or older, have your stool checked yearly for blood. This can lead to early detection of colon cancer.
- Women should have a Pap smear at least once every three years to detect cervical and uterine cancers.
- A baseline mammogram (first mammogram used to compare to mammograms taken later) should be done no later than age 40. For women age 50-70, it is recommended that a mammogram be done every one to two years.
- A PSA (prostate screening antigen) blood test is available. If you are age 50 or over, consult your doctor or nurse if you would like to have a PSA or have questions about this test. (Note: the test may come out as a "false" positive in men who do not have cancer.)

ALCOHOL

Alcohol can affect your health!

Too much alcohol in any form (beer, wine, or hard liquor) may cause problems like liver disease.

Pregnant women should not drink during pregnancy.

Answer the following questions:

- Have you ever felt you should cut down on your drinking?
- Have people ever annoyed you by criticizing your drinking?
- Have you ever felt guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

If you answered "Yes" to two or more these questions, please talk with your doctor or nurse.

Appointments & Waiting Time

If you have an appointment and arrive on time, our goal is have you see your provider as close to your appointment time as possible. We are working hard to achieve this goal.

You can help by:

- Being on time for appointments. Please report 15-30 minutes before your posted appointment.
- Calling us if you have to cancel or will be late for an appointment.
- Coming early if you need to have a blood test, X-ray, EKG or other tests done before you see your provider.
- Bringing in test results, especially if you had the tests done somewhere else. Please include written reports of X-ray, MRI, or CAT scan films.
- If you leave the clinic area, please let a nurse know.

HOLIDAYS

Appointments are not scheduled for the following federal holidays:

New Year's Day . . . January 1

Martin Luther King Day . . . third Monday in January

President's Day . . . third Monday in February

Memorial Day . . . last Monday in May

Independence Day . . . July 4

Labor Day . . . first Monday in September

Columbus Day . . . second Monday in October

Veterans Day . . . November 11

Thanksgiving . . . fourth Thursday in November

Christmas . . . December 25

Emergency services are available at any time.



How to Access Our Clinics

CLINIC	PHONE
Daytona VA Clinic 1900 Mason Ave Daytona Beach, FL 32117 Blue Team Gold Team	(386) 274-4600 or (800) 953-6838 FAX (386) 274-3103 FAX (386) 274-3182
Gainesville VA Clinic 1601 SW Archer Road Gainesville, FL 32608	(352) 376-1611 or (800) 324-8387 FAX (352) 374-6113
Inverness VA Clinic 401 North Central Ave Inverness, FL 34453	(352) 637-3500 FAX (352) 637-6810
Jacksonville VA Clinic Methodist Professional Building 1833 Boulevard Jacksonville, FL 32206 Blue Team Red Team	(904) 232-2751 or (877) 870-5048 FAX (904) 232-3881 ext.2000 ext. 2001
Lake City VA Clinic 801 S. Marion Street Street Lake City, FL 32055	(386) 755-3016 or (800) 308-8387 FAX (386) 758-3209
Leesburg VA Clinic 9836 S. HWY 441 Leesburg, FL 34788	(352) 728-4462 FAX (352) 728-2187
Ocala VA Clinic 1515 E. Silver Springs Blvd. Ocala, FL 34470	(352) 369-3320 FAX (352) 369-3324
St. Augustine VA Clinic 1955 US 1 South, Suite 200 Augustine, FL 32086	(904) 829-0814 FAX (904) 829-6174
Tallahassee VA Clinic 1607 St. James Court Tallahassee, FL 32308	(850) 878-0191 or (800) 541-8387 FAX (850) 878-8901
Valdosta VA Clinic 3123 N Ashley Street Valdosta, GA 31602	(229) 293-0132 FAX (229) 293-0162

AFTER HOURS

For medical advice or medical information you may call our after hours telephone care phone line: 1-877-741-3400. Remember to call 911 for medical emergencies.

Pharmacy Refills

Patients can **ONLY** get medicine refills through the mail. However, you can request refills by mail, automated phone system, or in person. The automated phone system cannot be used for “window pickups”. Also, please note that Class II narcotic drugs cannot be refilled.

REFILLS BY MAIL:

Mail the refill slip back to the pharmacy as soon as possible. By doing so, you will get your medicine refill before your medicine supply has totally run out. The pharmacy will keep the request on file and mail your refill out to you at the scheduled time.

REFILLS BY AUTOMATED PHONE SYSTEM:

To order prescriptions by phone, here is all you need:

1. A touch-tone phone. If your phone has a choice of pulse or tone, be sure it is set to tone. If you do not have a touch-tone phone, please keep mailing your refill slips to the pharmacy.
2. Your full 9-digit social security number.
3. The prescription number from the prescription label. This **RX #** just above or to the right of your name as shown on the examples at the bottom of the page.

To reach the pharmacy menu:

Dial: (800) 349-9457 or local for Gainesville (352) 374-6196

1. Wait for the greeting.
2. Enter your full 9-digit Social Security number followed by the # key.
3. **Press 2** for pharmacy prescriptions.
Press 1 to order refills



Enter your prescription number by entering the **RX#** followed by the # key. If there is a letter after your prescription number, it should not be entered.

If you have more than one refill - stay on the line -**press 1 again** and enter the next prescription number. You will need to repeat this procedure for each refill request. When you are finished with all of your requests, you may hang up. Also, you may press 0 at any time for an operator.

You can also use the Pharmacy Automated Phone System to check on the status of your prescription or to talk to a pharmacist. After calling the Automated Phone System, **press 2 to find out the status of your prescription**. You will be asked to enter the prescription number by pressing the 8 digit number followed by the # key. If there is a letter after your prescription number, it should not be entered.

To talk to a person in the Pharmacy, press 8 at the beginning of the Automated Phone System menu.

EXAMPLE

VAMC GAINESVILLE FL 32608-1197
573 904-800-349-9457 112001)
Rx # 45678765 MAR 13, 2001 Fill 1 of 5
Doe, John 222-99-3333
TAKE ONE TABLET EVERY DAY
DRUG NAME AND SIZE OF DOSE

TEST, DOC A.
Qty: 30 EA

OR

EXAMPLE

VAMC GAINESVILLE FL 32608-1197 (800)
Provider: Applewhite, Joseph
JOHN DOE Rx # 45678765
SCHEDULE FOR TAKING DRUG: TAKE ON (4) TA

DRUG NAME AND SIZE OF DOSE
Warning:
MAY CAUSE DROWSINESS-Alcohol may intensify thi

If you will run out of medications before your next appointment, **press 1**.

If you need to talk to a pharmacist about your medications, possible side effects, drugs which should not be taken together, and more, **press 2**.

To reach a pharmacist at:

- Gainesville **press 1**
- Inverness **press 1**
- Leesburg **press 1**
- St. Augustine **press 1**
- Lake City **press 2**
- Ocala **press 2**
- Jacksonville **press 3**
- Daytona Beach **press 4**
- Valdosta **press 5**
- Tallahassee **press 6**

Pharmacists are available for advice Monday through Friday (except holidays) from 8:00am to 6:00pm. You can use the Automated Phone System 24 hours a day, 7 days a week.

Please Consider Volunteering

BENEFITS

Awards / CPR Certification / Flu Vaccine and more

REWARDS

Make New Friends / Learn New Skills / Sense of Accomplishment

OPPORTUNITIES

Available in numerous services as well as VA outpatient clinics in Jacksonville, Daytona, Ocala, Tallahassee, Valdosta, St. Augustine and Inverness

Contribute to our very important mission of providing compassionate, quality care for our nation's veterans!



DEPARTMENT OF VETERANS AFFAIRS

Gainesville Division
1601 SW Archer Road
Gainesville, FL 32608
352-374-6068
800-324-8387 ext. 6068

Lake City Division
801 S. Marion Street
386-755-3016 ext. 2135
800-308-8387 ext. 2135

Make a World of Difference

Flu Shots Reminder

Each year in our country about 20,000 people die and 110,000 are hospitalized due to the flu. Especially at risk are people over the age of 50. Also at a high level of risk are individuals that have medical problems such as lung disease, heart disease, diabetes, kidney disease, a weak immune system, are HIV positive, or women who will be in the second or third trimester of their pregnancies during the flu season. Each year flu shots are offered, free of charge, to all veterans. These shots are usually given in the fall. Protect yourself – please ask a staff member about getting your flu shot every year.

Helpful Phone Reference

Gainesville Division

TelCare 4142
Pharmacy 6105
Scheduling 6173
Enrollment 7332
Billing 4046
Women's Clinic 7474
Release of Information ...
..... 6046
Patient Travel 4078
Patient Advocate 6019
Optical Dispensary .. 2020
Eligibility 6816/6726
Eye Clinic 6214/5215
ENT/Plastic Clinic ... 4072
Derm/Rheum Office .. 7494

Lake City Division

TelCare 3400
Scheduling 2465
Means Test 3270
Women's Clinic 2417
Release of Information ...
..... 2504
Patient Travel 2061
Patient Advocate
..... 2952/2073
Eye Clinic 2248
Eligibility 2059
Billing/Co-Pay 2500
Phone Advice (Telecare)
..... 2805
Credit Union 2596

Outpatient Clinics

Daytona Beach OPC 800-953-6838 / 386-274-4600
Inverness CBOC 352-637-3500
Jacksonville OPC 877-870-5048 / 904-232-2751
Leesburg CBOC 352-728-4462
Ocala CBOC 352-369-3320
St. Augustine CBOC 904-829-0814
Tallahassee OPC 800-541-8387 / 850-878-0191
Valdosta CBOC 229-293-0132

Money Matters

INSURANCE AND VA BILLING

As a veteran served by the North Florida/South Georgia Veterans Health System, you may wonder why you are asked for private insurance information. This section provides answers to questions often asked about insurance and the VA.

Q. Why does the VA want my insurance information?

Congress has passed a law telling us we have to bill for non-service connected treatment. If we don't bill your

insurance carrier, we are actually breaking the law. There is never a charge for treating service-connected conditions.

Q. What if I am covered by my wife's insurance?

We have to file whether the insurance is under your name, your wife's, or your guardian's.

Q. It makes me a bit uneasy giving you my insurance information. If you file a claim, how will it affect my insurance?

It won't affect your insurance *at all*. What you pay for insurance won't change. Your coverage won't change. Your insurance company expects to be charged for health care that you receive.

Q. Will I somehow be charged for this billing?

No. This will *not* cost you anything.

Q. How will filing a claim affect my eligibility?

Your eligibility for VA medical care will not be affected at all.

Q. When will I be asked for this information?

When you come for treatment. We may also give you a call at home.

Q. What information do I need to bring with me?

Most of the information we need is right on your insurance card. We will make a copy of your card each time you receive care at the VA. Also, please let us know if you have a new address or phone number.

Q. You file a claim for me and my insurance company pays the VA. Where does that money go?

This is important. All money collected goes right to your local health care system. It is a vital part of the entire operation. For example, the money is used to help set up more clinics, buy new equipment, and hire more staff to take care of your needs. Last year your North Florida/South Georgia Veterans Health System began caring for more than 10,000 new patients, so this money is certainly needed.

Q. Doesn't Congress give the VA all the money it needs to operate?

Yes, this is true for service-connected veterans. Congress expects VA to also get money from health

NOTICE TO HEALTHCARE PROVIDERS

YOUR NAME: _____ PHONE: () _____
ADDRESS: _____
I, _____, have executed a () Living Will () Durable Power of Attorney
for Health Care and have given a copy of such document(s) to:
Name: _____ Phone: () _____
Address: _____
Name: _____ Phone: () _____
Address: _____
SIGNED: _____ DATED: _____

insurance and co-payments for non-service connected care.

Q. Is payment expected before getting medications or after visits?

Payment is encouraged before you pick up medication or at the end of your visit. If you are unable to make payment at that time, an account is created for you along with a payment plan. Monthly statements will be mailed listing current charges (including any interest and administrative charges), payments, and outstanding balances. You can avoid interest and administrative charges if you make payment before the the fifth day of each month.

Q. Where does the money go?

Your copayments are returned to your medical center's network to pay for programs for veterans. Every copayment you make is used to improve the service we provide to you, our customer. That's one reason Congress passed the law that requires the VA to collect insurance money for non-service related conditions. This money is part of the VA budget. We thank you for your help with filing these claims. You deserve the best care available, and this money is vital to providing that care.

Q. If I have more questions, what should I do?

You may ask any VA clerk, or call the Business Office at (800) 324-8387, ext. 4046. If you have Internet access, you may visit the VHA Revenue Office site at <http://www.va.gov/mccr>

VETERAN COPAYMENTS

As you receive care at the VA, you may have to pay a copayment. A copayment is a type of cost-sharing where you pay a set amount for a service provided to you. The VA has no choice but to charge you this fee, as it is federal law. There are three basic kinds of copayment fees:

- **The Means Test Copayment** is for inpatient and outpatient treatment. The amount of the copayment changes each year.
- **The Facility Copayment** is a daily charge for hospital care and nursing home care.
- **The Medication Copayment** is a charge for each medication ordered for non-service connected condition.

Advance Directives

Q. What is an Advance Directive?

An Advance Directive is a legal form you fill out and sign that lets us know your health care wishes when you cannot speak for yourself. It's your right to accept or refuse medical care when you are very ill. When you are very ill we need to know what you have decided about such things as:

- Being brought back to life if your heart or breathing stops.
- Having a machine breathe for you.
- Being fed through a tube if you can't eat.
- Getting blood transfusions, antibiotics, fluids through your veins, or getting other medicines.

Q. What are examples of Advance Directives?

There are two types of Advance Directives:

1. Living Will

A Living Will spells out in writing your wishes for your health care should you become very ill and unable to speak for yourself.

2. Designation of Durable Power of Attorney for Health Care

A Designation of Durable Power of Attorney for Health Care lets you name a person to make decisions for you, if you become unable to do so yourself.

Consider an Advance Directive in your health care planning.

- Know your rights.
- Plan ahead.
- Fill out and go over your Advance Directive carefully.
- Talk about your wishes with your family and doctor.
- Express your wishes clearly.

If you need help in making an Advance Directive or would like to know more, let one of the health care staff know. People are available to help you.

Feel free to fill in, cut out and carry your "Notice to Healthcare Providers" on page 8.

On the next three pages you will find VA Form 10-0137, VA ADVANCE DIRECTIVE: Living Will and Durable Power of Attorney for Health Care.

DEPARTMENT OF VETERANS AFFAIRS

**VA ADVANCE DIRECTIVE:
 Living Will and Durable Power of Attorney for Health Care**

This form is a tool to document or capture a patient's wishes regarding a designated health care agent and their future treatment preferences. This form is a tool, not an end in itself. The form does not substitute for comprehensive dialogue with the patient. It is expected that the health care professional assisting the patient will bring up for discussion other possible end stage scenarios, as appropriate. Supplemental pages may be appended as necessary.

I, _____ write this document as a directive
(print or type patient's name and social security number)
 regarding my health care. I have put my initials by the choices I want.

Part I. – Durable Power of Attorney for Health Care (DPAHC)

<i>initials</i>	I appoint this person to make decisions about my health care if there ever comes a time when I cannot make those decisions myself.
-----------------	--

<i>Name</i>	
<i>Street Address</i>	
<i>City, State and ZIP Code</i>	
<i>Work Telephone Number with Area Code</i>	<i>Home Telephone Number with Area Code</i>

If the person above cannot or will not make decisions for me, I appoint this person:

<i>Name</i>	
<i>Street Address</i>	
<i>City, State and ZIP Code</i>	
<i>Work Telephone Number with Area Code</i>	<i>Home Telephone Number with Area Code</i>

<i>initials</i>	I have notified the individuals listed above of my decision.
-----------------	--

<i>initials</i>	I have not appointed anyone to make health care decisions for me in this or any other documents.
-----------------	--

PART III. - Signatures

A. Your signature - By my signature below I show that I understand the purpose and the effect of this document.

<i>Signature</i>	<i>Social Security Number</i>	<i>Date</i>
<i>Name (Printed or Typed)</i>		
<i>Street Address</i>		
<i>City, State and ZIP Code</i>		

B. Your Witnesses' Signatures

I am not, to the best of my knowledge, named in the person's will.

I am not the person appointed as Health Care Agent (HCA) in this advance directive.

I am not a health care provider (or an employee of the health care provider), or financially responsible, now or in the past, for the care of the person making this advance directive. *(Exception: where other witnesses are not reasonably available, employees of the Chaplain Service, Psychology Service, Social Work Service, or nonclinical employees such as Voluntary Service or Environmental Management Service may serve as witnesses.)*

Witness #1: I personally witnessed the signing of this advance directive.

<i>Signature</i>	<i>Date</i>
<i>Name (Printed or Typed)</i>	
<i>Street Address</i>	
<i>City, State and ZIP Code</i>	

Witness #2: I personally witnessed the signing of this advance directive.

<i>Signature</i>	<i>Date</i>
<i>Name (Printed or Typed)</i>	
<i>Street Address</i>	
<i>City, State and ZIP Code</i>	