



# PATIENT PACKET

NEW ORLEANS MUSICIANS' CLINIC

## The New Orleans Musicians' Clinic Advance Directive Living Will & Durable Power of Attorney for Health Care

### GENERAL INFORMATION

#### What Are Advance Directives?

Advance Directives are legal forms that tell the NOMC what you want done if you are too sick to make decisions for yourself. If that happens, an Advance Directive can help your doctors and family members understand your wishes.

There are 2 types of Advance Directives, which are both included on 1 form.

You may complete **none**, one, or both of the following:

#### 1) Living Will :

In this document, you can state your preferences about which treatments you want, or don't want, if you cannot make treatment decisions yourself. A Living Will helps your Health Care Agent or others know what treatments you would choose.

#### 2) Durable Power of Attorney for Health Care:

In this document, you can name a person as your Health Care Agent who is to make health care decisions for you if you are not able to do so. Your Health Care Agent will be the 1st person that your health care team contacts for decisions about your care.

It is up to you to decide if you want an Advance Directive. Your decision will not affect your access to health care or other services at NOMC. **You do have the right to change or revoke these declarations. However, these declarations will remain in effect and will guide your health care providers and others until you provide written notice of any changes to NOMC and your other health care providers.**

We estimate that it may take you about 30 minutes to fill out this form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data you need and completing and reviewing the information you write down.

One of our New Orleans Musicians' Clinic (NOMC) staff can help you with this form and can answer any questions that you have. If you need more space for any part of the form, you may attach extra pages. If so, please be sure to sign and date the additional pages and note the attachment by putting your initials in the space for other directions.



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### RIGHTS AND RESPONSIBILITIES

#### What are my Rights?

1. YOU have the right to accept or refuse any medical treatment.
2. YOU have the right to sign a Living Will to express your treatment decisions in the event you cannot.
3. YOU have the right to appoint a person as your Health Care Agent to make health care decisions for you if you are unable.
4. YOU have the right to change or revoke the Living Will or Health Care Power of Attorney but you must provide appropriate written notice of the changes to NOMC and your other health care providers.

#### What are YOUR Responsibilities?

1. If you have an Advance Directive, YOU must give NOMC a copy for your health record.
2. If you change or revoke your Advance Directive (Living Will or Health Care Power of Attorney), YOU must notify NOMC and other health care providers so that they can ensure your wishes are met.
3. If you'd like more information about Advance Directives, or need help filling out the forms, please call **Megan McStravick, in NOMC Social Services at (504) 452-5870 or (504) 412-1366** to schedule an appointment.

Once you complete this form, it's important that you also talk to your doctor, family, minister and other loved ones who may help to decide about your care. You should explain the decisions you made in your Living Will.

### Privacy Act Information

The Living Will & Durable Power of Attorney for Health Care collects information to document your health care decisions in the event that you can't speak for yourself anymore. The information you provide may only be disclosed outside LSUHN/NOMC as permitted by law. Possible disclosures include those that are described in the "routine uses" identified in the LSUHN/NOMC system of records and your Patient Medical Record.

I \_\_\_\_\_ (*your name*), have read  
this information about my rights concerning Advance Directives on \_\_\_\_\_  
(*date*).

\_\_\_\_\_ (*your signature*).