

# FLORIDA

## Advance Directive

### Planning for Important Healthcare Decisions

***Caring Connections***  
*1731 King St., Suite 100, Alexandria, VA 22314*  
[www.caringinfo.org](http://www.caringinfo.org)  
*800/658-8898*

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are up to date.

#### **It's About How You LIVE**

*It's About How You LIVE* is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and healthcare providers
- E**ngage in personal or community efforts to improve end-of-life care

## Using these Materials

### BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive healthcare.
2. These materials include:
  - Instructions for preparing your advance directive, please read all the instructions.
  - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

### ACTION STEPS

3. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
4. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
5. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
6. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, healthcare providers and/or faith leaders so that the form is available in the event of an emergency.

## Introduction to Your Florida Advance Directive

This packet contains the *Advance Directive for Healthcare* which protects your right to refuse medical treatment you do not want or to request treatment you do want in the event you lose the ability to make decisions yourself.

1. The **Florida Designation of Healthcare Surrogate** lets you name someone to make decisions about your medical care including decisions about life support if you can no longer speak for yourself. The Designation of Healthcare Surrogate is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life.
2. The **Florida Living Will** lets you state your wishes about medical care in the event that you have an end-stage condition, become persistently vegetative, or develop a terminal condition and can no longer make your own medical decisions. A second doctor must agree with your attending physician's opinion of your medical condition.

*Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).*

## Completing Your Florida Designation of Healthcare Surrogate

### **Whom should I appoint as my surrogate?**

A surrogate is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your surrogate can be a family member or a close friend whom you trust to make serious decisions. The person you name as your surrogate should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you.

You can appoint a second person as your alternate surrogate. The alternate surrogate may act on your behalf if the first person you name as surrogate is unable, unwilling or unavailable to act for you.

### **How do I make my Florida Designation of Healthcare Surrogate legal?**

The law requires that you sign your Designation of Healthcare Surrogate in the presence of two adult witnesses, who must also sign the document. If you are physically unable to sign, you may have another person sign for you in your presence and in the presence of the two witnesses. The persons you appoint as your surrogate and alternate surrogate cannot act as witnesses to this document. At least one of your witnesses must not be your spouse or a blood relative.

*Note: You do not need to notarize your Florida Designation of Healthcare Surrogate.*

### **Should I add personal instructions to my Florida Designation of Healthcare Surrogate?**

One of the strongest reasons for naming a surrogate is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions to this document, you might unintentionally restrict your surrogate's power to act in your best interest.

Talk with your surrogate about your future medical care, and describe what you consider to be an acceptable "quality of life." If you want to record your wishes about specific treatments or conditions, you should use your Florida Living Will.

### **What if I change my mind?**

You can always revoke your Florida Designation of Healthcare Surrogate if you no longer want your designated surrogate(s) to make decisions on your behalf. State law permits you to revoke your document in the following ways:

1. through a signed and dated writing showing your intent to revoke;
2. by physically destroying the original, or having someone destroy it for you in your presence;
3. by orally expressing your intent to revoke; or

## **Completing Your Florida Designation of Healthcare Surrogate (continued)**

4. by executing a new Designation of Healthcare Surrogate that supersedes the older document.

You should also be aware that if you name your spouse as your surrogate and your marriage is subsequently dissolved or annulled, your former spouse will no longer be your surrogate unless you provide otherwise in your Florida Designation of Healthcare Surrogate.

### **What other facts should I know?**

If you would like to give your surrogate the authority to refuse life-sustaining treatment for you in the event that you become terminally ill and incompetent while you are pregnant, you must add an instruction such as, "My surrogate has the authority to order the withholding or withdrawal of life-sustaining treatment even if I am pregnant," under "Additional instructions."

## Completing Your Florida Living Will

### **How do I make my Florida Living Will legal?**

The law requires that you sign your Living Will in the presence of two adult witnesses, who must also sign the document. If you are physically unable to sign, you may instruct one of the witnesses to sign the document for you in your presence. At least one of your witnesses must not be your spouse or a blood relative.

*Note: You do not need to notarize your Florida Living Will.*

### **Can I add personal instructions to my Living Will?**

Yes. You can add personal instructions in the part of the document called "Additional instructions. If you have appointed a surrogate and you want to add personal instructions to your Living Will, it is a good idea to write a statement such as, "Any questions about how to interpret or when to apply my Living Will are to be decided by my surrogate."

### **What if I change my mind?**

You can revoke your Florida Living Will any time you feel the document no longer reflects your wishes. State law permits you to revoke your Living Will in the following ways:

1. through a signed and dated writing showing your intent to revoke;
2. by physically destroying the original, or having someone destroy it for you in your presence;
3. by orally expressing your intent to revoke; or
4. by executing a new Living Will that supersedes the older document.

As with the Florida Designation of Healthcare Surrogate, if you name your spouse as your surrogate but your marriage is later dissolved or annulled, your former spouse will no longer be able to serve as your surrogate, unless you provide otherwise in your Living Will.

## Completing Your Florida Living Will (continued)

### **What other facts should I know?**

You may appoint a surrogate in your Living Will to make decisions on your behalf. Unlike a surrogate appointed in your Designation of Healthcare Surrogate, a surrogate appointed through your Living Will may only act in the following circumstances: You are unable to make treatment decisions and do not have a reasonable medical probability of recovering that capacity, and you have an end-stage condition, or are in a terminal condition; or are in a persistent vegetative state. To avoid confusion, you should appoint the same person to act as your surrogate in both Florida documents.





**FLORIDA DESIGNATION OF HEALTH CARE SURROGATE  
PAGE 2 OF 2**

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I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness 1:

Signed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Witness 2:

Signed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

PRINT THE NAMES  
AND ADDRESSES OF  
THOSE WHO YOU  
WANT TO KEEP  
COPIES OF THIS  
DOCUMENT

SIGN AND DATE  
THE DOCUMENT

WITNESSING  
PROCEDURE

TWO WITNESSES  
MUST SIGN AND  
PRINT THEIR  
ADDRESSES

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*Courtesy of Caring Connections*  
1731 King St., Suite 100, Alexandria, VA 22314  
[www.caringinfo.org](http://www.caringinfo.org), 800/658-8898

**FLORIDA LIVING WILL – PAGE 1 OF 4**

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INSTRUCTIONS

PRINT THE DATE

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(day) (month) (year)

PRINT YOUR NAME

I, \_\_\_\_\_,  
willfully and voluntarily make known my desire that my dying not be  
artificially prolonged under the circumstances set forth below, and I do  
hereby declare that:

PLEASE INITIAL  
EACH THAT APPLIES

If at any time I am incapacitated and

\_\_\_\_\_ I have a terminal condition, or

\_\_\_\_\_ I have an end-stage condition, or

\_\_\_\_\_ I am in a persistent vegetative state

and if my attending or treating physician and another consulting physician  
have determined that there is no reasonable medical probability of my  
recovery from such condition, I direct that life-prolonging procedures be  
withheld or withdrawn when the application of such procedures would  
serve only to prolong artificially the process of dying, and that I be  
permitted to die naturally with only the administration of medication or  
the performance of any medical procedure deemed necessary to provide  
me with comfort care or to alleviate pain.

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INSTRUCTIONS

**FLORIDA LIVING WILL – PAGE 2 OF 4**

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It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal. In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

PRINT THE NAME,  
HOME ADDRESS  
AND TELEPHONE  
NUMBER OF YOUR  
SURROGATE

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FLORIDA LIVING WILL - PAGE 3 OF 4

I wish to designate the following person as my alternate surrogate, to carry out the provisions of this declaration should my surrogate be unwilling or unable to act on my behalf:

PRINT NAME, HOME ADDRESS AND TELEPHONE NUMBER OF YOUR ALTERNATE SURROGATE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

ADD PERSONAL INSTRUCTIONS (IF ANY)

Additional instructions (optional):

ORGAN DONATION (OPTIONAL)

ORGAN DONATION (OPTIONAL)

Under Florida law, you may make a gift of all or part of your body by expressing your wish to donate in a living will or advance directive signed in the presence of two witnesses who must sign the document in your presence. You may revoke or amend an anatomical gift by: (1) the execution and delivery of a signed statement; (2) an oral statement that is made in the presence of two persons, one of whom must not be a family member, and communicated to your family or attorney or to the donor; or (3) a statement during a terminal illness or injury addressed to an attending physician.

Initial the line next to the statement below that best reflects your wishes. If you do not complete this section, your agent will have the authority to make a gift of a part of your body pursuant to law unless you give them notice that you do not want a gift made. **The donation elections you make here survive your death.**

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**FLORIDA LIVING WILL - PAGE 4 OF 4**

CHECK THE OPTION THAT REFLECTS YOUR WISHES

\_\_\_\_ In the hope that I may help others, I hereby make this organ and tissue gift, if medically acceptable, to take effect upon my death. The words and marks (or notations) below indicate my desires. **Default** choice is (a).

I give:

(a) \_\_\_\_ any needed organ or tissue

(b) \_\_\_\_ only the following organs or tissue for the purpose of transplantation, therapy, medical research or education:

\_\_\_\_\_  
(c) \_\_\_\_ my body for anatomical study if needed.

\_\_\_\_ I do not want to make an organ or tissue donation and I do not want my agent or family to do so.

ADD LIMITATIONS OR SPECIAL WISHES (IF ANY)

Limitations or special wishes, if any, list below:

WITNESSING PROCEDURE

I, \_\_\_\_\_ understand the full impact of this declaration, and I am emotionally and mentally competent to make this declaration.

SIGN THE DOCUMENT

Signed: \_\_\_\_\_

Witness 1:

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Witness 2:

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

TWO WITNESSES MUST SIGN AND PRINT THEIR ADDRESSES

## **You Have Filled Out Your Advance Directive, Now What?**

1. Your Florida Living Will and Florida Designation of Healthcare Surrogate are important legal documents. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed originals to your surrogate and alternate surrogate, to your doctor(s), family, close friends, clergy and anyone else who might become involved in your healthcare. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.
3. Be sure to talk to your surrogate (and alternate), your doctor(s), clergy, family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your documents after they have been signed and witnessed, you must complete a new document.
5. Remember, you can always revoke your document.
6. Be aware that your document will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop.

Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. We suggest you speak to your physician for more information. **Caring Connections does not distribute these forms.**