Advance Directive Advisement Explanation Sheet

Completed By:

- Any program staff member who provided the client with the written instruction.

Compliance Requirements:

- Completed with all new adult clients and emancipated minors at first face to face contact.

Check appropriate boxes to reflect:

- Informed of Right to have Advance Directive
- Advance Directive brochure was offered
- If client has an executed Advance Directive
- Advance Directive has been placed in medical record when provided by the client.
- Informed that complaints may be filed with:

  California Department of Health Services, Licensing and Certification Division at P.O. Box 997413, Sacramento, CA 95899-1413; or 1-800-236-9747.

- Inform client of right to have Advance Directive placed in the Medical Record.
- Staff member who advises client of Advance Directive shall sign and date the form.
- T Bar shall include the client's name, medical record number, and program name.

Documentation Standards:

- Form shall be legibly handwritten on Advance Directive Advisement form (*BHS-611)*.
- Purpose is to provide clients with written information concerning their rights under federal and state law regarding Advance Medical Directives