

# ADVANCE DIRECTIVE ADVISEMENT

The logo for BHS UCRM is located in the top right corner. It consists of three concentric blue circles. The text "BHS" is written in white above "UCRM", both in a sans-serif font.

## COMPLETED BY:

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

## COMPLIANCE REQUIREMENTS:

1. Completed with all new adult clients and emancipated minors at first face to face contact.
2. Check appropriate boxes to reflect:
  - a. Informed of Right to have Advanced Directive
  - b. Advanced Directive brochure was offered
  - c. If client has an executed Advanced Directive
  - d. Advanced Directive has been placed in medical record when provided by the client.
  - e. Informed that complaints may be filed with:
    - i. California Department of Health Services, Licensing and Certification Division at P.O. Box 997413, Sacramento, CA 95899-1413; or
    - ii. 1-800-236-9747.
3. Inform client of right to have AD placed in Medical Record.
4. Staff member who advises client of AD shall sign and date the form.
5. T Bar shall include the client's name, case number, and program name.

## DOCUMENTATION STANDARDS:

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