

## ADVANCE DIRECTIVE ADVISEMENT

Code of Federal Regulations (CFR) Chapter IV, Part 489.100 defines Advance Directives as: “a written instruction, such as living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated.”

CRF Section 422.128 requires that all “M+C organizations” maintain written policies and procedures to meet the requirements of informing all adult individuals and emancipated minors receiving medical care by or through the M+C organization about advance directives. This information must reflect consequent changes in State law, no later than 90 days after the effective date of the State law.

As of June 1, 2004 Federal Regulations requires that all NEW adult clients (18 years and older) and emancipated minors be informed of their right to have an Advance Directive (AD). Therefore all clients who turn 18 or become emancipated after June 1, 2004 shall be informed of their right to have an AD. This physical health AD allows the individual to outline the kind of healthcare treatment they want, and who can speak on their behalf when they are not able to communicate their wishes. See County of San Diego Advance Directives Policy and Procedure Number 01-01-130.

Informed client of right to have an Advance Directive:      Yes              No

Offered Advance Directive Brochure:                      Yes              No

Client has been informed that complaints concerning noncompliance with AD requirements may be filed with:      California Department of Health Services  
                                 Licensing and Certification Division              Yes              No  
                                 P.O. Box 997413  
                                 Sacramento, CA 95899-1413  
                                 1-800-236-9747

Does client have an executed Advance Directive:      Yes              No              Client did not disclose

Informed client of right to have AD placed in medical record:      Yes      No

Provided AD shall be attached to this form and placed in client’s medical record in Medical Section.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County of San Diego -BHS

**ADVANCE DIRECTIVE ADVISEMENT**  
HHSA:MHS-611 (3/2005)

**Client:** \_\_\_\_\_

**Case #:** \_\_\_\_\_

**Program:** \_\_\_\_\_