

YOUR RIGHT TO DECIDE



**Communicate personal
healthcare treatment choices
and decisions by completing the
Psychiatric Advance Directive.**

**Cummins Behavioral
Health Systems, Inc.**

**FOR MORE INFORMATION ON ADVANCE
DIRECTIVES IN INDIANA VISIT:
www.in.gov/isdh/files/advanceddirectives.pdf**

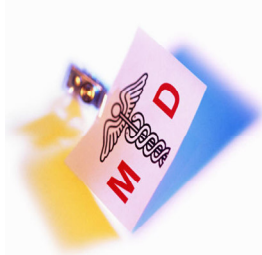
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**Psychiatric
Advance
Directive**



PSYCHIATRIC ADVANCE DIRECTIVE (PAD)

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Each time you meet with your physician, you make choices about your health care treatment. By describing your symptoms, you assist the physician in making a diagnosis and offering treatment recommendations for you

to choose. However, what happens if you are experiencing symptoms that make it difficult for you to make decisions about your treatment and communicate those choices to your health care provider? In the state of Indiana if the patient cannot decide or express their treatment decisions, the physician attempts to contact any member of your immediate family to make your medical decisions—unless you have an **Advance Directive**. *Advance Directive* refers to your spoken and written instructions about how you would prefer future medical care and treatment. Several types of Advance Directives exist. Including the Psychiatric Advance Directive, Health Care Representative, Power of Attorney, and direct communication to your health-care provider.

WHAT IS A PSYCHIATRIC ADVANCE DIRECTIVE?

A **Psychiatric Advance Directive (PAD)** is a specific type of advance directive that expresses your preferences and consent to treatment measures for a specific mental illness diagnosis, should you be unable to decide or express your treatment desires. Psychiatric Advance Directives can include information such as:

- the kind of symptoms you experience when in crisis
- Medication/treatment preferences
- Facility preferences, such as hospitals
- Emergency contacts, and
- Other mental health information you identify as critical in times of crisis.

HEALTH CARE REPRESENTATIVE

When completing a Psychiatric Advance Directive, you have the right to select a person to receive your health care information and make health care decisions when you are unable to do so. Being able to choose a health care representative is part of the Indiana Health Care Consent Act, Indiana Code § 16-36-1. Your written PAD must state who your Health Care Representative is, as well as have your signature and the signature of another adult witness.

POWER OF ATTORNEY

A “Power of Attorney” is another specific type of Advance Directive. This document allows you to select someone you trust and give them permission to make decisions on your behalf related to financial matters, healthcare authority, or both. The person you select does not need to be an attorney. A power of attorney document can be used to select a Health Care Representative as well.

THE IMPORTANCE OF COMMUNICATING YOUR ADVANCE DIRECTIVE WITH FAMILY AND PHYSICIAN

It is very important for you to express your healthcare desires to your doctors including your family physician and psychiatrist. By directly communicating your healthcare preferences to your provider, you are completing a type of Advance Directive. Although it is critical to express these desires to your physician directly, a written Advance Directive usually holds a greater significance if used in a court of law.

FREQUENTLY ASKED QUESTIONS

WHAT INFORMATION NEEDS TO BE INCLUDED ON AN ADVANCE DIRECTIVE?

Indiana Code § 16-36-1.7 lists information needed on the PAD in order to be valid. The legal interpretation of each requirement may require you to seek assistance from a personal attorney.

ARE THERE FORMS TO HELP ME RIGHT AN ADVANCE DIRECTIVE?

Indiana does not currently have a universal form; although many forms are available from healthcare providers, hospitals, outpatient offices, and community groups. However, for legal advise, contact an attorney.

ARE ADVANCE DIRECTIVES REQUIRED?

No, Advance Directives are not required. No one can require you to complete an Advance Directive if you do not want one; additionally, no hospital or physician is allowed to discriminate against you for not signing an Advance Directive.

DOES THE PAD TAKE AWAY MY RIGHT TO CHOOSE HEALTH CARE IN A CRISIS SITUATION?

No. As long as you are able to decide and express your medical care treatment desires, the PAD will not be used.

CAN I CHANGE MY MIND AFTER I WRITE AN ADVANCE DIRECTIVE?

Yes, you may cancel your advance directive at any time, as long as you are in sound mind. It is important to discuss your advance directives with your family, health care representative, power of attorney, and health care providers so that they will be aware of your health care decisions. You may need to express your change in decision in writing.