Durable Power of Attorney for Health Care

Right to Life of Michigan
The EDUCATIONAL FUND

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A Message on Your Rights as a Patient

As technology has made medical treatment increasingly complex, many people are interested in preserving their ability to have control over their medical decisions. In general, everyone agrees that individuals have the right to determine what type of medical care they will receive and when. Michigan law recognizes that competent adult patients maintain a right to accept or refuse any treatment that is being utilized or offered to them.

Until December 1990, however, Michigan law did not provide a means for decisions to be made on behalf of an adult who had become incompetent. Public Act 312 of 1990 allows you, through a written legal document, to appoint a person to make medical treatment decisions for you if you become unable to do so. The document is called a Durable Power of Attorney for Health Care (DPOA-HC).

During the many years of debate over this law, Right to Life of Michigan took a strong position in defense of patients' rights. While we agreed that patients have a right to control their medical treatment, we did not want this law to be a vehicle for advancing euthanasia. Under the guise of protecting a person's "right to die," euthanasia proponents have pushed for durable power and "living will" laws opening the door to active killing of vulnerable patients. We fought to have many safeguards added to Michigan's law to limit the potential for abuse. One of our purposes in publishing this booklet is to allow you to protect yourself from those who promote euthanasia.

In addition to Michigan's law, the Federal Patient Self-Determination Act went into effect in December 1991. This law requires that all hospitals inform patients of their right to execute a health care document like a DPOA-HC. This law does not require that you fill out such a document, only that you be informed of your rights.

This booklet contains information about durable power documents, as well as a form which can be used as your Durable Power of Attorney for Health Care. If you need further information about patients' rights, or additional copies of this booklet, contact one of the Right to Life Education Resource Centers listed here.

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Questions & Answers about Patients' Rights

What is a Durable Power of Attorney for Health Care?
A Durable Power of Attorney for Health Care (DPOA-HC) is a legal mechanism which allows you to appoint a person (agent/patient advocate) to make health care decisions for you should you become unable to do so. For many years, a Durable Power of Attorney was available to allow another person to handle personal, financial, or business affairs on your behalf. Public Act 312 of 1990 amended the DPOA law to allow you to appoint a patient advocate for the express purpose of making medical decisions for you, should that become necessary.

Must I have a DPOA-HC?
NO. A DPOA-HC is not required in order to receive proper health care. No insurance company, hospital, nursing home, or other health care provider can require that you have a DPOA-HC as a condition for receiving services. The purpose of a DPOA-HC is to provide others with directions on how you would like to be treated if you cannot make those decisions. You may determine what medical treatment you should or should not receive, and under what circumstances your preferences will be carried out.

Who may I name to serve as my patient advocate?
You may appoint ANY person 18 years or older to be your patient advocate, including your spouse, child, parent, sibling, or other family member, friend or associate. Protective restrictions on who may serve as a witness to the signing of your DPOA-HC document do not apply to who you name as your patient advocate. Because a DPOA-HC implies important consequences for you, and heavy responsibilities for your patient advocate, you should appoint a person in whom you have full confidence.

Is a DPOA-HC the same as a "living will"?
YES and NO. A DPOA-HC and a "living will" both fall under the broad category of "advance directives"—legal mechanisms for directing your health care when you are unable. But they are also significantly different in the way they accomplish this goal. Under a DPOA-HC a person, your appointed patient advocate, makes decisions based on your wishes and the circumstances of your medical condition at that particular time. A "living will," by contrast, is simply a written statement of your wishes, which must be interpreted and implemented by someone, perhaps a family member or your physician. "Living wills" are not legally binding in Michigan.

Do I need a "living will" then?
Definitely not. Since you may write your desires for treatment in your DPOA-HC, and because "living wills" are not legally binding in Michigan, your best interests will not be served by using any type of prepared "living will" form. Because "living wills" cannot anticipate future medical advances or changing life circumstances, they often hinder rather than help medical decision making.

What are the legal requirements for having a valid DPOA-HC?
There are a number of important requirements that your DPOA-HC document must fulfill to be recognized under Michigan law.

> You must be at least 18 years of age and of sound mind before you may execute a DPOA-HC.
>
> The person you name as your patient advocate must be at least 18 years old.
>
> Your DPOA-HC must be in writing, signed and dated by you, witnessed by two persons who are not relatives or have some other interest in your welfare, for example, not your spouse, child, parent, grandchild, potential heir, physician, insurance agent, etc.
>
> Before your DPOA-HC can be implemented your patient advocate must sign an acceptance of your appointment and a copy of your DPOA-HC must be placed in your medical record.

The acceptance signed by your advocate must include certain information about what his or her responsibilities and limitations will be while serving as your advocate.

Where should I keep my DPOA-HC after it is signed?
You should keep your DPOA-HC in a safe, yet accessible location. It is also important to provide a copy of your DPOA-HC to people who would be concerned for your health care. Your appointed patient advocate and physician are two persons who should receive a copy. You might consider giving a copy to family members, clergy and your lawyer.

When will my DPOA-HC go into effect?
According to Michigan law, the authority you grant to your patient advocate can only be exercised after you have been determined to be "unable to participate in medical treatment decisions." This determination must be made by your attending physician and confirmed by a second physician or licensed psychologist. It is very important for you to recognize that your being "unable to participate in medical treatment decisions" includes a range of conditions from being fully conscious but incompetent due to injury or mental illness, to being completely unconscious and unaware of your environment.

You need to consider carefully your desires for medical treatment given the broad range of possible mental capacities. If, at any time, you regain your ability to participate in medical treatment decisions, the powers granted to your advocate are suspended.

How can I be sure I will receive the type of care and treatment I want?
The best way to ensure that you receive proper medical treatment is to communicate thoroughly with your patient advocate—and physician when possible—your desires. You do have the option of putting those desires in writing and including them as part of your DPOA-HC. Because medical situations and treatments can be complex, and a wide range of treatments and possible outcomes are at issue, your patient advocate needs to have a thorough understanding of your values about medical care and life itself.

Many people interested in advance directives are concerned about receiving too much medical treatment as their death approaches. There should also be concern about receiving too little medical care. It is very important that you discuss with your patient advocate your beliefs about the use of mechanical life-supports, surgery, medications, experimental treatments, and even provisions of nourishment, in order to sustain your life. Many cases have been brought to court trying to determine whether withholding or removing treatments from incompetent patients would be consistent with their desires about natural death, or whether it was the equivalent of intentionally causing death.

There are other factors that you might wish to consider. Occasionally patient conditions can be mis-diagnosed. You might consider what procedures or precautions you would want taken to verify a diagnosis (i.e., a second opinion or a waiting period). With the increasing talk of cutting back on Medicare and Medicaid programs, a time may come when health care providers will presume that treatment is not wanted unless specifically requested. You need to make clear your desires for receiving treatment, not just desires to refuse or discontinue treatment.

If you do give your advocate instructions about how to be treated in possible life-and-death situations, you need to clearly state the general circumstances under which decisions can be made that may lead to your death. Since there are no standard meanings to terms like "terminally ill" or "extraordinary means," you need to indicate what constitutes appropriate care in different circumstances.

Are there any decisions my patient advocate cannot make?
YES. Your patient advocate can only make decisions for you which you would be able to make yourself if you were competent. If you could not legally request to receive a certain treatment, then your advocate may not request it for you either. Also, if you are a woman of childbearing years and become incompetent while pregnant, your patient advocate may not authorize a decision that would bring about your death while you remain pregnant.

What if there is a dispute as to how my DPOA-HC should be carried out?
If there is a legitimate concern raised by a health care provider or other person interested in your well-being, the probate court may be petitioned to determine if your best interests are being met. The court is required to address the case promptly and can remove any individual conducting themselves improperly on your behalf.

If I name a successor advocate, when does he or she act?
Only one advocate may direct your care at a given time. The successor advocate may act only after the primary advocate has relinquished, or been relieved from, his or her duties. The successor advocate must also sign an acceptance prior to acting on your behalf.

How often should I review my DPOA-HC?
Although not required by law, it is a good idea to review your DPOA-HC at least once a year. Changes in your health or the situation of your patient advocate may necessitate changes in your DPOA-HC. You can always make changes to your DPOA-HC, or even revoke it altogether if, for any reason, you do not want it to become effective. If you do execute a new DPOA-HC or make changes to your existing one, be sure to distribute copies of the changes to anyone who has a copy of an existing DPOA-HC.

If a patient's right to refuse medical treatment is legitimate, when is it proper or improper to do so?
There are two key concepts that guide the answer to this question. The first concept entails a distinction between ordinary and extraordinary, or "heroic" medical treatment. It is rarely considered inappropriate if a person decides to forego an extraordinary treatment. Traditionally, the refusal of ordinary treatment was viewed as an intentional effort to cause one's own death (a passive rather than active form of suicide). For example, a person who has diabetes or high blood pressure but is otherwise medically stable and decides to stop taking their daily medication is not exercising a right to refuse burdensome medical treatment, but rather is choosing to intentionally die.

An ordinary treatment is one which can accomplish its goal without imposing an excessive physical or psychological burden on the patient. By contrast, an extraordinary treatment carries with it burdens which may outweigh any benefits the treatment has to offer. For example, a chemotherapy or radiation treatment for a cancer patient, which is intended to arrest the disease and allow the patient to find value in his or her remaining life, may actually increase suffering and interfere with that search. A treatment becomes extraordinary if it cannot accomplish its goal without placing an excessive burden on the patient.

A second concept which should be considered jointly with the ordinary/extraordinary distinction is the patient's proximity to death. To say generally that a person is "dying" or "terminally ill" is not necessarily helpful in making treatment decisions. In the broadest terms, everyone is "dying" as they age. We must not confuse the idea of inevitable death with imminent death. As a patient approaches the days, or even hours, before death, providing treatment may serve no purpose at all (i.e., it is not therapeutic or comforting). When death becomes truly imminent, discontinuing treatment may not only be acceptable, but desirable if it will make the dying process more comfortable for the patient.

So the prolife position allows a patient to refuse heroic medical treatment?
That's right. The prolife position DOES NOT demand that every medical intervention be used at all times and never be removed. There are certainly times when extensive medical treatment should be withheld and the natural dying process be allowed to take its due course. We need to be cautious, however, not to bring about death intentionally by removing ordinary treatments of care.

Is there a link between a patient's "right to die" and euthanasia?
The term "right to die" has different meanings for different people. Euthanasia proponents have skillfully used deceptive terminology to blur the distinction between legitimate rights of patients, and a right they are attempting to create—the right to death-on-demand. What most people mean by a "right to die" is the right to refuse medical treatment so to allow for their natural death. What euthanasia advocates mean by a "right to die" is really a right to have assistance in committing suicide, or to be killed by a lethal injection. What they advocate is not a right to a natural death, but instead a right to kill oneself or another person.

There are two important extensions of this “right” which the euthanasia movement supports but does not generally speak of publicly. First, this “right” would apply to any person, terminally ill or not, so that any persons, including the severely depressed would be able to “exercise their ‘right-to-die.’” Second, once this “right” can be chosen by conscious, competent persons, it will soon be applied to those who cannot choose it for themselves. The standard rationale will become, “If she could choose to exercise her ‘right-to-die’ she would.”

We have already seen this logic played out in numerous legal cases where the right to refuse “medical treatment” has been exercised by family members on behalf of incompetent patients. The euthanasia agenda will reach its apex when the law allows the mentally and physically impaired to be put to death. This may be done under the guise of “humanely exercising the ‘right-to-die’” on behalf of these impaired individuals.

Why is there so much debate about discontinuing feeding tubes?

Many of the “right to die” cases covered by the media involve the withdrawal of feeding tubes. They are important because they exemplify certain features of the pro-euthanasia agenda. First, in these cases not only has the distinction between ordinary and extraordinary treatment been eliminated, but also the distinction between medical treatment and basic nursing care. Routinely providing food and water—even by means of a feeding tube—is not medical treatment, it is basic patient care. Food and water are not medicine, they are not given for curative or therapeutic reasons: They are a basic necessity of life (Pro-death forces have dehumanized and sterilized the concept of feeding an incapacitated person by calling it “artificial nutrition and hydration”). Food and water had to be classified as medicine in order to fit into the euthanasia scheme of “protecting the rights of patients to refuse treatment.”

Second, because the ordinary/extraordinary treatment standard has been abandoned, decisions to withdraw treatments are now being made based on a “quality of life” standard. Thus, if a person is not deemed to have a “meaningful life,” they are not deserving of even the most basic considerations—food and water.

Finally, denying a person food and water is not an effort to relieve the patient of a burdensome treatment, thus allowing natural death. Dying by means of dehydration and malnutrition cannot be considered natural: It is an intentional means of causing death. Unlike the withdrawal of other treatments—which may or may not lead to death—denying food and water is a fail proof method of killing someone. Only when a person’s death is imminent and unavoidable—where the provision of nourishment will itself burden the dying process—should food and water be discontinued.

Guide for Using Durable Power Form

Executing a Durable Power of Attorney for Health Care is completely optional. You are not required to have a DPOA-HC in order to receive proper treatment.

The pages following this guide contain a Durable Power of Attorney form which you may use as your legal DPOA-HC document. If you wish to provide more details in your DPOA-HC, you may attach additional pages to it containing those details. This guide is intended to help clarify the purposes of the various provisions in this form.

This form provides a Durable Power of Attorney for purposes of care, custody, and medical treatment decisions only. If you desire a more comprehensive Durable Power of Attorney that grants authority for purposes of handling financial or business affairs, please consult your attorney.

SECTION I: Appointment of Advocate
The first several blanks in the form are for your name, and the name(s) of the person you are appointing as your advocate or successor advocate. You may appoint ANY person who is 18 years of age to be your advocate, including your spouse, child, relative, associate, etc. It is important that you consult with the person you are naming as your patient advocate and secure his or her consent before naming that person.

SECTION II: Revoking Your Designation
The Durable Power of Attorney law allows you to revoke your patient advocate designation at any time and in any manner by which you can express that designation. The law places a requirement on any person aware of a patient's desire to revoke their designation to report that desire in writing to the patient advocate. Unless you choose to waive your right to revoke for mental health purposes described below, you automatically retain the right to revoke your designation at any time.

The law also makes a special provision for persons with known mental health issues to voluntarily waive their authority to revoke their designation. These patients are aware that a bout of mental instability could lead them to revoke their patient advocate designation at a time when they are most unstable and truly need their advocate to direct their mental health decision making. Thus, with regard to mental health treatment, you may waive your right to revoke your designation while you are in need of and undergoing mental health treatment. If you do express a desire to revoke your designation while you are receiving mental health treatment authorized by your advocate, that treatment shall not continue for more than 30 days.

SECTION III: Grants of Authority and Responsibility
This is a crucial section of the durable power document. Michigan law allows you to grant as many or as few authorities and responsibilities to your patient advocate as you wish. The grants of power provided in this section cover all of the powers necessary for an advocate to have complete authority to make medical decisions for you. You may initial any, all, or none of the grants of power. If you do not initial any of the options, you will need to attach your own written grants of power to indicate what powers your patient advocate will have.

This section contains the very important provision regarding whether potential life-and-death decisions for refusing or removing treatment will be made for you. Due to the serious nature of this granting of power, Michigan law requires that you understand and acknowledge in your durable power document that you are granting such authority, and that you understand and acknowledge the consequences of such decisions. By granting this authority, your advocate will have power to order the removal of all types of treatment and basic care, including food and water. If you grant this authority, you should use the space available in Section III to provide clear direction as to how you should be treated. A failure to provide clear direction could allow this authority to be used to cause your death prematurely. The provision in this section for granting authority to refuse or discontinue treatment on your behalf is consistent with ethical principles for allowing patients to have a natural death, but prevents the discontinuance of treatment to intentionally cause your death.

SECTION IV: Desires and Preferences for Treatment
This is the section of the document where you may express your wishes regarding the treatment you should or should not receive, and under what circumstances treatment should be administered, continued, refused, or withdrawn. This section will become increasingly important in the future if trends in medical care continue in the direction they are headed today. You may need to use this section to fully empower your patient advocate with the ability to protect your rights.

Two alternatives are provided in this section for you to express your desires. Option A allows you to write down your wishes directly. Or you may choose Option B, which states your preference to receive basic and appropriate care. To adopt the statement provided in Option B, simply sign in the space provided.

Michigan law does not require that you fill out this section. The law stipulates that your patient advocate must act in your best interests and that health care providers should only comply with your advocate's direction if he or she appears to be acting in your best interests.

SECTION V: Signature and Witnessing
Michigan law requires that before a patient advocate can execute any of his or her duties, he or she must sign an acceptance to the designation. The first provision of Section V ensures that you are aware that the acceptance must be signed before the power of attorney becomes effective. It also will indicate whether the designation and acceptance process was completed at one time.

Next, your signature and date are required. Finally, the requirements pertaining to the witnessing of the designation are contained within this section. Please note the limitations on who may serve as a witness. A "presumptive heir" or "known devisee" is a person who has knowledge of, or reason to believe that, he or she will inherit a portion of your estate after your death.

SECTION VI: Acceptance of Designation
The advocate whom you name must sign an acceptance of your appointment before he or she can act on your behalf. Michigan law requires that certain information regarding your rights, authorities, and limits related to durable power designation be contained within this acceptance. The acceptance provided in Section V of the form meets these requirements.

The name of the person you are appointing should appear in the first blank, and your name (principal) should appear in the second blank. The third blank should contain the date on which you signed your durable power document. The acceptance may be signed on the same day, or at a later time. Finally, your advocate's signature and the date of his or her signing are needed at the end of the acceptance.

The remaining detachable pages of this booklet are an actual legal Durable Power of Attorney document. Copies of this form may also be made and used.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

(Please print or type required information)

I. Appointment of Patient Advocate

I, _____
your name

of _____
full legal address

hereby appoint _____
name of your designated patient advocate

residing at _____
full legal address

as my agent in fact (herein called advocate) with the following power to be exercised in my name and for my benefit, for the purpose of making decisions regarding my care, custody, medical, or mental health treatment. This Durable Power of Attorney shall not be affected by my disability or incapacity, and is governed by Section 700.496 of the Michigan Compiled Laws.

In the event that the above-named advocate is unable, or expresses an intent not to serve as my advocate, I then appoint

_____ residing at _____
name of your successor advocate full legal address

_____to serve as my successor advocate.

This Durable Power of Attorney shall be exercisable only when I am unable to participate in medical treatment decisions. The determination of my ability to participate in treatment decisions shall be made by my attending physician and at least one other physician or licensed psychologist.

Before the powers granted in this Durable Power of Attorney are exercisable, a copy of it shall be placed in my medical records along with the written determination of my incompetence.

II. Revocation

I retain the right to revoke this designation at any time, and by any means whereby I may communicate an intent to revoke it.

As to mental health treatment (initial one)

_____ I retain the right to revoke this designation at any time, and by any means whereby I may communicate an intent to revoke it.

_____ I waive the right to revoke the powers granted in this Patient Advocate Designation regarding mental health treatment decisions. This waiver does not affect the rights afforded to me to terminate formal voluntary hospitalization under section 330.1419 of the *Michigan Compiled Laws*. Furthermore, if I communicate at a later time that I wish to revoke this Patient Advocate Designation for mental health treatment while I am deemed unable to participate in decisions regarding mental health treatment, and I am receiving mental health treatment at that time, mental health treatment shall not continue for more than thirty (30) days.

III. Grants of Authority and Responsibility

With respect to my physical care and medical treatment, I am granting to my advocate the authorities and responsibilities indicated below (initial those you are authorizing):

_____ Access to and control over my medical records and information.

_____ Power to employ and discharge physicians, nurses, therapists, and any other care providers, and to pay them reasonable compensation.

_____ Power to give informed consent to receiving any medical treatment, or diagnostic, surgical, or therapeutic procedure.

_____ Power to authorize an anatomical gift (organ donation) of part of my body for transplant or therapeutic purposes that would occur after my death.

_____ Arrange and consent to mental health treatment, which may include inpatient psychiatric hospitalization and treatment as a formal voluntary patient, pursuant to section 330.1415 of the Michigan Compiled Laws, if it is in my best interest and is the least restrictive treatment to protect my safety and/or the safety of others. However, if I am hospitalized as a formal voluntary patient under an application executed by my patient advocate, I retain the right to terminate the hospitalization in accordance with section 330.1419 of the Michigan Compiled Laws.

_____ Power to refuse, or to authorize the discontinuance of, any medical treatment, or diagnostic, surgical, or therapeutic procedure, for the purpose of maintaining my comfort or allowing my imminent death to occur naturally.

> In granting this power, I recognize that my advocate will have authority to refuse, or direct the discontinuation of, treatment which could allow for my death. I further acknowledge that before this authority can be legally recognized I must instruct my advocate in a clear and convincing manner as to my desires regarding refusal or discontinuance of treatment.
>
> Signature _____

_____ Power to execute waivers, medical authorizations and such other approval as may be required to permit or authorize care which I may need, or to discontinue care that I am receiving.

IV. Desires and Preferences for Treatment (Optional Section)

I understand that my inability to participate in medical treatment decisions may encompass a wide range of circumstances, from being conscious, but mentally incompetent, to being unconscious and unaware.

Option A. My desires and preferences for treatment include: (You may add additional pages if needed.)

_____

_____

_____

_____

_____

Option B. By providing my signature here, I adopt the following statement as my desires and preferences for treatment.

_____
signature

Because it is impossible to foresee specific circumstances under which someone else may have to make health care decisions for me, and since it is not possible for me to know what specific decisions I might make in those circumstances, I have seriously and carefully considered the principles and beliefs on which I base decisions I make for myself. The following paragraphs are intended to direct those who must make decisions for me should I become unable to do so.

I direct my patient advocate and all those involved in my medical care to follow these instructions:

I wish to receive ordinary nursing and medical care that will preserve my life, and to receive medical treatment which may cure or improve a physical or mental condition. The medical treatment and procedures which I receive should offer a reasonable probability of effectiveness which is not outweighed by any pain, complication or side effect imposed by the treatment or procedure.

I direct that care and treatment, particularly food and fluids, be provided to me unless death is imminent so that the effort to sustain my life is futile, or if my body is unable to assimilate food or fluids. Pain relief should be provided at the lowest level necessary to consistently maintain my physical comfort and maintain mental clarity to the greatest extent possible.

No action should be taken with my death being the intended result, nor should care or treatment be omitted when such omission, which of itself or by intent, results in death. Neither euthanasia, nor ‘terminal sedation’ where the proximate cause of death would be dehydration or starvation, are permitted.

These instructions are binding not only on my patient advocate but on any health care personnel or institution which shall have responsibility for my health and life.

V. Signature and Witnessing

I have discussed this designation with my above-named advocate, who intends to sign the attached acceptance to this designation (check one):

_____ Concurrently with the execution of this document.
_____ At a future date.

I freely and voluntarily sign this document, in the presence of the below-named witnesses, and it shall become effective on the date indicated below.

_____ _____
Your Signature Date

STATEMENT OF WITNESS

As a witness to the execution of the Durable Power of Attorney, I attest that the person who has signed this document in my presence appears to be of sound mind and under no duress, fraud, or undue influence. I further attest that I am not the person's spouse, parent, child, grandchild, sibling, presumptive heir, known devisee, physician, the named advocate, an employee of life or health insurance provider for the person, or an employee of a health facility or home for the aged that is treating the person.

_____ _____
Witness Signature Address

_____ _____ _____ _____
Type or Print Name City State Zip

_____ _____
Witness Signature Address

_____ _____ _____ _____
Type or Print Name City State Zip

VI. Acceptance of Power of Attorney

I, _____ hereby accept the responsibilities
type or print name of advocate

conferred upon me by _____ to
type or print name of principal

serve as a patient advocate in the document executed on _____
date

I maintain the right to revoke this acceptance at any time, and by any means whereby I may communicate a desire to revoke it. By providing my signature below I acknowledge that I have read and understand the following requirements of Michigan law pertinent to the execution of a Durable Power of Attorney for Health Care.

A. This designation shall not become effective unless the patient is unable to participate in medical treatment decisions.

B. A patient advocate shall not exercise powers concerning a patient's care, custody, and medical treatment that the patient, if the patient were able to participate in the decision, could not have exercised on his or her own behalf.

C. This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death.

D. A patient advocate may make a decision to withhold or withdraw treatment which would allow a patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient to die.

E. A patient advocate shall not receive compensation for the performance of his or her authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights, and responsibilities.

F. A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient's best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical treatment decisions are presumed to be in the patient's best interests.

G. A patient may revoke his or her designation at any time and in any manner sufficient to communicate an intent to revoke.

H. A patient advocate may revoke his or her acceptance to the designation at any time and in any manner sufficient to communicate an intent to revoke.

I. A patient admitted to a health facility or agency has the rights enumerated in section 20201 of the public health code, Act No. 368 of 1978, being section 333.20201 of the Michigan Compiled Laws. Some, but not all, of the rights enumerated in Sec. 20201 include: A patient or resident in a health facility, or a nursing home shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, handicap, marital status, sexual preference, or source of payment.

Patients and residents are also entitled to:

• inspect their medical record, and to have the confidentiality of that record maintained.

• receive adequate and appropriate care, and receive information in terms which the patient or resident can understand about one's medical condition, proposed course of treatment, and prospects for recovery.

• refuse treatment to the extent provided by law and to be informed of the consequences of that refusal. When a refusal of treatment prevents a health facility or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient or resident may be terminated upon reasonable notice.

• information about the health facility's rules and regulations affecting the patient or resident care and conduct; and information about the facility's policies and procedures for initiation, review, and resolution of patient complaints.

• receive and examine an explanation of his or her bill regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the facility.

• associate and have private communications with a physician, attorney, or any other person, and to send and receive personal mail unopened.

• be free from mental and physical abuse and from physical and mental restraint except in circumstances necessary to protect the patient or others from injury.

Advocate's Signature _____ Date _____

Address _____ City _____ State _____ Zip Code _____