



*In Collaboration with the Department of Children and Families
Substance Abuse and Mental Health Program Office of Circuit 17*



Mental Health Advance Directives

Choosing a Healthcare Surrogate

Broward Regional Health Planning Council, Inc.

915 Middle River Drive, Suite 120
Fort Lauderdale, Florida 33304

Office of Consumer Affairs

Main Phone 954-566-6215
Fax 954-563-5178

"With Special thanks to Jacalyn K. Young of Baltimore, Maryland for her contribution"

"With special thanks also to Martha Lenderman, MSW, of Lenderman & Associates, Consultant for the Department of Children and Families, Mental Health Program Office, Tallahassee, Florida, for her technical assistance and support"

Choosing a Healthcare Surrogate

A Health Care Agent is the person you assign, in an advance directive, to make health care choices for you in the event you are incapacitated, **if you choose to do so**. The Agent is responsible for carrying out your wishes as you have expressed them in discussion with him/her or in your written advance directive. The person you entrust with this responsibility- and privilege- must be someone you know well and trust, quite literally, with your life. This is not a decision to take lightly, make quickly or make under pressure.

The following steps should help with your decision:

1. Is it your choice to be naming a Health Care Agent at this time?
YES- continue on to Step 2
NO - **DO NOT CONTINUE!** If you are feeling pressured in any way to name a Health Care Agent, don't do it. This must be your decision and one you are comfortable with.
2. Are you feeling pressured in any way to name a specific person?
YES- your choice of Health Care Agent is yours and yours alone. Tell the person you are feeling pressure from to stop and do not make your choice under pressure.
NO - go to step 3
3. Figure out if anyone you are considering is legally excluded. Check your state law. In Maryland, your Health Care Agent may not be:
 - a. Your health care provider;
 - b. An owner, operator or employee of any health care facility from which you receive treatment (unless that person is an immediate family member, close relative or friend).
4. List the people who you are now considering and determine:
 - a. Is that person an Adult? Competent?
 - b. Is that person able to understand and accept the responsibility of being your Agent?
 - c. Is that person capable of successfully advocating for you?
 - d. Is that person willing to speak with health care providers and able to understand the health care information provided to him/her in order to make decisions?

- e. Is that person easy to contact and reasonably available to be involved in your treatment process?

In considering alternates, don't name as an alternate someone who travels at the same time as, or with, your primary Health Care Agent.

5. Make your choice(s), discuss with that (those) person(s) their willingness to accept the responsibility, and provide a copy of your advance directive.

Remember, this is a choice, which provides you greater control in your health care by allowing **you** to choose your own Agent. In the event of your incapacity, without having named a Health Care Agent someone will be identified to make choices for you, "by default." This person may not be the one you would have chosen for yourself. Take advantage of your right to choose and do your choosing wisely!