

Mental Health

Advance Directives

2003



Legislative Intent

- Every competent adult has the right of self-determination regarding decisions about his or her own health, including the right to choose or refuse medical treatment.
- This right is subject to certain interests of society, such as the protection of human life and the preservation of ethical standards in the medical profession.
- To be sure that rights are not lost by later mental incapacity, a person can execute a document naming another person to direct his or her treatment upon his or her incapacity.



Legislative Intent

(continued)

- A person's loss of ability to consent or refuse to consent to treatment doesn't take away any other rights or responsibilities protected by law.
- The right to make health care decisions must be returned to a person as soon as the capacity to make such decisions has been regained.
- Health care professionals and providers must learn about advance directives and their responsibility to honor person's preferences.



What is an Advance Directive?

- A Mental Health Advance Directive is a legal document that allows a person to state his or her preferences regarding mental health care before a mental health crisis occurs, when one may be unable to understand treatment choices and make decisions.
- Family, friends, and mental health personnel may provide input or information to help the person make decisions, but the person has the final say so as to what goes into the advance directive form. The influences of others, as beneficial as they may seem, may not be necessarily what the person truly wants for his or her treatment options.



What is an Advance Directive?

(continued)

- An Advance Directive should name a Health Care Surrogate to make mental health care decisions for a person at some future time if the person is not able to make his or her own decisions.
- A person may also name an Alternate Surrogate to assume these duties if the original Surrogate is unwilling or unable to perform his or her duties.
- If neither the Surrogate or the Alternate is able or willing to serve, the health care facility can appoint a proxy to carry out the preferences of the person. The role of proxy is limited to a guardian, spouse, adult child, parent, adult relative or close personal friend and must be designated in this order of listing.



What is an Advance Directive?

(continued)

A competent person can change or revoke an Advance Directive at any time:

- ⑩ By a signed and dated written statement
- ⑩ By destroying the Advance Directive
- ⑩ By telling others of one's intent to change or revoke
- ⑩ By doing a new Advance Directive

A person may also state a time of termination of the Advance Directive.

An Advance Directive does not:

- Require a specific form.
- ⑩ Need to be prepared by an attorney
- ⑩ Require a notary for signature of the person, witnesses, or Health Care Surrogate/Alternate.



Why Have an Advance Directive?

A Mental Health Advance Directive:

- ⑩ Is a primary method of self-management and self-advocacy
- ⑩ Allows a person to plan now, when competent, for a future time when capacity for decision-making may be lost. Treatment choices are made in the present but acted on in the future.
- ⑩ Allows a person to choose a trusted individual to speak on his or her behalf



Why Have an Advance Directive? (continued)

- ⑩ The Health Care Surrogate chosen by the person will generally be appointed Guardian Advocate by the court under the Baker Act
- ⑩ If the person ever has a guardian appointed by the court, the Health Care Surrogate named will continue to make all health care decisions for the person, unless the court modifies or revokes the Surrogate's authority.



Capacity

- Person must be stable and have the capacity to prepare an advance directive
- As long as a person remains capable of making health care decisions, he must be the one to give consent to treatment.
- A provider who ignores a competent person's objections, and provides treatment based on the provider's order, is inviting legal charges of battery.
- A provider who administers treatment to a person who is incapacitated, short of imminent danger, without the consent of a legally authorized decision-maker is also inviting legal charges of battery.



Incapacity

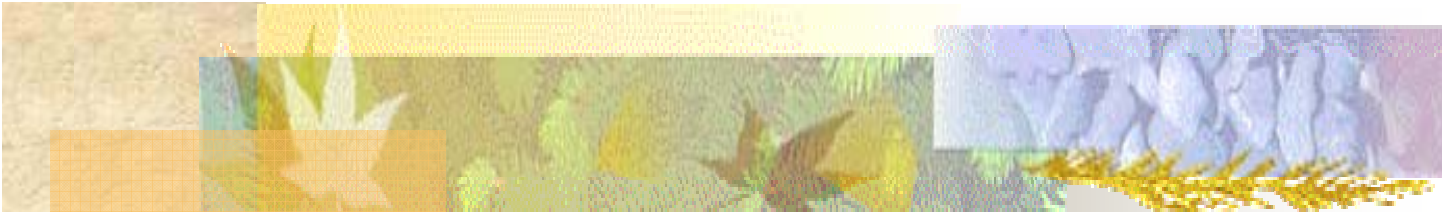
- A person is presumed to be capable of making one's own decisions unless determined to be incapacitated. Incapacity can't be inferred from the person's voluntary or involuntary hospitalization for mental illness.
- Lack of capacity to make health care decision is not an indication that a person lacks capacity for any other purpose.
- Loss of capacity triggers use of the advance directive.
- Incapacity or Incompetence means that a person has been found by a doctor to be physically or mentally unable to give well-reasoned, willful and knowing health care decisions.



Incapacity

(continued)

- If a physician determines the person lacks capacity, it must be written in the person's medical record.
- The Health Care Surrogate must be notified by the facility in writing that his or her authority under the Advance Directive is in effect.
- Authority of the Health Care Surrogate begins with the doctor's determination that the person lacks capacity and stays in effect until a doctor determines the person has regained his or her capacity to make decisions.



Advance Directives and the Baker Act

Voluntary or Involuntary?

- A person on voluntary status has been determined to have the capacity to make his or her own treatment decisions – include the right to refuse treatment.
- If determined not to have capacity to consent or refuse consent to treatment, the person must be placed on involuntary status so his due process rights can be protected. The Health Care Surrogate is then notified to make the decisions indicated in the Advance Directive.
- The facility must petition the court to have the Surrogate appointed as the person's Guardian Advocate.



What is a Health Care Surrogate?

- A Health Care Surrogate is the individual chosen by the person to consent to treatment included in the Advance Directive or decisions which he or she believes the person would have made under the circumstances if the person was capable (Substitute Judgment).
- If the Surrogate doesn't know what the person would have wanted, a best interest standard can be used.
- The Health Care Surrogate can also access the person's clinical records and consent to the release of information and medical records to appropriate persons, and apply for public benefits.



What is a Health Care Surrogate? ?(continued)

Unless the person gives the Surrogate permission in writing or the Surrogate gets the court's permission, the Surrogate can't consent to:

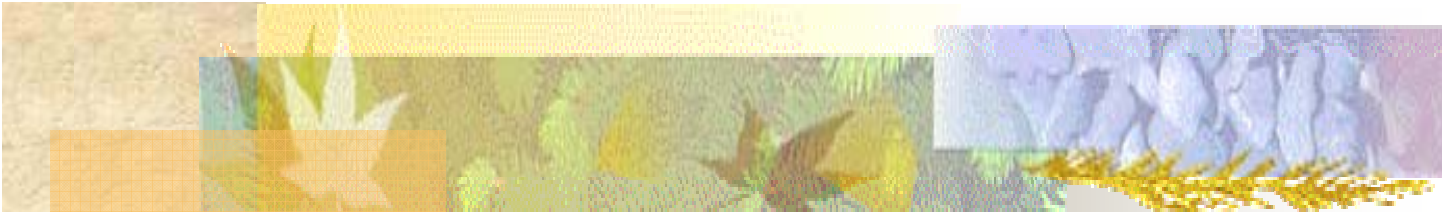
- Electro-convulsive therapy (ECT),
- ⑩ Experimental treatments,
- ⑩ Abortion,
- ⑩ Sterilization, or
- ⑩ Psychosurgery.

The Surrogate also cannot have the person admitted to a facility on a voluntary basis. However, if the person is admitted on an involuntary basis, the Surrogate may make treatment decisions for the person, once determined to be incapacitated.



Choosing a Good Health Care Surrogate

- If a person doesn't name his or her own Health Care Surrogate, the person who may ultimately decide what treatment he or she receives may not be a person trusted to carry out his or her wishes.
- The Health Care Surrogate and Alternate the person chooses for carrying out his or her wishes should be someone the person knows well and trusts with this responsibility.
- The person chosen should be someone who will only consent to treatment desired by the person when competent and included in the Advance Directive.

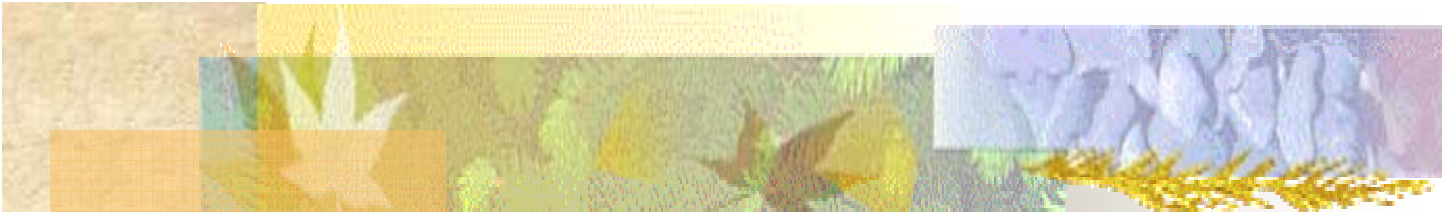


Choosing a Good Health Care Surrogate (continued)

No one should be pressured in any way to name a specific person. The decision belongs to the person – it is his decision alone.

The person chosen to be the health care surrogate or alternate should be:

- ⑩ A competent adult, able to understand and willing to accept the responsibility
- ⑩ Easy to contact and available to be involved in the person's treatment
- ⑩ Capable of advocating for the person,
- ⑩ Able/willing to speak with health care providers, and
- ⑩ Able to understand the information provided in order to make decisions.



Choosing a Good Health Care Surrogate (continued)

The person chosen to be the Health Care Surrogate or Alternate should **not** be:

- ⑩ An employee of DCF,
- ⑩ A facility administrator,
- ⑩ A member of the Florida Local Advocacy Council, or
- ⑩ A mental health professional

because these persons are not authorized to be later appointed by the court as Guardian Advocates.



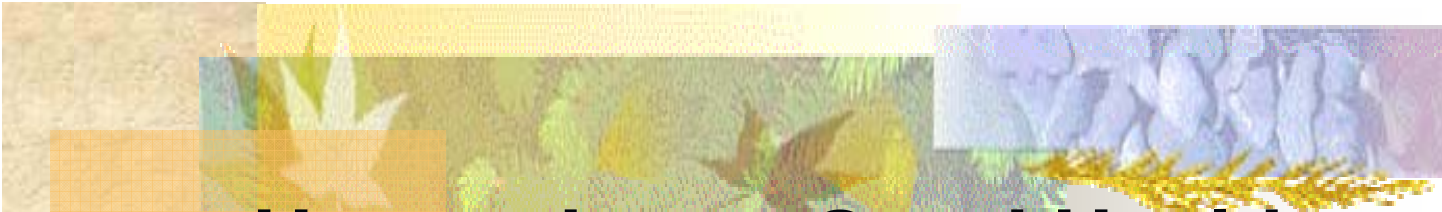
How to be an Good Health Care Surrogate

■ Be knowledgeable

- ⑩ Know your role
- ⑩ Represent the wishes of the person on whose behalf you are acting
- ⑩ Consent to or refuse treatment based on those wishes, not your own
- ⑩ You are not a “figurehead”, signing off on the provider’s decisions!

■ Understand your authority and responsibility

- ⑩ Read the Advance Directive of the person you are representing
- ⑩ Discuss treatment options and scenarios with that person to familiarize yourself with the person’s general and specific wishes



How to be an Good Health Care Surrogate (continued)

Don't be afraid to ask questions

- ⑩ You have the right to access information from the provider about the person you are representing.
- ⑩ Get as much information as needed so you can make fully informed decisions

Ask for full explanations

- ⑩ If there is anything that you don't understand, ask staff to explain them in terms that you can understand.
- If you feel uncomfortable – like you don't have “the whole picture”, say so! Don't be pushed into a decision ... just as you wouldn't make a decision for yourself before you felt you had all the information you needed



How to be an Good Health Care Surrogate (continued)

Be Firm and Persistent

- ⑩ Don't be bullied
- ⑩ Don't trust phrases like, "Trust me..."
- ⑩ Don't hesitate to insist that you be fully heard
- ⑩ Don't be afraid to argue for what the person is entitled to!

Keep Your Cool

- ⑩ Getting upset and/or yelling only alienates providers, undermines your authority and credibility, and decreases your effectiveness as an advocate



The Provider's Role

A health care facility must provide to each person:

- ⑩ Written information concerning the person's rights about Advance Directives
- ⑩ The facility's policies respecting these rights

The facility must document in the person's medical records whether or not the person has executed an Advance Directive.



The Provider's Role

(continued)

- A health care provider or facility that refuses to comply with a person's Advance Directive, or the treatment decision of his or her Surrogate, has to make reasonable efforts to transfer the person to another facility that will comply with the directive or treatment decision.

- If a facility is unwilling to carry out the wishes of the person or the treatment decision of his or her Surrogate because of moral or ethical beliefs, it must, within 7 days, either:
 1. Transfer the person to another facility and pay for the cost of the transport, or
 2. Carry out the Surrogate's wishes.



Review of a Health Care Surrogate's Decisions

The person's family, the facility, the physician, or any other interested person affected by the Surrogate's health care decisions can ask the court to intervene:

- ⑩ Decisions are not in accord with the person's known desires;
- ⑩ The Advance Directive is vague
- ⑩ The Surrogate was not properly named or the designation of the Surrogate has been revoked;
- ⑩ Surrogate has failed to perform his or her duties or the Surrogate has become incapable of serving due to illness or incapacity;
- ⑩ Surrogate has abused powers
- ⑩ Person has sufficient capacity to make his or her own health care decisions



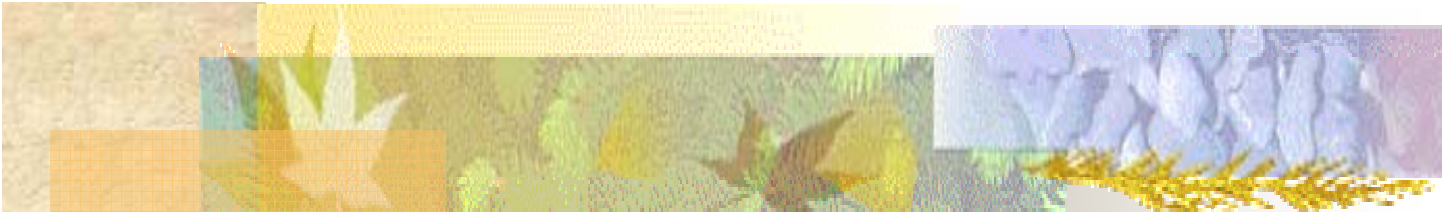
Review of a Health Care Surrogate's Decisions Immunity

- A health care facility or provider is not subject to criminal prosecution or civil liability and will not be deemed to have engaged in unprofessional conduct, as a result of carrying out a health care decision made in accordance with the provisions of the law.
- The Health Care Surrogate who makes a health care decision on a person's behalf, is not subject to criminal prosecution or civil liability for such action.



Mental Health Advance Directive

- Advance planning does not always anticipate everything a person will want or need at a future time or it may change after signing an Advance Directive.
- Advance Directives are not the solution to all problems with treatment planning but it will guide the Health Care Surrogate to only consent to treatment the person wishes and to refuse to interventions he or she objects to.
- Except under the most extreme circumstances, providers must honor these choices unless they seek court action to overturn these decisions.



Mental Health Advance Directive (continued)

If a person's choices in an advance directive are not honored by a provider, the person should contact the Advocacy Center for Person's with Disabilities whose toll-free telephone number will be on the back of the person's ID card.

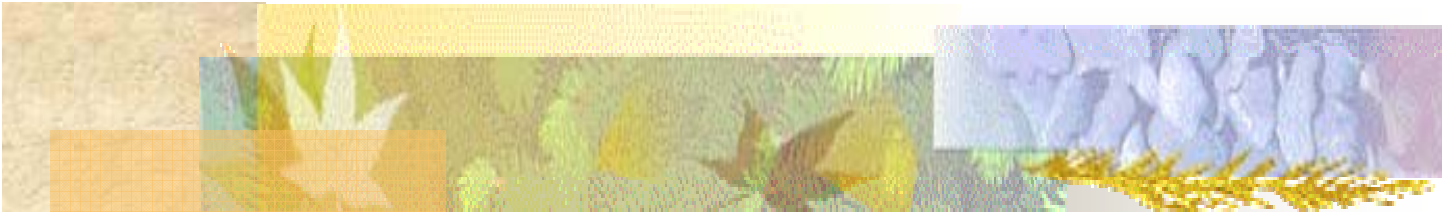
The Advance Directive should be easily located in case of an emergency. The person should consider putting it on file with:

- ⑩ Health care surrogate/alternate,
- ⑩ Family,
- ⑩ Case manager,
- ⑩ Mental health facility,
- ⑩ Others?

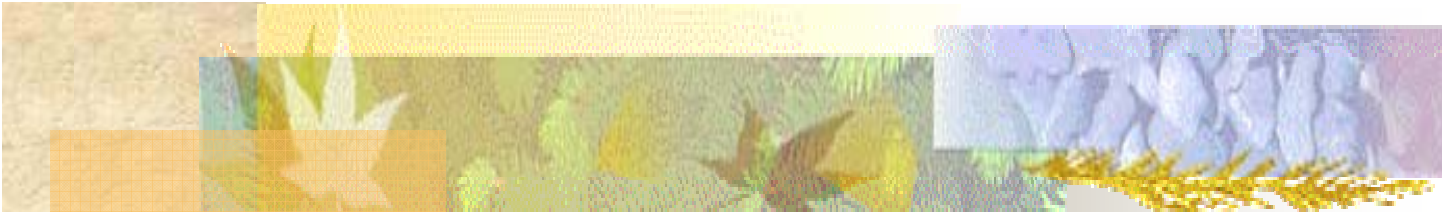


Mental Health Advance Directive (continued)

- While the Advance Directive must be signed by the person in the presence of two adult witnesses, the witnesses don't need to read the document or know what decisions the person has made.
- The Health Care Surrogate can't witness the document and at least one of the two witness must not be either the person's spouse or blood relative.
- The form we will be using today can be changed by a person to better reflect his or her choices. A section can be crossed out (with person's initials) and pages can be added to include choices not included in the printed form.



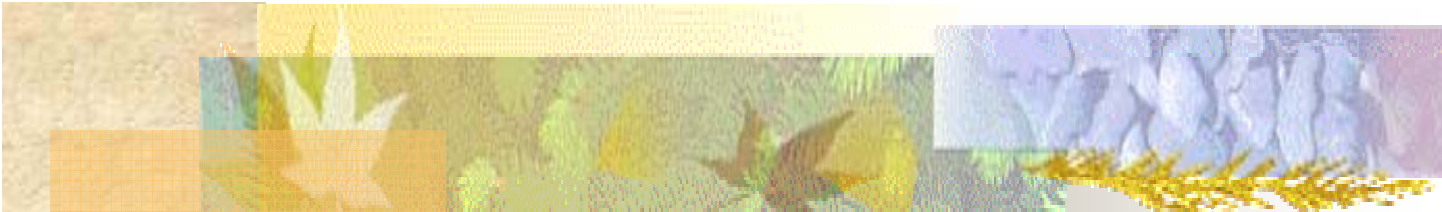
Directions for Completing a Mental Health Advance Directive



■ If you believe you may be hospitalized for mental health care in the future and that your doctor may think you aren't able to make good decisions about your treatment, then completing a mental health advance directive will ensure that your treatment choices are known.

■ It is important that you decide **NOW** what types of treatment you do or do not want and to appoint a friend or family member to make the mental health care decisions that you want carried out.

■ You may always change your preferences or surrogate later.

- 
- You can use the following Advance Directive form to direct your future care.
 - Read each section of the form carefully and talk about your choices with someone you trust.
 - The person you choose to be your health care surrogate and alternate must be a competent adult whose civil rights have not been taken away. The person you choose should **not** be a mental health professional, an employee of a facility that might provide services to you, an employee of the Department of Children & Family Services or a member of the Local Advocacy Council.

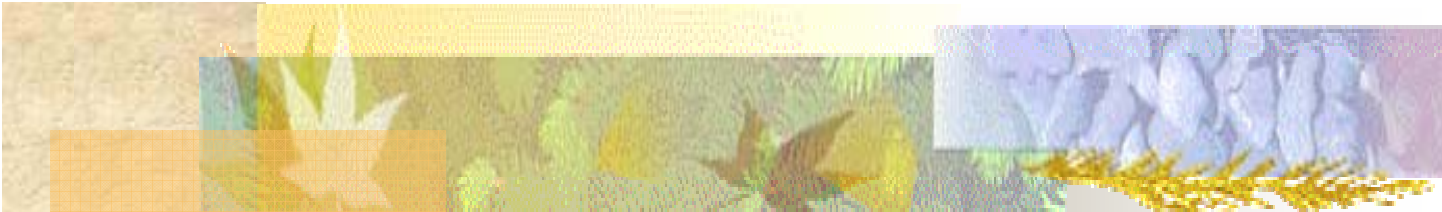


You should sign the form in front of two witnesses.

- Make sure your surrogate understands your wishes and is willing to accept the responsibility. Your surrogate (and a back-up alternate surrogate if you wish) should sign this form now or at a later time to show they are aware you have chosen them to be your surrogate.

- Have copies made and give them to your surrogate, your case manager, your doctor, the hospital or crisis unit at which you are most likely be treated, your family and anyone else who might be involved in your care. Discuss your choices with each of them.

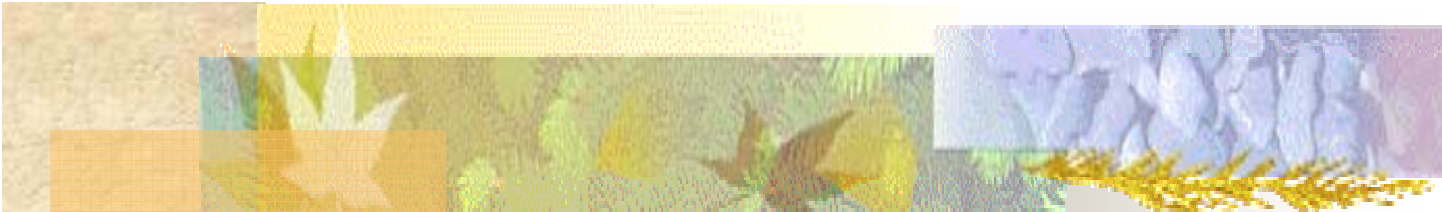
- The document should be available quickly if you need it. If you travel, be sure to take a copy with you.



■ Your advance directive will not take effect unless a physician decides that you are not competent to make your own treatment decisions.

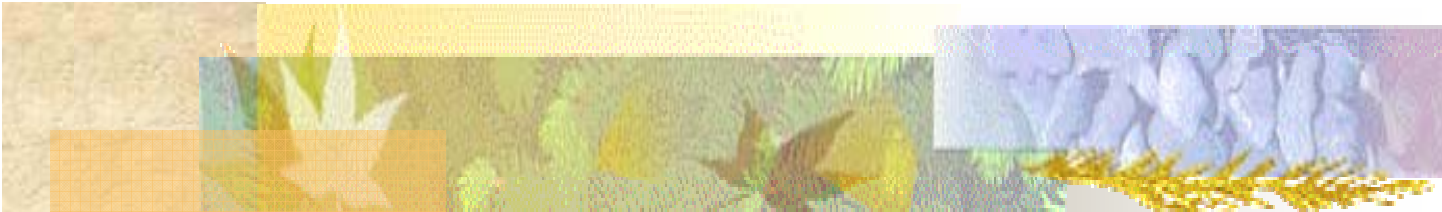
■ If you are in a psychiatric facility, you will have an attorney appointed to represent your interests and a hearing in front of a judge or hearing master.

■ A health care surrogate is not authorized to consent to treatment for a person on voluntary status.



I _____, being of sound mind, willfully and voluntarily execute this mental health advance directive to assure that if I should be found incompetent to consent to my own mental health treatment, my choices regarding my treatment will be carried out despite my inability to make informed decisions for myself.

If a guardian, guardian advocate or other decision-maker is appointed by a court to make health care or mental health decisions for me, I intend this document to take precedence over all other means of determining my intent while competent.



This document represents my wishes, and it should be given the greatest possible legal weight and respect. If the surrogate(s) named in this directive are not available, my wishes shall be binding on whoever is appointed to make such decisions.

If I become incompetent to make decisions about my own mental health treatment, I have authorized a mental health care surrogate to make certain treatment decisions for me. My surrogate is also authorized to apply for public benefits to defray the cost of my health care, to release information to appropriate persons and to authorize my transfer from a health care facility.

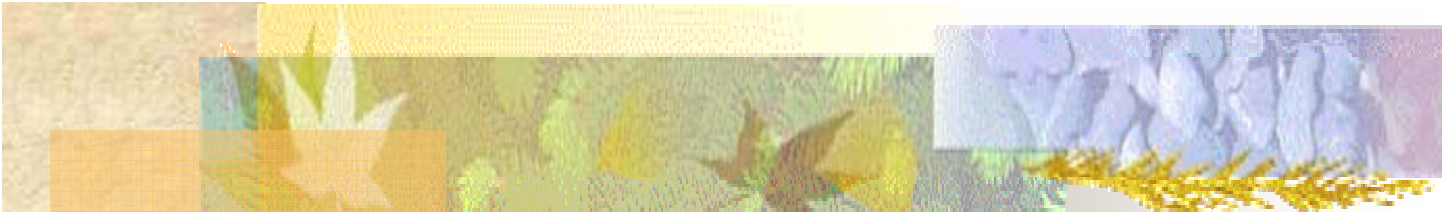


My mental health care surrogate is:

- Name: _____
- Address: _____
- Day Telephone: _____
- Evening Telephone: _____

If the person named above is unavailable or unable to serve as my mental health care surrogate, I hereby appoint and want immediate notification of my alternate mental health care surrogate as follows:

- Name of Alternate: _____
- Address: _____
- Day Telephone: _____
- Evening Telephone: _____



Complete the following or Initial in the blank marked yes or no:

- A. If I become incompetent to give consent to mental health treatment, I give my mental health care surrogate full power and authority to make mental health care decisions for me. This includes the right to consent, refuse consent or withdraw consent to any mental health care, treatment, service or procedure consistent with any instructions and/or limitations I have stated in this advance directive. If I have not expressed a choice in this advance directive, I authorize my surrogate to make the decision that (s)he determines is the decision I would make if I were competent to do so. _____Yes _____No



B. My choice of treatment facilities are as follows:

- In the event my psychiatric condition is serious enough to require 24-hour care, I would prefer to receive this care in this/these facilities:

Facility: _____

Facility: _____

- I do not wish to be placed in the following facilities for psychiatric care (optional):

Facility: _____

Facility/: _____

C. My choice of a treating physician is:

- First choice of physician: _____

- Second choice of physician: _____

I do not wish to be treated by the following physicians: (optional)

Name of Physician: _____

Name of Physician: _____



D. My wishes regarding confidentiality of my admission to a facility and my treatment while there are as follows:

1. My representative may be notified of my involuntary admission ___ Yes ___ No

2. Any person who seeks to contact me while I am in a facility may be told I am there. ___ Yes ___ No

3. I consent to release of information about my condition and treatment plan to the following persons: ___ Yes ___ No
_____, _____, & _____

4. If I am incompetent to give consent, I want staff to immediately notify the following persons that I have been admitted to a psychiatric facility.

Name _____ Relationship: _____

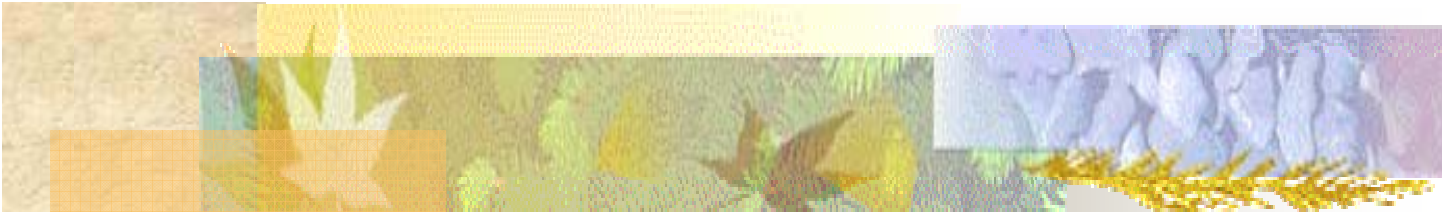
Address: _____

Day Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____

Address: _____

Day Phone: ___ Evening Phone: ___

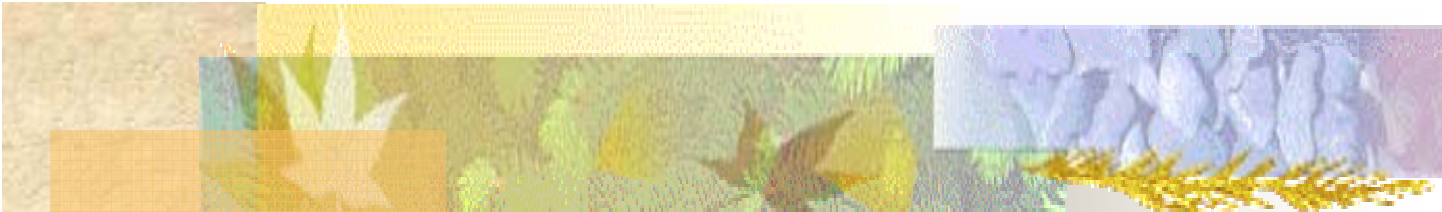


■E. If I am not competent to consent to my own treatment or to refuse medications relating to my mental health treatment, I have initialed one of the following which represents my wishes:

1. _____ I consent to the medications that Dr. _____ recommends.

2. _____ I consent to the medications agreed to by my mental health care surrogate, after consulting with my physician and any other individuals my surrogate may think appropriate, with the exceptions found in #3 below.

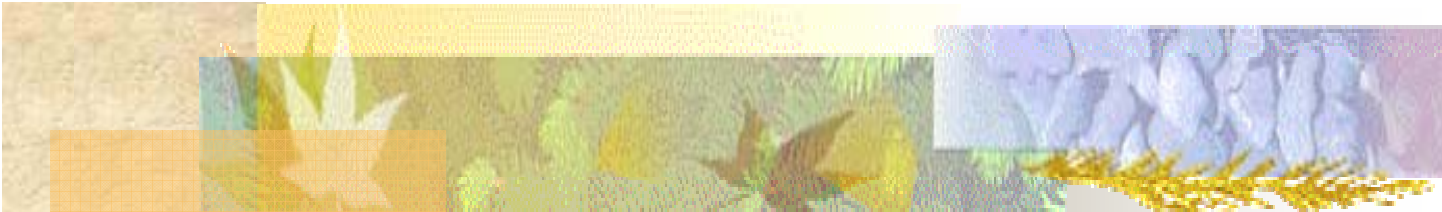
(continued)



E.3. _____ I specifically do not consent and I do not authorize my mental health care surrogate to consent to the administration of the following medications or their respective brand name, trade name, or generic equivalents: (list name of drug and reason for refusal):

4. _____ I am willing to take the medications excluded in #3 above if my only reason for excluding them is their side effects and the dosage can be adjusted to eliminate those side effects.

5. I have the following other preferences about psychiatric medications: _____



F. Florida law prohibits a mental health care surrogate from consenting to experimental treatments that have not been approved by a federally approved institutional review board without my prior written consent or the express approval of the court.

_____ I consent to my participation in experimental drug studies or drug trials

_____ I do not wish to participate in experimental drug studies or drug trials



G. My wishes regarding Electro-Convulsive Therapy (ECT) are as follows:

1. _____ My surrogate may not consent to ECT without express court approval.

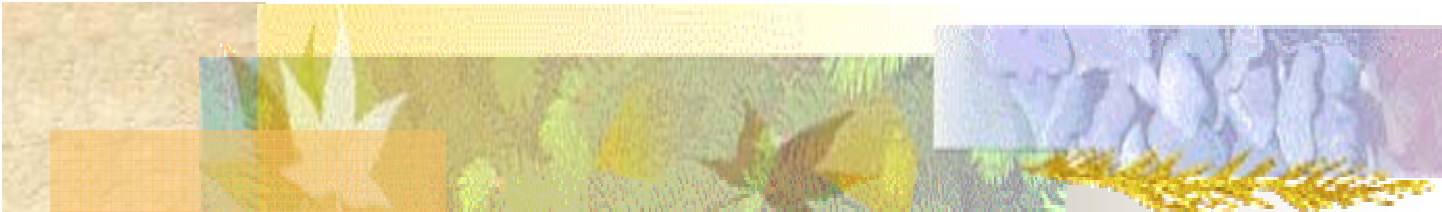
2. _____ I authorize my surrogate to consent to ECT, but only (initial one of the following):

a. _____ with the number of treatments the attending psychiatrist thinks is appropriate; OR

b. _____ with the number of treatments that Dr. _____ thinks is appropriate; OR

c. _____ for no more than the following number of ECT treatments:
_____.

3. Other instructions and wishes regarding ECT are as follows:



H. I ___ have / ___ have not attached a Personal Safety Form regarding my preferences to this advance directive.

I. Other instructions I wish to make about my mental health care are (use additional pages if needed):

Check here () if other pages are used



Signature

- By signing here I indicate that I fully understand that this advance directive will permit my mental health care surrogate to make decisions and to provide, withhold, or withdraw consent for my mental health treatment.
- Printed Name (Declarant):

- Signature: _____
- Date: _____



Witnesses

This advance directive was signed by _____ in our presence. At his/her request, we have signed our names below as witness. We declare that, at the time this advance directive was signed, the Declarant, according to our best knowledge and belief was of sound mind and under no constraint or undue influence. We further declare that we are both adults, are not designated in this advance directive as the mental health care surrogate, and at least one of us is neither the person's spouse nor blood relative.

Dated at _____ this
_____ day of _____, _____.



Witness Signatures

Witness 1:

- Signature of witness 1
- Printed name of witness 1
- Home address of witness 1
- City, State, Zip Code of witness 1

Witness 2:

- Signature of witness 2
- Printed name of witness 2
- Home address of witness 2
- City, State, Zip Code of witness 2



Acknowledgement of Health Care Surrogate/Alternate*

I, _____, mental
health care surrogate designated by
_____, hereby accept the
designation.

Signature of Mental Health Care
Surrogate _____

Date _____

*Absence of acknowledgements doesn't
negate the validity of the Advance
Directive.



Facility Guidelines for Personal Safety Form

1. The Personal Safety Form should be completed within 24-72 hours of admission.
2. It is preferable that this form **not** be included in the initial admission packet. Persons who are newly admitted are required to sign multiple legal forms and must be able to understand certain policies and procedures. It would be very difficult for an individual to focus on questions related to personal safety preferences when they are already in some degree of stress.



Facility Guidelines for Personal Safety Form (continued)

3. It may be helpful to administer the form in small group settings. Individuals may feel safer to answer sensitive questions while sitting in a group with other peers, as a group setting is more informal than a clinical setting. If given during a group session, there should be several staff members present to help individuals who need support or assistance with reading, understanding, or answering the questions.



Facility Guidelines for Personal Safety Form (continued)

4. Careful consideration should be given as to who will administer the form. Ideally, it should always be the same person, someone who is both familiar and comfortable with the material. A peer advocate employed by the hospital would be ideal, because peers are often less threatening. It must be understood by the person administering the form that the form is not presented as treatment or therapy, but as helpful information that can be included in the treatment plan.



Facility Guidelines for Personal Safety Form (continued)

5. To effectively provide information, persons administering the form should be knowledgeable about how this material pertains to treatment. It would be helpful for them to learn and know about efforts being made at the facility to reduce seclusion and restraint and how this information will be used as part of that process. Facilitators should also be able to answer questions or provide clarification. For example, it is important that information about touching at the facility is presented as promoting appropriate, *not inappropriate*, touching.



Facility Guidelines for Personal Safety Form (continued)

6. When individuals are not communicative enough to answer the questions, they may be provided an opportunity to answer the questions at another time, if they so desire.

7. Individuals must always be given the option to decline answering *any* or *all* questions.

8. The form, when completed, should be placed in the individual's file where it is known and used effectively by staff. It is recommended that a means of ready-reference, such as a tickler file, be kept at the desk in the nurses' station for easy availability in potential emergency situations.



Facility Guidelines for Personal Safety Form (continued)

9. Individuals should be told how the form is to be used. They shall be offered a copy of the form to keep.

10. It may be helpful for the facility to collect data on answers to some of these questions to identify patterns and trends that are important to individuals receiving services that can be used to determine how to improve treatment and programming.



Name _____ Date of Birth _____

This form will allow you to suggest calming strategies IN ADVANCE of a crisis. It will allow you to list things that are helpful when you are under stress or are upset. It will also allow you to identify things that make you angry. Staff and individuals receiving services can enter into a “*partnership of safety*” using this form as a guide to assist in your treatment plan. The information is intended only to be helpful; it will not be used for any purpose other than to help staff understand how to best work with you to maintain your safety or to collect data to establish trends. This is a tool that you can add to at any time. Information should always be available from staff members for updates or discussion. Please feel free to ask questions.



1. Calming Strategies:

It is helpful for us to be aware of things that help you feel better when you're having a hard time. Please indicate if any of the following have ever worked for you. We may not be able to offer all of these alternatives, but we would like to work together with you to determine how we can best help you while you're here.

- Listen to music
- Reading a book
- Wrapping in a blanket
- Writing in a journal
- Watching TV



•Calming (continued)

- Talking to staff
- Talking with peers on the unit
- Calling a friend or family member
- Voluntary time in the quiet room or comfort room
- Taking a shower
- Going for a walk with staff
- Exercise
- Pacing in the halls
- Having a hug with my consent
- Drinking a beverage
- Dark room (dimmed lights)
- Medication
- Reading the Bible
- Writing a letter
- Hugging a stuffed animal
- Doing artwork (painting, drawing)

Other? (Please list below)



2. What are some of the things that make you angry, very upset or cause you to go into crisis?

- Being touched
- Security in uniform
- Yelling
- Loud Noise
- Contact with person who is upsetting
- Being restrained
- Called names or made fun of
- Being forced to do something
- Physical force
- Being isolated
- Lying about my behavior
- Being threatened



3. Gender Preference:

Do you have a preference regarding the gender of staff assigned to you during a time when you are upset or angry?

- Women staff _____
- Men staff _____
- No preference _____



4. Trauma History:

■ Do you have a history of sexual abuse or other type trauma? In childhood? Yes ___ No ___ or as an adult? Yes ___ No ___

■ What type of abuse or trauma you have experienced?

Sexual _____ emotional abuse _____
physical abuse _____ war _____ other? _____

■ If you answered yes to any of the above questions would you like to talk to someone about these issues? Yes_ No_

■ Would you like to attend classes or participate in a support group to learn more information on prevention of, treatment for, and legal aspects regarding any of the issues listed above? Yes _____ No _____ Can you be specific about what you would like to learn: _____



5. Seclusion & Restraint:

This facility is trying to eliminate the use of seclusion and restraints, therefore, it would be helpful to know if you have ever been placed in a seclusion room or restrained. This information will be used only for collecting data and for training purposes, not to predict any future behaviors.

■ Have you ever been placed in a seclusion room? Yes _____ No _____

■ Have you ever been restrained?
Yes _____ No _____



6. In Extreme Emergencies:

In extreme emergencies seclusion and restraint may be used as a last resort. Is there anything you find helpful in emergency situations that could prevent them from being used?

- Alternative physical spaces such as: comfort room _____ quiet room _____ or other _____
- Medication by mouth _____
- Emergency injection _____
- Other: _____

7. Medical Conditions:

Do you have any physical conditions, disabilities, or medical problems such as asthma, high blood pressure, back problems, etc., that we should be aware of when caring for you during an emergency situation? _____



8. Physical Contact Preferences:

- We would like to know about your preferences regarding physical contact. For example, you may not like to be touched at all or you may find it helpful to have a hug or be touched appropriately when you are upset.
- Do you find it helpful to be hugged or touched appropriately when you are upset? Yes_____ No_____ Comments:



9. Helpful Medications:

We may be required to give medications if other measures do not help you to calm down. In this case, we would like to know what medications have been especially helpful to you? Please describe.

10. Not Helpful Medications:

Are there any medications that are not helpful? Why are they not helpful?
Allergic to, side affects, other?



11. Room Checks:

Room checks are done at night to make sure you are okay. In order to make room checks as non-intrusive as possible is there anything that would make room checks more comfortable for you?

12. Anything Else?

Is there anything else that would make your stay easier and more comfortable? Please describe:
