



## You Have the Right

You have the right to make decisions about your own future medical treatment. By expressing your health care wishes in writing, you are informing your doctor and loved ones of your choices. When you come to Holzer Health System, you will be asked if you have any Advance Directives. Whether you have Advance Directives or not, you will still be cared for by our friendly and knowledgeable team.

It is your right and responsibility to report any changes to your Advance Directives to your provider.

## CONTACT

For questions or assistance, please contact:

### GALLIPOLIS

- **Patient Experience Representative**  
740-446-5604 or 740-925-3785
- **Care Management**  
740-446-5393

### DIRECTOR OF CHAPLAINCY

740-446-5053

### HOLZER MEDICAL CENTER - JACKSON

- **Patient Experience Representative**  
740-395-8457
- **Care Management**  
740-395-8305



[www.holzer.org](http://www.holzer.org)

Holzer Gallipolis  
100 Jackson Pike • Gallipolis, Ohio

Holzer Medical Center - Jackson  
500 Burlington Road • Jackson, Ohio

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# Advance Directive Information



*Feel confident knowing that you are in control of your future health care decisions.*



Friendly Visits, Excellent Care;  
Every Patient, Every Time.

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# Did you know there are different types of Advance Directives?

A **HEALTH CARE POWER OF ATTORNEY** authorizes the person you name in the document to make health care decisions for you in the event that you are unable to make decisions for yourself.

The **LIVING WILL** is your statement about the use of life prolonging measures such as respirators (ventilators), tube feedings (nourishment), IVs, and CPR when you have reached a point where no hope of recovery exists.

- The Living Will goes into effect only when you are in the final stages of a

terminal illness or are in a permanently unconscious condition.

A **DO NOT RESUSCITATE (DNR)** is an order that indicates you have elected to decline Cardiopulmonary Resuscitation (CPR) in the event that your heart or breathing stops. In most situations, a DNR order is written by your provider after discussing the risks and benefits of CPR with you or your representative.

A **MENTAL HEALTH DECLARATION** is a form that allows you to state your own preferences regarding your mental health treatment and to select a person to make mental health care decisions for you when you cannot make these important decisions for yourself.

**ADULT GUARDIANSHIP** is a legal process that means a person is legally appointed to make decisions about another persons' life (i.e. health care, finances, living arrangements).



## Advanced Care Planning

Advanced Care Planning provides peace of mind by ensuring you have done all that you can to maintain your future comfort and dignity as well as provide your loved ones with clear direction regarding your wishes for health care.

If you would like an Ohio Advance Directive packet, please ask your healthcare provider. You may also get a copy of the packet from our website, [holzer.org](http://holzer.org) -Just click "visitor and patients" then click "Social Services." There you will find a printable copy.

If you would like additional information on Advance Directives or need assistance with completing one, please contact a Patient Experience Representative, a member of the Care Management Team, or Director of Chaplaincy. (Contact information provided on the back.)

