



# Do You Know an Adult Who Can No Longer Make Health Care Decisions?

## If you become their Health Care Surrogate, you can decide for them

**What if someone you know can't make health care decisions?** If you want to help, you have some choices.

First, see if the person who needs help already has any of these legal papers:

1. Appointment of Health Care Agent/Durable Power of Attorney for Health Care
2. Appointment of Health Care Surrogate / Provider Identification of Surrogate
3. Conservatorship of the Person

These legal papers tell you who can already make decisions for the person who needs help.

What if they don't have any of these papers? But can't make their health care decisions? Then their doctor can make someone the **Health Care Surrogate**. A Health Care Surrogate only decides about health care for the person who needs help.



### How does the doctor decide who should be the Health Care Surrogate?

The doctor looks for someone who, among other things:

- Is willing to help
- Has regular contact with the patient
- And shows care and concern for the patient
- The person's doctor must say that the person can't make their own decisions
- The doctor must be sure no one else has the right to make health decisions for this person
- The doctor must sign a paper naming you as Surrogate

### How to become a Health Care Surrogate

- You must also sign the paper agreeing to be the Surrogate
- You don't need a lawyer or judge to become a Surrogate.

- The doctor may use the **Provider Identification of Surrogate** paper that is with this booklet.

### What happens to the surrogate paper after it is signed?

The Surrogate paper must be in the medical records of the person who needs help.

What if the person who needs help has more than one doctor or medical provider? Each doctor must put a copy of the paper in the person's medical records.

### How to make decisions as a Health Care Surrogate

1. You must first see if the person has an Advance Care Plan or Living Will. These papers say what kind of health care they want. If they have either of these legal papers, you must do what the papers say.
2. What if there is nothing in writing? Then see if the person told anyone what kind of health care they want. If so, you must do what the person who needs help wants.
3. What if there is nothing in writing? And the person didn't tell anyone what health care they want? Then you must decide what is best for the person.

This booklet is not meant to take the place of legal advice. Each case is different and needs individual attention.



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Department of Health, Division of Health Licensure and Regulation

PROVIDER IDENTIFICATION OF SURROGATE

I, \_\_\_\_\_ have identified \_\_\_\_\_
Print Name of Designated Physician Print Name of Surrogate

as surrogate decision maker for \_\_\_\_\_ based on the criteria below.
Print Name of Patient

Surrogate Identity and Contact Information:

Relationship to patient: \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_
Address: \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_
\_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_
\_\_\_\_\_ Other:( ) \_\_\_\_\_

Criteria considered in identification of surrogate (mark all that apply):

- checkbox exhibits special care and concern for patient
checkbox familiar with patient's personal values/wishes
checkbox reasonably available
checkbox willing to serve
checkbox able to act in accordance with patient's known wishes/best interests
checkbox regular contact with patient prior to/during illness
checkbox able to visit patient during illness
checkbox available for face-to-face contact with providers
checkbox able to participate in the decision-making process

\_\_\_\_\_  
Physician's Signature Date/Time

Any individuals in disagreement? checkbox Yes checkbox No If yes, please explain: \_\_\_\_\_

Acceptance by Surrogate: I agree to serve as surrogate decision maker for the patient named above and am able and willing to make medical decisions on the patient's behalf.

\_\_\_\_\_  
Surrogate's Signature Date/Time

If no surrogate can be identified, the designated physician may make health care decisions for the patient after obtaining one of the following signatures:

I certify that the designated physician has consulted with and obtained the recommendations of the facility's ethics mechanism:

I am a physician not directly involved in the patient's care; I do not serve in a capacity of decision-making, influence, or responsibility over the designated physician; I am not under the designated physician's decision-making, influence, or responsibility; and I concur in the care plan for this patient.

\_\_\_\_\_  
Print Name of Facility Ethics Representative

\_\_\_\_\_  
Print Name of Second Physician

\_\_\_\_\_  
Signature of Facility Ethics Representative

\_\_\_\_\_  
Signature of Second Physician

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Date/Time