

Advance Health Care Directives: The Rights You Save Could Be Your Own

Note: This article is based on Connecticut law. If you are a Massachusetts resident, please contact the Office of the Attorney General in Massachusetts at 1-888-243-5337 for information regarding your state’s advance directive laws.

Planning in advance for our own future health care needs has definite benefits. Doing so allows us to protect our rights as patients to accept or refuse medical care should we be unable to verbalize our wishes due to illness or injury. Advance planning saves family, friends and physicians from the difficulty of making decisions based on guesswork about what your wishes might have been. **Please inform your physicians whether or not you have completed an advance directive (living will and/or appointment of health care representative) so that your physicians can include this information in your medical records.**

	LIVING WILL	HEALTH CARE REPRESENTATIVE
TYPE OF ADVANCE DIRECTIVE Note: You may complete one or two advance directives.	States your wishes regarding any kind of health care you may receive, including whether you want “life support systems” to keep you alive. It is effective only when you are unable to make or communicate your decisions about your medical care.	A person you authorize to make any and all health care decisions on your behalf, including whether to withhold or withdraw life support systems. A health care representative cannot act unless you are unable to make or communicate your decisions about your medical care.
HOW TO SIGN	Must be signed and dated in the presence of two witnesses.	Must be signed and dated in the presence of two witnesses. A health care representative cannot be a witness.
WHO NEEDS A COPY	Keep the original and make copies for your family, physicians and anyone else you want to keep informed.	Keep the original and make copies for your health care representative, physicians, family and anyone else you want to keep informed.
REVOCAION OF CHANGES	Can be revoked orally or in writing whenever you want. Inform your physicians and family and anyone who has a copy of your living will that you have revoked it.	Can be revoked whenever you want but must be in writing and signed by two witnesses. Inform your health care representative, physicians, family and anyone else who has a copy of your advance directive that you have revoked it.
WHOM TO CONTACT FOR FORM	Office of the Attorney General at 860-808-5318 or www.cslib.org/attygenl/ (Click on the “Health” tab)	Office of the Attorney General 860-808-5318 or www.cslib.org/attygenl/ (Click on the “Health” tab)