

2008

PATIENT HANDBOOK



Ochsner[™]

Baptist Medical Center

2700 Napoleon Ave.
New Orleans, LA 70118
(504) 899-9311

Mission and Vision Statement 2

Telephone Directory 2

Message From Our CEO 3

General Information 4 - 18

Admissions/Patient Registration 4

What To Bring, Financial Arrangements 5

Going Home 6

Parking, Family Waiting Room 7

Dining Services and Vending Machines, Safety 8

Pain Management, Dietitians, Housekeeping,
 Flowers, Newspapers 9

No Smoking, Organ Donors, Pastoral Care, Patient
 Education 10

“You Can Make Healthcare Safer” 11

Medication Safety Tips 11

Security, Social Services, Taxis, Telephones, Television 12

Visitors, No Emergency Services, Complaints/Conflicts . . 13

Contributions 15

Hearing Impaired Services, Vision Impaired Services . 16

Foreign Language Interpreters, Obtaining
 Your Medical Records 17

Volunteer Services 18

Patient Rights & Responsibilities 19 - 22

Advance Directives 23 - 26

Living Will/Declaration Form 27 - 28

Power of Attorney for Healthcare Decisions 29

Notes 30-32

Mission

To uphold the legacy of excellence in healthcare delivery that Ochsner Baptist Medical Center has provided since 1926.

Vision

To be a role model and leader in advanced healthcare for the Greater New Orleans community.

TELEPHONE DIRECTORY

Ochsner Baptist Medical Center

2700 Napoleon Ave.
New Orleans, LA 70115
www.ochsner.org

Main Number	504-899-9311
Admissions/Patient Registration	504-897-5947
Patient Information	504-899-9311

Driving Directions

From Interstate-10, exit Carrollton Avenue south to Claiborne Avenue and turn left. Follow Claiborne to Napoleon Avenue and turn right. Go three blocks to Magnolia and turn right into the driveway of 2626 Napoleon Ave. Access the Medical Office Buildings by turning right off Napoleon Avenue at Clara Street and following the signs to the Jena Garage.

Welcome to Ochsner Baptist Medical Center!

Since 1926, Ochsner Baptist Medical Center has cared for generations of local families. We continue to use our resources to serve during this time of recovery, rebuilding to offer the kind of medical services New Orleans needs now and in the future.



In addition to offering services from our hospital located at 2626 Napoleon, our Medical Office Buildings—Women’s Pavilion, 4429 Clara St., and Napoleon Medical Plaza, 2820 Napoleon Ave.—are open, and physicians are treating patients. We will announce plans to reopen more facilities soon.

Ochsner Baptist Medical Center is committed to remaining a healthcare leader in this region. From our landmark location on Napoleon Avenue, Ochsner Baptist Medical Center will be as significant to the future of New Orleans as we were to its past.

Sincerely,

Robert Wolterman

Chief Executive Officer

Thank You For Choosing Ochsner Baptist Medical Center

Welcome to Ochsner Baptist Medical Center. Everyone on our staff is here to serve you and your family. We are focused on working for your improved health and are honored that you are our patient. If we can do anything to serve you better at any time, or if you have questions, please let us know.

This Handbook contains information for patients at Ochsner Baptist Medical Center. For more specific information or questions, please call Admissions/Patient Registration at **504-897-5947** or visit our website at **www.ochsner.org**.

We encourage patients to read and understand the Patient Rights & Responsibilities and Advance Directives, which cover Living Wills and Healthcare Power of Attorney.

Admissions/Patient Registration

Your physician, a member of Ochsner Baptist's medical staff, schedules your hospital admission. We request that patients follow pre-admission procedures as soon as possible after they learn they will be coming to the hospital. Pre-admission saves you valuable time and makes the process easier.

When it is time to come to the hospital for admission or pre-admissions testing, patients should follow the instructions or directions given to them by their physician.

Report to the Patient Registration office on the 1st floor of Ochsner Baptist Medical Center located at 2626 Napoleon Ave, on the corner of Napoleon and Magnolia St. directly across from the main Ochsner Baptist building which remains closed. Complimentary parking is available behind Ochsner Baptist Medical Center. Pull into the building's driveway to access free parking. Patients should not park in the Jena Garage, which serves the Medical Office Buildings. Pedestrian bridges from the Jena Garage to the main hospital are closed.

What To Bring

You will need only a few personal items such as pajamas, robe, slippers and toilet articles. Please bring all medical insurance documents, identification and cases for glasses, contact lenses and dentures.

Do not bring watches, jewelry, cash or other valuables. Ochsner Baptist will only be responsible for these items if they are deposited in our safe when you are admitted.

Bring all medications you are taking or a complete list of your medications, including drug names, dosage, time of day and/or frequency.

Financial Arrangements

When you are admitted, you should confirm financial arrangements for your care. Bring your hospitalization insurance, Medicare or Medicaid or Champus policy, identification card, driver's license or other ID and other pertinent information.

Most insurance companies require pre-admission certification and a second opinion before surgery. It is the patient's responsibility to know their pre-admission requirements and coverage. The patient's physician needs to be advised of requirements. This process must be completed before admission. If this has not been done in accordance with the policy's requirements, insurance benefits could be reduced or denied.

As a courtesy, we will accept verifiable third-party coverage and help in any way possible to expedite your claim. However, please remember that patients are ultimately responsible for their account. An insurance policy is a contract between patients and their insurance company. Most hospital insurance plans do not fully cover hospital bills. All bills are payable in full at the time of discharge unless financial arrangements have been made with

the Business Office before discharge. At the time of discharge, you will need to be prepared to pay the estimated balance due over your verified insurance coverage.

The Business Office will file your claim for insurance assigned to the hospital. If the insurance company pays more than is estimated, we will issue a refund. If an insurance payment is less than our estimate, we will bill you for the balance due. Ochsner Baptist can provide several payment and financing options.

After you leave the hospital, you may receive separate bills from your physician, anesthesiologist, radiologist or laboratory (pathology fees). If you have questions about your coverage or bill, call **1-888-377-3031**.

Going Home

Being discharged from the hospital is an important stage in your recovery.

Patients having outpatient surgical procedures must be accompanied by a family member or friend, who is able to stay at the hospital throughout their procedure and escort them home from the hospital. Failure to follow this policy may cause cancellation of your procedure. No outpatient surgical patient will be allowed to leave the hospital without a family member or friend.

To simplify the discharge process, remember these steps:

- Your physician will write a discharge order when you are medically ready to leave the hospital.
- Your doctors and nurses will discuss discharge information with you. Your doctor will let you know if an office visit is necessary after discharge.
- You will then receive a discharge slip.
- Check your room for personal belongings, and reclaim any

valuables from the hospital safe.

- When your transportation arrives, allow us to escort you from the hospital.
- A number of our patients will receive a patient satisfaction survey in the mail after discharge. If you receive one, please take the time to respond so we can continue to improve service to patients and their families.

Parking

Parking is available on the surface lot adjacent to the 2626 Napoleon Avenue building. Handicapped spaces also are available.

The Jena Garage is available to patients seeing physicians in Ochsner Baptist's Medical Office Buildings – Napoleon Medical Plaza and the Women's Pavilion. Hospital patients should not use the Jena Garage. It is more convenient to park near the 2626 Napoleon Ave. building. Pedestrian bridges through the main hospital are closed. Call **504-899-9311** if you have questions about parking.

Family Waiting Room

For the convenience of family and friends, Ochsner Baptist has a comfortable waiting room on the first floor. Please check in with the receptionist so physicians and nursing staff will be able to contact you if they need to discuss the patient's condition.

DINING SERVICES AND VENDING MACHINES

Hospital Dining Facilities

The Cafeteria is on the second floor of the 2626 building and is open for lunch only 11:30 a.m. – 2 p.m., Monday – Friday. Please communicate any dietary needs to your nurse.

Free coffee is available, and snacks may be purchased 24 hours a day in vending machines located on the first floor lobby. Please do not bring food into the lobby, waiting areas, or patient rooms.

Safety

For the safety of patients, visitors and employees, please observe these regulations:

- Your physician and the hospital pharmacy will supply all your medication while you are in the hospital.
- Do not bring plug-in appliances such as electric razors or hair dryers.
- Any electrical appliance must be checked by Engineering before you use it in the hospital. Ask a nurse to contact Engineering to provide this service.
- If you need any kind of help getting up and down or moving about, call a nurse. This can help prevent injury.
- Please do not get in or out of a wheelchair without assistance.
- Please cooperate if a staff member requests that you do not use a cell phone in an area of the hospital. Under some circumstances, cell phone use could interfere with patient care technology.

Pain Management

All staff members are committed to helping patients feel comfortable. As a patient, you can expect the following:

- Any reports of pain will be believed
- Information about pain and pain relief measures will be given
- Health professionals will respond quickly to reports of pain
- Effective pain management

Patients must let doctors and nurses know as soon as they feel pain or if they experience a change in how they feel after taking pain medicine. Nurses will inform patients about the hospital's pain rating scale, which allows them to better manage discomfort. Please take time to read the Pain Management brochure.

Dietitians

Dietitians are specialists in food and nutrition. In accordance with your physician's orders, they help you select a special diet. If you have questions, ask your nurse to contact a dietitian for you.

Housekeeping

If you need housekeeping or linen service in your room, contact your nurse.

Flowers

Flowers are brought to your room as they are received.

Newspapers

Newspapers are available upon request.

No Smoking At Ochsner Baptist, Help With Quitting

To protect your health, Ochsner Baptist is a smoke-free facility. No one may smoke in patient rooms, corridors, waiting rooms or other areas of the hospital.

As an advocate for the health of our patients and community, Ochsner Baptist wants to help smokers kick the habit. A toll-free Smoking Cessation Helpline is available to all smokers at **1-800-LUNGUSA (586-4872)**. Call during business hours to learn about stop smoking classes and support.

Smoking is a known cause of cancer, heart disease, stroke, complications of pregnancy and chronic obstructive pulmonary disease. About half of all regular smokers will eventually die of smoking related disease. Ochsner Baptist encourages you to quit to improve your health and longevity.

Organ and Tissue Donors Always Are Needed

Ochsner Baptist encourages you to become an organ donor. The need is great. Nearly 1,500 persons in Louisiana wait for lifesaving organ transplants, and an estimated 10 Americans on the transplant waiting list die each day. One organ donor saves as many as eight lives. To become a donor or learn more, call Louisiana Organ Procurement Agency, **1-800-521-4483**.

Pastoral Care

At Ochsner Baptist, we understand that the spiritual aspect of healthcare is important to recovery. If you would like to speak to a chaplain, ask your nurse to help arrange a contact.

Patient Education

We value patient education and want to help you learn about staying healthy and get information on medical procedures and conditions.

YOU CAN MAKE HEALTHCARE SAFER



Many patient education materials are available. Ask your nurse to learn more.

Healthcare processes and systems are generally very safe, but accidents can happen.

The National Patient Safety Foundation has suggestions to make your healthcare experience safer.

- Work with your doctor and other healthcare professionals as a team.
- Share your health history with your care team.
- Share up-to-date information about your care with everyone who's treating you.
- Make sure you understand the care and treatment you will be receiving.
- Pay attention. If something doesn't seem right, if a medication is now a different color or in a different amount, or if a routine has changed, verify that it is correct with your doctor or healthcare professional.
- Discuss any safety concerns with your healthcare team.

Medication Safety Tips

- Keep an up-to-date list of ALL medicines (prescriptions and over-the-counter) and dietary supplements such as vitamins and herbals.
- Know the medicines—prescription and over-the-counter.
- Make sure you understand the directions. Ask if you have questions or concerns.
- Ask about possible interactions your medicine can have with other medicine or dietary supplements (including vitamins and herbal supplements), beverages or foods.

- Ask if there is anything you can do to minimize side effects, such as eating before you take medicine to reduce stomach upset.

Security

Dial 0 to reach Security, which always is available to patients, families and visitors. Officers will walk you to your car, perform other helpful services or check reports of suspicious activity.

Social Services

If your doctor requests, a social worker will counsel you and your family, help arrange for home care, refer you to other community services and coordinate placement in extended care facilities upon discharge. To learn more, ask your nurse to consult with a social worker.

Taxis

To call a taxi, **dial 0** to reach the main operator who can perform this service for you.

Telephones

Telephones are provided at no charge in all patient rooms. To make a local call, **dial 9** and wait for the dial tone before calling. Long distance calls must be made collect or billed to your home or business phone. **Dial 0** to get the switchboard operator to place a long distance call. The main number for Ochsner Baptist Medical Center is **504-899-9311**.

Television

Television is offered to all patients free of charge. You will receive instructions for operating your TV. Please be considerate of others and keep the volume low.

Visitors

Visiting hours are from 8 a.m. to 8:30 p.m. Persons who are ill should not visit. Please use caution in bringing young visitors. All children must always be accompanied by an adult. Adults or children with fever, cough, rash, sore throat, nausea, diarrhea or recent exposure to illness should not visit.

Patients must have their rest. Please respect the need for a quiet environment.

No Emergency Services

There are no emergency services at this time at Ochsner Baptist.

Complaints/Conflicts

Ochsner Baptist has a mechanism for receiving and responding to complaints and grievances. Patients should express any complaints or concerns to the staff person involved. If unresolved, the patient representative or nurse manager will coordinate the referral of the matter to the appropriate person for resolution.

Patients may file a grievance with the hospital by calling Administration at **504-897-5998**, or writing Ochsner Baptist Medical Center, 2700 Napoleon Avenue, New Orleans, LA, 70115, Attention: Administration. You may also file a grievance with the State Department of Health and Hospitals by calling **1-866-280-7737**, visit www.dhh.la.gov, or by writing to:

The Louisiana Department of Health and Hospitals
Health Standards Section
P.O. Box 3967
Baton Rouge, LA, 70821

A grievance is defined as ***“a written or verbal complaint (when the verbal complaint about patient care is not resolved at the***

time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoP), or a Medicare beneficiary billing complaint related to rights and limitations."

Any person who believes s/he has been subjected to discrimination on the basis of disability may file a grievance. The Law and Regulations may be examined in the office of the Manager of the Patient Relations Department at **504-842-3971** who has been designated to coordinate the efforts of Ochsner Health System to comply with Section 504 of the Rehabilitation Act. Ochsner Health System will not retaliate against anyone who files a grievance or cooperates in the investigation of a grievance. Grievances involving claims of disability discrimination must be submitted to the Section 504 Coordinator within 10 days of the date the person filing the grievance becomes aware of the alleged discriminatory action. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. The Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing. The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to the Patient Relations Department within 5 days of receiving the Section 504 Coordinator's decision. A written decision in response to the appeal will be issued no later than 30 days after its filing.

Ochsner Health System will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing inter-

preters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings.

You may also lodge a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights; and/or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). You may lodge a complaint with these agencies regardless of whether you have first used the hospital's internal grievance process.

U.S. Department of Health and Human Services
Office for Civil Rights
1301 Young Street, Suite 1169
Dallas, TX 75202
Toll Free 1-800-368-1019

Joint Commission on Accreditation of Healthcare Organizations
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Toll Free 1-800-994-6610

Contributions

Ochsner Health System welcomes and appreciates donations from patients, friends or organizations in support of our activities in patient care, medical education and research. All gifts are tax-deductible.

For additional information about making a contribution to Ochsner Health System, please contact or visit:

Department of Philanthropy
1514 Jefferson Highway, Brent House, Suite 240
New Orleans, LA 70121
504-842-7110

Hearing Impaired Services

Ochsner Health System has many services for the hearing impaired. To ensure effective communication with patients and their companions who are deaf or hard of hearing, Ochsner Baptist Medical Center provides sign language interpreting services, telecommunication devices (TDDs), assistive listening devices (ALDs) and other aids and services to persons who are deaf or hard of hearing. These services are provided by the hospital free of charge. TDD phones are available for use in patient rooms. If you need a TDD phone or assistance using the TDD phone or other assistive listening devices, please ask your nurse or case manager.

Sign language interpreting services are available 24 hours a day free of charge. Please contact your nurse or case manager to arrange these services.

Vision Impaired Services

It is the goal of Ochsner Baptist Medical Center to ensure reasonable access to information and services when a patient, family member or visitor is blind or visually impaired. Every reasonable attempt will be made to accommodate the special needs of the blind or visually impaired when relevant to the care and comfort of the patient. This may include syringe magnifiers and flat magnifiers, large print materials such as communication cards and pictographs, diabetes education materials and DVDs with detailed audio content for diabetic education, Braille indicators throughout the facility for elevators and directional signage, and handicapped parking spaces. OBMC also uses Lighthouse for the Blind at **504-899-4501** as a resource.

Community services for the visually impaired include:

Lighthouse for the Blind at **504-899-4501**

Radio for the Blind as WRBH 88.3 FM

Foreign Language Interpreters

Foreign language interpreters are available 24 hours a day to assist non-English speaking patients in all aspects of their care. These services are provided free of charge. Interpreter services may be obtained through the AT&T Language Line or American Sign Language interpretation. Please contact your nurse or case manager for assistance.

Obtaining Your Medical Records

To obtain copies of the medical record, the patient's written authorization must be signed and dated, and it must include the name and address of the individual who is to receive the copies of the record, the treatment dates that are to be copied and the reason for the request.

Hospitalized patients or their family members may request the authorization form directly from their nursing staff.

Following the discharge of the patient, requests for release of information should be forwarded to the Release of Information Department. The phone number is **504-897-5950**.

Patients who request copies of their record for their personal use may receive an abstract of their record for a copy fee of \$1.00 per page up to 25 pages and \$.50 for every page over 25 pages. The fee schedule for these copies may be obtained from the Health Information Management Department or the Release of Information Department.

For additional information regarding Release of Information, call **504-897-5950**.

Volunteer Services

At Ochsner Health System, volunteers are an integral part of the service system. We have volunteer opportunities in assisting with patient and non-patient needs in a professional atmosphere throughout the institution. We have flexible volunteer shifts, with morning and afternoon times available to match your schedule. Our volunteer benefits include free parking, discounts at our campus restaurants and gift shop and the use of our medical library. We also offer you attendance at many of our educational workshops and events. Daily complimentary meals are provided to active volunteers.

If you or someone you know is interested in volunteering at our hospital, clinic or neighborhood clinics, please call our Volunteer Service Team at **504-842-5085** or visit Ochsner's website at <http://www.ochsner.org/volunteer> to fill out an application.

Welcome:

We consider you a partner in your health care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other healthcare professionals, you help make your care more effective. While you are in the hospital, your rights include the following:

Your Rights as a Patient Include:

You have a right to be provided services in a non-discriminatory manner in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, as well as any other applicable Federal and State laws and regulations.

You have the right to a reasonable, timely response to your request or need for care, as well as the right to considerate and respectful care including an environment that preserves dignity and contributes to a positive self-image.

You have a right to information regarding patient rights, advocacy services and complaint mechanisms, and the right to prompt resolution of any complaint. You or a designee has the right to participate in the resolution of ethical issues surrounding your care. You have a right to file a complaint if you feel that your rights have been infringed, without fear or penalty from Ochsner or the Federal Government. You may file a complaint with Patient Relations by calling **504-842-3971**. At any time, you may lodge a grievance with the LA Department of Health and Hospitals by calling **866-280-7737**, or the Joint Commission on Accreditation of Healthcare Organizations at **800-994-6610**.

You, or someone acting on your behalf, have the right to understandable information on your health status, treatment and progress in

order to make decisions. You have the right to know the nature, risks and alternatives to treatment. You have the right to be informed, when appropriate, regarding the outcome of the care that has been provided. You have the right to refuse treatment to the extent permitted by law, and the right to be informed of the alternatives and consequences of refusing treatment.

You, in collaboration with your physician, have the right to make decisions regarding care and the right to participate in the development and implementation of the plan of care and effective pain management. You have the right to know the name and professional status of those responsible for the delivery of your care and treatment.

You have a right within legal guidelines to have a guardian, next-of-kin or legal designee exercise patient rights when you are unable to do so. You have the right for your wishes regarding end-of-life decisions to be addressed by the hospital through advance directives. You have the right to personal privacy and confidentiality and to expect confidentiality of all records and communications pertaining to your care. You have the right to request a paper copy of our complete Notice of Privacy Practices, which we are required to provide to you and follow.

You have the right to receive communications about your health information confidentially. You have the right to request restrictions on the uses and disclosures of your health information. You have the right to inspect, copy, request amendments and receive an accounting of to whom we have disclosed your health information.

You have the right to know if your physician wishes to include clinical investigation as part of your care or treatment. You have the right to refuse to participate in such research.

You have the right to information about charges and available payment methods before services are rendered; immediate and long-term financial implications of treatment choices, insofar as they are known. You have the right to request an explanation of your bill and to be given timely notice of non-coverage of services by your payor.

You have the right to be provided with interpretation services if you do not speak English; to alternative communication techniques if you are hearing or vision impaired; and to have any other resources taken on your behalf to ensure effective communication. These services are provided free of charge.

You have a right to personal safety (free from mental, physical, sexual and verbal abuse, neglect and exploitation). You have the right to access protective and advocacy services. You have the right to protection of personal possessions, entrusted to the hospital for safekeeping. If you have a safety concern, we encourage you to report it to a department manager or to Patient Relations.

You have the right to consent and rescind consent to recording or photographic, video, electronic or audio filming for purposes other than identification, diagnosis or treatment.

Your Responsibilities as a Patient Include:

To the limit of capability, you are responsible for providing accurate and complete information relevant to the provision of services, including but not limited to present complaints, past illnesses, hospitalizations, medications, pain management and advance directives.

You are responsible for making a reasonable attempt to understand what is expected of you, including asking questions as needed. To the limit of capability, you are responsible for accepting the consequences for the outcomes if you do not follow the care, treatment and service plan.

You are responsible for being considerate and respectful of hospital staff and property as well as other patients and their property.

You are responsible for entrusting valuables to the hospital for safekeeping, when other options are impractical. You are responsible for complying with hospital safety regulations, operational policies and financial policies, and for helping your caregiver provide a safe patient care environment.

Declarations, Advance Directives

Louisiana law recognizes that all persons have the right to control the decisions that relate to their own medical care. This control includes those decisions which an individual can make to have “life-sustaining” procedures maintained, withheld or withdrawn in the event the person is diagnosed as having a terminal and irreversible condition. In Louisiana the way an individual makes such decisions and communicates the decisions to others is called a “Declaration.”

Information about Louisiana’s law concerning Advance Directives

Each competent adult--i.e. each competent person eighteen (18) years of age or older--has the right to make a Declaration. A Declaration is a written, oral or nonverbal communication which expresses the person’s wishes regarding the maintaining, withholding or withdrawing of life-sustaining procedures in the event the person is diagnosed as having a terminal and irreversible condition. In other words, you can make a Declaration and instruct your physician and your friends and family to maintain life-sustaining procedures and thereby maintain your life, or you can instruct them to withhold or withdraw such procedures and allow you to die.

You may also use a Declaration to designate another individual to make treatment decisions on your behalf in the event you are unable to do so. Because you may not be able to communicate your desires in the event you have a terminal and irreversible condition, the law allows you to make your Declaration before such unfortunate circumstances exist.

Although it could include many things, basically a life-sustaining procedure is the kind of procedure (including the giving of food and water), which would only prolong the dying process. Such procedures do not include any measure which is necessary to

provide comfort. A “terminal and irreversible condition” means what it sounds like and includes:

A continual profound comatose state with no reasonable chance of recovery.

A condition because of injury, disease, or illness which will result in death and for which life-sustaining procedures would only postpone death.

You should know that if you fail, for any reason, to make a Declaration, the law will not presume that you desire that life-sustaining procedures be maintained. In fact, the law allows certain other people to make a Declaration for you if you are diagnosed as having a terminal and irreversible condition, unable to act on your own behalf and have not made a Declaration. Such a Declaration could authorize the withholding or withdrawing of life-sustaining procedures.

Sometimes a Declaration is referred to as a “Living Will.” Louisiana law provides a suggested form, but it is only that—suggested. You are free to use your own words and you can make your instructions as specific as you desire. The form is not as important as the content of your Declaration—that is, the law is more concerned with your desires and instructions than with the form of the Declaration.

Your Declaration may be written or it may be made through any nonverbal communication. However you choose to make your Declaration, you must make it in the presence of two (2) witnesses. Any adult person may act as a witness as long as that person is not related to you by blood or marriage AND as long as that person is not entitled to inherit any portion of your estate.

If you make a Declaration, you must notify your physician. It is your responsibility to take care of giving this information to your

physician. In addition, you may register your Declaration with the Office of the Secretary of State. However, you are not obligated to do this. To register your Declaration you should send either a certified copy or the original Declaration itself to:

Office of the Secretary of State
PO Box 94125
Baton Rouge, LA 70804-9125

The office now charges \$20 for registration. If you have any questions, you may call the office, **225-922-0309**.

You may revoke a Declaration at any time. To revoke a Declaration you may:

- Cancel, deface or destroy the Declaration
- In writing, express your desire to revoke
- Through verbal or nonverbal communication, express your desire to revoke
- File a written notice of revocation with the Secretary of State, in the event you registered your Declaration (currently this fee is \$5)

Healthcare Power of Attorney

Another form of Advance Directive recognized by Louisiana is the Healthcare Power of Attorney. You may use this to appoint someone to make healthcare decisions on your behalf, but you must expressly state this is your wish and intent.

Ochsner Baptist Medical Center's Policies

It is the policy of Ochsner Baptist Medical Center that competent adult patients have the right to make decisions concerning their

medical care, including the right to accept or refuse treatment and the right to formulate Advance Directives. However, patients are not required to have an Advance Directive in order to receive care or treatment at Ochsner Baptist.

It is Ochsner Baptist's policy that when a decision is made, pursuant to a Living Will/Declaration to forgo life-sustaining procedures, the dignity of the individual is to be preserved and measures to foster the patient's comfort, including nursing care, personal hygiene and analgesics, will be maintained.

Sample Living Will/Declaration and Healthcare Power of Attorney forms are on the next page. The American Hospital Association also provides the following resource:

www.putitinwriting.org

Competent adult patients have the right to make decisions concerning medical care, including the right to accept or refuse treatment and the right to formulate Advance Directives (Living Will/Declarations and Healthcare Power of Attorney). The hospital will honor and comply with the terms of Advance Directives presented to the hospital.

Patients are not required to execute Advance Directives in order to receive care or treatment. When a decision is made pursuant to a Living Will/Declaration to forgo life-sustaining procedures, the dignity of the individual is to be preserved and measures to foster the patient's comfort, including nursing care, personal hygiene, and analgesics, as ordered by the patient's physician, will be maintained.

1. *Fill in the blanks and check all life-sustaining procedures that you choose to have withheld or withdrawn under the circumstances set forth in the Living Will.*
2. *Sign original Living Will in the presence of two (2) witnesses who are not related to you by blood or marriage and who are not going to inherit from you.*
3. *Give one copy of your Living Will to your physician.*
4. *Give one copy of your Living Will to a friend or relative who can be trusted to produce the Living Will in the event that you are certified by two (2) physicians to be suffering from a terminal and irreversible condition or to be in a continual profound comatose state with no reasonable chance of recovery and that the application of life-sustaining procedures would serve only to prolong artificially the dying process.*

State of Louisiana Parish of _____

Declaration made _____ this day of _____, _____

I, _____, being of sound mind, willfully and voluntarily hereby make known my express wish and directive that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare that if, at any time, I should have an incurable injury, disease, or illness and be certified by two (2) physicians (one of whom shall be my attending physician) who have personally examined me and determined that I am suffering from a terminal and irreversible condition, or to be in a continual profound comatose state with no reasonable chance of recovery, and the said physicians determine that the application of life-sustaining procedures would serve only to prolong artificially the dying process,

I direct that, except to the extent necessary to give full effect to the provisions of any valid document executed by me providing for the donation of any of my organ(s), such life-sustaining procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical

procedures deemed necessary to provide me with comfort care.

The life-sustaining procedures I choose to have withheld or withdrawn include but are not limited to: (check all that apply)

- heart-lung resuscitation (CPR)
- mechanical ventilator (respirator)
- tube feedings (food and water delivered through a tube)
- intravenous feedings (nutrition or fluids through an IV tube)
- surgery
- other _____

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

This declaration is made and signed by me in the presence of the undersigned witnesses who are not related to me by blood or marriage and who do not stand to inherit from me.

Signature of Declarant

Date

The declarant is known to me and I believe the declarant to be of sound mind.

Witness

Date

Witness

Date

POWER OF ATTORNEY FOR HEALTHCARE DECISIONS



1. *Fill in all blanks including home address and telephone number of those whom you are authorizing to make healthcare decisions for you.*
2. *Sign in the presence of two (2) witnesses.*
3. *Give to the person named in your document.*

State of Louisiana

Parish of _____

I, _____, being of sound mind do hereby

designate (name) _____ of

(address, city, state zip) _____

_____, (telephone) _____

to serve as my attorney-in-fact with full authority to healthcare and treatment decisions for me, including decisions concerning surgery, medical expenses, hospitalization, selection of physicians, nursing home residency and medications, in the event that I am determined by my physician to be physically or mentally incapable of making such decisions.

Such attorney has full authority to make such decisions as fully, completely and effectually, and to all intents and purposes with the same validity as if such decisions had been personally made by me. It is my understanding and intention that decisions concerning the withholding or withdrawal of life-sustaining procedures are not governed by the Power of Attorney but may be governed by a duly executed Living Will/ Declaration.

This done and signed this _____ day of _____, _____

Signature of Declarant

Address

Witness

Witness

