

Patient Handbook



130 North Hospital Drive • Oakdale, Louisiana 71463 • (318) 335-3700



WELCOME TO OAKDALE COMMUNITY HOSPITAL

Welcome to Oakdale Community Hospital where the medical and support staffs are committed to providing you with the highest quality care in the most efficient and compassionate manner possible.

At Oakdale Community Hospital, we are proud of our dedication to satisfying patient needs in Allen Parish and the surrounding region.

This booklet will introduce Oakdale Community Hospital to you and acquaint you with our services and practices. We welcome any suggestions, which you believe will improve our service to you. Should you have any questions or concerns during your hospital stay you are encouraged to contact the Quality Director at 215-3430 or the Administrative Assistant at 215-3431 for assistance.

Thank you for choosing Oakdale Community Hospital.

With best regards,

From

The Staff of Oakdale Community Hospital



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PATIENT INFORMATION PASSCODE

We are committed to providing quality care that is sensitive, compassionate, promptly delivered, and cost effective. The privacy of patient information is second only in importance to patient care itself. In order to better protect your privacy, we are assigning a four-digit passcode for you to give to the family members and friends whom you would like us to share your personal health information.

The family member or friend seeking information will need to provide this passcode to the nurse or other workforce member that they are speaking with, in order to receive any information other than general condition. This passcode will serve as your authorization to disclose your personal health information for purposes such as communication results, findings, and care decisions to family members and friends.

The facility is not responsible for the distribution of this passcode and will assume that the patient is taking reasonable measures to protect the passcode given to them. If you have any questions regarding your privacy as a patient, please contact the Facility Privacy Official at 215-3215 or speak to your nurse.

VISITATION

Oakdale Community Hospital maintains an open-visitation policy from 9:00am until 9:00pm. This policy supports our philosophy that we will take excellent care not only of our patients, but of their families as well. Family members who wish to stay with a patient through the night are expected to stay in the assigned room as much as possible.

If it is necessary for someone to remain overnight with a seriously ill patient or a child, please notify the nursing staff.

General Visiting Hours

9:00am - 9:00pm

Intensive Care Unit

For 30 minutes - two visitors at a time

10:00am – 10:30am

12:30pm - 1:00pm

3:00pm - 3:30pm

5:30pm - 6:00pm

8:30pm - 9:00pm

FOOD SERVICE

Patient's Meal Service

Breakfast	8:00am - 9:00am
Lunch	11:30am -12:30pm
Supper	5:00pm - 6:00pm

Your meal time and menu may be altered if you are on a special diet or will have special testing. If you become hungry between meals, snacks are available, diet allowing. You may request snacks from nursing personnel.

If you have questions about your food service or need assistance in learning more about a special diet that you will need to maintain once you return home, contact your nurse or the department of Nutrition Services. A qualified dietician is on hand to help you with your nutritional needs. The Nutrition Services office is open Monday - Friday from 8:00am-4:30pm and can be reached at extension 3300.

***FOR INFECTION CONTROL PURPOSES,
PATIENTS ARE NOT ALLOWED IN THE CAFETERIA!***

Visitors and guests

Visitors and guests may call extension 3304 for daily cafeteria menu information.

A 24 hour vending area is located near the cafeteria for snacks.

Breakfast	7:30am - 9:30am
Lunch	11:30am -1:30pm

TELEPHONE SERVICES

Telephone service is available in each patient's room. Outside callers can call directly into a patient's room by dialing 215-3___ followed by the room number. Example a patient in room 129 can be reached by dialing 215-3129.

To make a local call:	Dial 9 followed by the phone number
To make a long distance call	Dial 9 followed by 0 for outside operator
To dial a room within the hospital	Dial 3 followed by the room number

IMPORTANT PHONE NUMBERS	EXTENSION
ADMINISTRATION	3225 or 3431
BILLING QUESTIONS	3035
INFORMATION	0
NURSING ADMINISTRATION	3258 or 3259
SOCIAL SERVICES	3079

For individuals with hearing and/or speech impairments, Oakdale Community Hospital has a telecommunication device for the deaf (TDD). For additional information please contact the nursing staff.

WHAT PARENTS NEED TO KNOW

Below are safety tips taken from guidelines from the National Center for Missing & Exploited Children.

WHILE IN THE HOSPITAL

Never leave your child out of your direct line of sight even when you go to the bathroom or take a nap. If you leave the room or plan to go to sleep, alert the nurses or have a family member watch the child.

Do not give your child to anyone without properly verified hospital identification.

Be sure you know the nurse assigned to you and your child.

Question unfamiliar persons entering your room or inquiring about your child-even if they are in hospital clothes or seem to have a reason for being there. Alert the nurses' station immediately.

Determine where your child will be taken for tests, and how long the tests will take. Find out who has authorized the tests. If you are uncomfortable with anyone who requests to take your child or unable to clarify what testing is being done or why your baby is being taken from your room, it is appropriate to go with your child to observe the procedure.

Electronic toys, radios, tape players or other devices that are capable of producing audio and/or visual reproductions will not be allowed inside a croup tent or an oxygen tent.

Children under the age of 14 years should have adult supervision (18 years or older).

Crib usage will be maintained for all infants 24 months and younger. Crib usage requires side rails in UP position. Any parent/guardian refusing crib usage must sign a release or refusal form.

Infants should never be left unattended on a hospital bed.

Do not allow children to play with hospital equipment.

COMPLAINTS

The patient has the right to voice complaints regarding care received and to have those complaints reviewed and, when possible, resolved. If the complaint is not resolved, the facility has provided the patient/parent/designated representative with a list of names, addresses, and telephone numbers of pertinent state client advocacy groups such as the state survey and certification agency, the state licenser office, the state ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit.

Lake Charles Regional State Office	800-256-7777
Allen Parish Ombusman Council On Aging	318-335-3195
Department of Health and Hospitals Health Standard Section	225-342-9500
Consumer Grievance Line	866-280-7737
Government Office of Elderly Affairs	225-664-9343
Advocacy Center for The Elderly And Disabled	800-960-7705 or 504-522-2337
Louisiana Department of Justice	225-326-6705
The Medicaid Fraud Unit	888-799-6885

NON-DISCRIMINATION

Oakdale Community Hospital does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment.

ACCREDITED CARE

Oakdale Community Hospital is accredited by The Joint Commission on Accreditation of Health Care Organizations consisting of the American College of Physicians, American College of Surgeons, American Medical Association, and the American Hospital Association. This is evidence that Oakdale Community Hospital works to bring the highest quality care to you and your family.

Oakdale Community Hospital is:

A member of The American Hospital Association
Licensed by The Louisiana State Department of Health
Certified by The Department of Health & Human Services for participation in Medicare
In compliance with the Civil Rights Act of 1964

SOCIAL SERVICES/DISCHARGE PLANNING

The Social Services/Discharge Planning department is designed to assist you in meeting your discharge planning needs. These Needs may include arranging financial assistance, qualifying for government assistance programs, arranging for home health services and nursing home placement. By notifying the Social Services department of your special needs as soon as possible in the course of your hospital stay, we will be able to provide you with a smooth discharge from our facility.

The Social Services office can be accessed from 8:00am – 4:30pm Monday through Friday at extension 3079.

SMOKING POLICY

It is the policy of Oakdale Community Hospital and the medical staff that smoking is not permitted within the hospital. If you have any questions you will need to discuss them with your physician.

VALUABLES

The hospital management cannot be responsible for the loss of money, jewelry, or other valuables retained in the patient's room. These should be left at home or deposited at the registration area.

When not in use, eyeglasses or dentures should be placed in a protective container and put in a safe place. The hospital is not responsible for the breakage or loss of such articles.

MAIL AND FLOWERS

Any mail or flowers addressed to you will be delivered to your room. Mail received after you have been discharged will be forwarded to your address.

GREETING FROM THE AUXILIARY

The volunteers join the hospital staff in wishing you a speedy recovery and comfortable stay in our hospital. You will recognize us by our pink jackets. We are here to serve you. If we can be of assistance, please let us know. You can call us at extension 3029 or request the nursing staff to contact us. Some of our services include:

- Writing letters and assisting with phone calls.
- Delivering daily mail
- Providing books and magazines for your enjoyment
- Caring for your flowers and plants
- Acting as a hostess in receiving patients and escorting patients to their rooms
- Assisting discharged patients to their vehicle

I. PATIENTS RIGHTS

Oakdale Community Hospital respects the rights of the patient, recognizes that each patient is an individual with unique health care needs, and because of the importance of respecting each patient's personal dignity, provides considerate, respectful care focused upon the patient's individual needs.

Oakdale Community Hospital affirms the patient's right to make decisions regarding his/her care, including the decision to discontinue treatment, to the extent permitted by law.

Oakdale Community Hospital assists the patient in the exercise of his/her rights and informs the patient of any responsibility incumbent upon him/her in the exercise of those rights.

ETHICAL ISSUES

Oakdale Community Hospital has established an Ethics committee to address Ethical issues. Individuals may access the ethics committee through any employee and/or supervisor.

ACCESS TO CARE

Oakdale Community Hospital does not discriminate against any person on the basis of race, color, national origin, disability, ability to pay, or age in admission, treatment, or participation in its programs, services, and activities.

RESPECT AND DIGNITY

The patient, as an individual with personal values and beliefs, has the right to considerate, respectful care at all times and under all circumstances, with recognition of his/her personal dignity, including the exercise of cultural and spiritual beliefs that do not interfere with the wellbeing of others to the planned course of medical therapy.

If a patient has a terminal condition, the patient has the right to the identification and appropriate treatment of primary and secondary symptoms that can respond to treatment, if treatment is desired, establishment of a pain assessment process that results in aggressive management of pain, and appropriate support in the grief process. The patient's family members or significant other may access the institutional Ethics Committee by initiating a written request to the Chief of Staff via the administrator or his designee.

COMMUNICATION

The patient has the right of access to people outside the hospital by means of visitors and by verbal and written communication.

When the patient does not speak or understand the predominant language of the community, he/she should have access to an interpreter at no cost to the patient. The Language Line will be utilized whenever a translator is needed. This is an over-the-phone interpretation service. Visually impaired patients will have content of written material read to them out loud by staff or volunteers

CONSENT

The patient has the right to reasonable, informed participation in decisions involving his/her health care. To the degree possible, this should be based on a clear, concise explanation of his/her condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient should not be subjected to any procedure without his/her voluntary, competent, and understanding consent or that of their legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

The patient has the right to know who is responsible for authorizing and performing the procedures or treatment.

CONSULTATION

The patient, at his/her own request and expense, has the right to consult with a specialist.

REFUSAL OF TREATMENT

The patient may refuse treatment to the extent permitted by law. The patient has the right to formulate advance directives and appoint a surrogate to make health decisions on his/her behalf to the extent permitted by law, although provision of care is not conditioned on the existence of an advance directive.

PRIVACY/CONFIDENTIALITY

The patient has the right, within the law, to personal and informational privacy, as manifested by the following rights:

- To refuse to talk with or see anyone not officially connected with the hospital, including visitors, or persons officially connected with the hospital, but not directly involved in his/her care.
- To wear appropriate personal clothing and religious and other symbolic items as long as they do not interfere with diagnostic procedures or treatments.
- To be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment, or procedure performed by a health professional of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
- To determine the amount of involvement of family/significant others in his/her care.
- To expect that any discussion or consultation involving his/her case will be conducted discreetly and that individuals not directly involved in his/her care will not be present without his/her permission.

- To have his/her medical record read only by individuals directly involved in his/her treatment or in the monitoring of its quality and by other individuals only on his/her written authorization or that of his/her legally authorized representative.
- To expect all communications and other records pertaining to his/her care, including the source of payment or treatment, to be treated as confidential.
- To be placed in protective privacy when considered necessary for personal safety.

HIPAA (Health Information Portability and Accountability Act)

Upon admission, each patient is provided Oakdale Community Hospital's Notice of Privacy Practices Brochure. Your privacy is of utmost importance to us. In order to protect your privacy, please note that you or your family should not approach a physician or staff member concerning patient information where other people can hear your discussion, such as the hallway or in the cafeteria. You have the right to access, request amendment to, and receive an accounting of disclosures regarding your own health information as permitted under applicable law.

Quality/Safety Concerns

If you have any concerns about patient care or safety at Oakdale Community Hospital, you are encouraged to contact Oakdale Community Hospital's management team.

Chief Executive Officer at extension 3225

Chief Nursing Officer at extension 3259

Chief Financial Officer at extension 3223

If the concerns or questions cannot be resolved at this level, you may contact the Joint Commission on Accreditation of Hospitals at:

Joint Commission of Accreditation of Healthcare Organizations.
 Office of Quality Monitoring
 One Renaissance Boulevard
 Oakbrook Terrace, IL 60181
 Phone: 800-994-6610 Fax: 630-792-5635

email: complaint@jcaho.org

INFORMATION

The patient has the right to obtain from the practitioner responsible for coordinating his/her care, complete and current information concerning his/her diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual.

PAIN MANAGEMENT

Patients have the right to appropriate assessment and management of pain.

TRANSFER AND CONTINUITY OF CARE

A patient may not be transferred to another facility unless he/she has received a complete explanation of the need for transfer and of the alternatives to such transfer and unless the transfer is acceptable to the other facility. The patient has the right to be informed by the practitioner responsible for his/her care, or his delegate, or any continuing health care requirements following discharge from the hospital.

HOSPITAL CHARGES

Regardless of the source of payment for his/her care, the patient has the right to request and receive an itemized, and detailed explanation of his/her total bill for services rendered in the hospital. The patient has the right to timely notice prior to termination of his/her eligibility for reimbursement by any third party payer for the cost of his/her care.

HOSPITAL RULES AND REGULATION

The patient should be informed of the hospital rules and regulations applicable to his/her conduct as a patient. Patients are entitled to information about the hospital's mechanism for the initiation, review, and resolution of patient complaints.

II. PATIENT RESPONSIBILITIES

ASKING QUESTIONS

Patients are responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do.

PROVISIONS OF INFORMATION

A patient has the responsibility to provide, to the best of his/her knowledge accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health. He/she has the responsibility to report unexpected changes in his/her condition to the responsible practitioner.

CONFLICTS CONCERNING CARE OF THE PATIENT

Occasionally, a conflict will develop between the patient (and/or parent or guardian, in the case of minors) and the hospital staff or physician concerning the care of the patient. When this occurs, it is the responsibility of the patient (or guardian if appropriate) to inform the Unit Supervisor of the conflict. The Unit Supervisor will attempt to resolve the matter. If he/she cannot resolve the matter, it will be referred to the Chief Nursing Officer, who will review the matter with the patient (or guardian). Presentation of a complaint does not in itself serve to compromise a patient's future access to care.

FOLLOWING INSTRUCTION

A patient and family are responsible for following the care, service, or treatment plan developed. They should express any concerns they have about their ability to follow and comply with the proposed care plan or course of treatment. Every effort is made to adapt the plan to the patient's specific needs and limitations. When such adaptations to the treatment plan are not recommended, the patient and family are responsible for understanding the consequences of the treatment alternatives and not following the proposed course.

It is expected that the patient will not take drugs which have not been prescribed by the patient's attending physician and administered by hospital employees and that the patient will not consume any alcoholic beverages or toxic substances not allowed by their physician during their hospital stay.

The patient is expected to observe all safety regulations that they have been made aware of by both verbal and other means.

The patient is fully responsible for reading or having read to him/her, understanding, and signing all hospital forms associated with their care. The patient should ask questions about anything in the forms that they do not understand prior to signing them.

If the patient is a minor under 14 years of age, a parent or other responsible adult should stay with the patient.

Duly authorized members of the patient's family are expected to be available to Hospital Personnel for review of the patient's treatment in the event the patient is unable to properly communicate with the physicians or nurses.

HOSPITAL CHARGES

The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

HOSPITAL RULES AND REGULATIONS

The patient is responsible for following hospital rules and regulations affecting patient care and conduct.

RESPECT AND CONSIDERATION

The patient is responsible for being considerate of the rights of other patients and hospital personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons in the hospital.

FINANCIAL RESPONSIBILITIES

Insurance

Your insurance plan may require you to be responsible for deductibles and co-insurances. This portion of your bill will be your financial responsibility. Your hospitalization policy is a contract between you and your insurance company and while we will cooperate to the fullest in expediting your claims, you are ultimately responsible for your account.

Should your insurance company require pre-certification, it is your responsibility to contact them prior to admission. The hospital will assist you should your admission be an emergency.

After your discharge any questions you may have regarding your bill or payment should be directed to the Business Office located at 130 North Hospital Drive or by calling 318-215-3035.

Liability Insurance and Worker's Compensation

You are ultimately responsible for your hospitalization even though you may have liability insurance coverage. Oakdale Community Hospital will not accept assignment of your liability coverage or that of another party. The insurance company's settlement will be made directly to you and not with the hospital. Therefore, a deposit may be requested.

If you are injured on the job and the hospital insurance office has received proper confirmation, your employer's workmen's compensation insurance carrier will be billed as a courtesy.

Medicare and Medicaid

If you have Medicare or Medicaid benefits, the admitting office will need the information on the identification cards, which certify your eligibility for this insurance.

Hospital Charges

You will be billed a single daily service charge that will include:

Your Room	Housekeeping
Nursing Care	Admitting
Bedside Meals	Administrative Services

Extra charges are governed entirely by the orders of your physician. Items or services for which additional charges must be made are:

Oxygen	X-Rays
Medications	Physical Therapy
Operating Room	Respiratory therapy
Laboratory tests	Other special diagnostic therapeutic services

Professional Fees

Your hospital bill does not include your attending physician's fee or the professional fees for X-Ray, pathology, and emergency physician fees.

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

AS A HOSPITAL INPATIENT YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO: Louisiana Health Care Review, Inc.

Telephone Number of QIO: 1-800-433-4958

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor, or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor, and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
 - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
 - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like co pays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2 of the form.**

To speak with someone at the hospital about this notice, call 215-3079 or 215-3080.
Form CMS-R-193 (approved 05/07)

ADVANCED DIRECTIVES

Advanced Directives are legal documents that allow you to give directions for your future medical care. The patient or responsible party has the right to formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law.

You can use advance directives to limit certain life-prolonging measures when there is little or no chance of recovery. You can address your wishes concerning cardiopulmonary resuscitation, intravenous therapy, feeding tubes, respirators, dialysis, and instructions about pain relief.

The patient/responsible party has the right to discontinue or change an advance directive. Any advance directive in the patient's medical records is reviewed periodically with the patient or his/her surrogate decision-maker. The Social Services staff can assist you with questions concerning Advance Directives. They can be contacted by dialing extension 3079.

YOUR RIGHTS TO MAKE HEALTH CARE DECISIONS UNDER THE LAW IN LOUISIANA

INTRODUCTION

Louisiana and federal law give every competent adult, 18 years or older, the right to make their own health care decisions, including the right to decide what medical care or treatment to accept, reject or discontinue. If you do not want to receive certain types of treatment or you wish to name someone to make health care decisions for you, you have the right to make these desires known to your doctor, hospital, or other health care providers, and in general, have these rights respected. You also have the right to be told about the nature of the proposed treatments, the risk of failing to undergo these treatments and any alternative treatments or procedures that may be available to you.

However, there may be times when you can not make your wishes known to your doctor or other health care providers. For example, if you were taken to a hospital in a coma, would you want the hospital's medical staff to know what your specific wishes are about the medical care that you want or do not want to receive?

The purpose of the following information is to help you understand your rights to inform health care providers about medical care and treatment you want or do not want. Because this is an important matter, we urge you to talk to your spouse, family, close friends, personal advisor, your doctor and your attorney before deciding whether or not you want an advance directive.

Questions and Answers General Information

What are “Advance Directives”?

Advance Directives are documents, which state your choices about medical treatment or name someone to make decisions about your medical treatment if you are unable to make these decisions or choices yourself. They are called “advance” directives, because they are signed in advance to let your doctor and other health care providers know your wishes concerning medical treatment. Through advance directives, you can make legally valid decisions about your future medical care.

Louisiana law recognizes 2 types of advance directives:

1. A Declaration (Living Will)

Written Instructions that explain your wishes for health care in the event that you have been diagnosed as having a terminal and/or irreversible condition.

2. A Durable Power of Attorney for Health Care

A document that lets you name a person to make medical decisions for you, if you become unable to do so.

Do I have to have an Advance Directive?

NO, it is entirely up to you whether you want to prepare any documents. But if questions arise about the kind of medical treatment that you want or do not want, advance directives may help to solve these important issues. Your doctor or any health care provider cannot require you to have an advance directive in order to receive care; nor can they prohibit you from having an advance directive. Also, under Louisiana law, no doctor, health care provider, or insurance company can charge a different fee or rate depending on whether or not you have executed an advance directive.

What will happen if I do not make an Advance Directive?

You will receive medical care even if you do not have any advance directives. However, there is a greater chance that you will receive more treatment or more procedures that you may want.

If you cannot speak for yourself and you do not have any advance directives, your health care provider will look to the following people in order listed for decisions about your care:

1. Your guardian, if a court has appointed one
2. Your spouse
3. Your adult children
4. Your parents
5. Your brothers and sisters
6. Any other relatives you might have

How do I know what treatment I want?

Your doctor(s) must inform you about your medical condition and what different treatments can do for you. Many treatments have serious side effects. Your doctor must give you information, in language that you can understand, about serious problems that medical treatment is likely to cause. Often, more than one treatment might help you and different people might have different ideas on which is best. Your doctor can tell you the treatments that are available to you, but he cannot choose for you. That choice depends on what is important to you.

Whom should I talk to about Advance Directives?

Before writing down your instructions, you should talk to those people closest to you and who are concerned about your care and feelings. Discuss them with your family, your doctor, your friends, and other appropriate people, such as a member of your clergy or your lawyer. They are the people who will be involved with your health care, if you unable to make your own decisions.

When do Advance Directives go into effect?

It is important to remember that these directives only take effect when you can no longer make your own health care decisions. As long as you are able to give “informed consent” your healthcare providers will rely on **YOU** and **NOT** on your advance directives.

Do I need a lawyer to help me make an Advance Directive?

A lawyer may be helpful and you might choose to discuss these matters with one, but there is no legal requirement in Louisiana to do so. You may use the forms that are provided in this handbook to execute your advance directive. Social Services is available to assist you and answer questions Monday - Friday from 8:00am – 4:30pm or you may ask a member of the nursing staff for help.

What should I do with my Advance Directive?

You should keep them in a safe place where your family members can go get them. Do **NOT** keep the original copies in your safe deposit box. Give copies of these documents to as many of the following people as you are comfortable with:

- Your Spouse
- Family Members
- Your Doctor
- Your Lawyer
- Your Clergy Person
- Any Local Hospital
- The nursing home where you may be residing

STATE OF LOUISIANA
DECLARATION

Declaration made this _____ day of _____, _____ (month, year).

I, _____ being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare:

If at any time I should have an incurable injury, disease or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedure would serve only to prolong artificially the dying process, I direct (initial one only):

_____ That all life-sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.

_____ That life-sustaining procedures, except nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively.

I further direct that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall 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.

Signed _____

City, Parish, and State of Residence _____

The declarant has been personally known to me and I believe him or her to be of sound mind.

Witness _____ Witness _____

"LIVING WILL" DECLARATION
(R.S. 40:1299.58.1 - 40:1299.58.10)

INSTRUCTIONS: Per R.S. 40:1299.58.3(D), the Secretary of State's Office has established a registry in which a person, or his attorney, if authorized by the person to do so, may register the original, multiple original, or a certified copy of the declaration. The filing fee is \$20.00 to register the Declaration and receive a laminated identification card and ID bracelet. The filing fee for a revocation is \$5.00. If a certified copy is requested from this office, there is an additional fee of \$10.00. Mail the declaration, with the filing fee, to: Secretary of State, Attn: Publications, P.O. Box 94125, Baton Rouge, LA 70804-9125

Organ and Tissue Donation

You can help save lives by donating organs and tissues when you die.

Each year tens of thousands of people benefit from:

- Donations of vital organs and tissues – hearts, lungs, kidneys, corneas, livers, bone marrow, skin and more
- Medical research on donated organs and tissues

But more donations are needed!!

Useful organs and tissues are unavailable to many adults and children who desperately need them.

YOU CAN MAKE A DIFFERENCE BY BECOMING A DONOR

Knowing the facts can help you decide.

For example, you may be wondering:

Who can become a donor???

Anyone who is 18 or older and of sound mind may choose to become a donor when he or she dies. (Minors may become donors with a parent or guardian's consent.)

Will my decision interfere with my own health care?

Absolutely not! All patients receive the same high-quality care. Medical personnel must follow strict guidelines before they can pronounce death and remove the donor's organs and tissues.

What do religious groups think about organ and tissue donation?

All major religions in the U.S. support organ and tissue donation. If you have concern about your religion's position, talk with a religious leader.

Does my age or medical history matter?

Don't let either influence your decision. The transplant team will decide at the time of donation whether organs or tissues are useful. If organs or tissue can't be transplanted, they may be used for research.

Will my donation cost my family anything?

NO. Procurement agencies pay the costs associated with recovery of organs and tissues from donors.

Does organ and tissue donation disrupt funeral arrangements?

NO. You can still have a normal funeral. And donation does not disfigure the body. If you plan to donate your body for medical research, be sure you work the details with your local anatomical board.

How are organs and tissues distributed?

Regional organ banks linked to a national computer network match organ donors and recipients. Various tissue banks coordinate tissue distribution.

How will medical personnel know my wishes?

Your Uniform Donor Card (see back page of this handbook) identifies you immediately. This increases the chances that your organs and tissues can benefit others. (In Louisiana a person's donor status is indicated on his/her driver's license.) You will also be asked if you are an organ or tissue donor at admission to the hospital.

Should I tell my family about my decision?

Definitely! Depending on your state's law, a family member may need to give consent before organs or tissues are removed.

Can I change my mind?

Yes. Just tear up your donor card. Follow local regulation if your donor status is indicated on your driver's license. Let your family members know about your decision.

Can people sell their organs, tissue, or body?

No. Neither the donor nor any heirs may receive payment for organs, tissue, or a body.

FOR MORE INFORMATION:

Check local sources. These include:

- Your health care provider
- A hospital
- Your local or state medical association
- Your local kidney, liver, lung, or heart foundation or association
- The nearest regional transplant group or organ procurement organization
- Your local eye bank or Lions Club
- Your local tissue bank

Contact other organizations. These include:

- Coalition on Donation (call for a brochure) 800-355-SHARE
- American Association of Tissue Banks 1-703-827-9582
- The Living Bank 1-800-528-9010
- The National Kidney Foundation 1-800-622-9010
- Eye Bank Association of America 1-202-775-4999

