



## Information About Advance Directives

### What is an advance directive?

An advance directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions (if you are in a coma, for example). If you are admitted to the hospital, the hospital staff will probably talk to you about advance directives.

A good advance directive describes the kind of treatment you would want depending on how sick you are. For example, the directives would describe what kind of care you want if you have an illness that you are unlikely to recover from, or if you are permanently unconscious. Advance directives usually tell your doctor that you don't want certain kinds of treatment. However, they can also say that you want a certain treatment no matter how ill you are.

Advance directives can take many forms. Laws about advance directives are different in each state. You should be aware of the laws in your state.

### What is a living will?

A living will is one type of advance directive. It only comes into effect when you are terminally ill. Being terminally ill generally means that you have less than six months to live. In a living will, you can describe the kind of treatment you want in certain situations. A living will doesn't let you select someone to make decisions for you.

### What is a durable power of attorney for health care?

A durable power of attorney (DPA) for health care is another kind of advance directive. A DPA states whom you have chosen to make health care decisions for you. It becomes active any time you are unconscious or unable to make medical decisions. A DPA is generally more useful than a living will. But a DPA may not be a good choice if you don't have another person you trust to make these decisions for you.

Living wills and DPAs are legal in most states. Even if they aren't officially recognized by the law in your state, they can still guide your loved ones and doctor if you are unable to make decisions about your medical care. Ask your doctor, lawyer or state representative about the law in your state.

## **What is a do not resuscitate order?**

A do not resuscitate (DNR) order is another kind of advance directive. A DNR is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. (Unless given other instructions, hospital staff will try to help all patients whose heart has stopped or who have stopped breathing.) You can use an advance directive form or tell your doctor that you don't want to be resuscitated. In this case, a DNR order is put in your medical chart by your doctor. DNR orders are accepted by doctors and hospitals in all states.

Most patients who die in a hospital have had a DNR order written for them. Patients who are not likely to benefit from CPR include people who have cancer that has spread, people whose kidneys don't work well, people who need a lot of help with daily activities, or people who have severe infections such as pneumonia that require hospitalization. If you already have one or more of these conditions, you should discuss your wishes about CPR with your doctor, either in the doctor's office or when you go to the hospital. It's best to do this early, before you are very sick and are considered unable to make your own decisions.

## **Should I have an advance directive?**

Most advance directives are written by older or seriously ill people. For example, someone with terminal cancer might write that she does not want to be put on a respirator if she stops breathing. This action can reduce her suffering, increase her peace of mind and increase her control over her death. However, even if you are in good health, you might want to consider writing an advance directive. An accident or serious illness can happen suddenly, and if you already have a signed advance directive, your wishes are more likely to be followed.

## **How can I write an advance directive?**

You can write an advance directive in several ways:

- Use a form provided by your doctor.
- Write your wishes down by yourself.
- Call your state senator or state representative to get a form.
- Call a lawyer.
- Use a computer software package for legal documents.

Advance directives and living wills do not have to be complicated legal documents. They can be short, simple statements about what you want done or not done if you can't speak for yourself. Remember, anything you write by yourself or with a computer software package should follow your state laws. You may also want to have what you have written reviewed by your doctor or a lawyer to make sure your directives are understood exactly as you intended. When you are satisfied with your directives, the orders should be notarized if possible, and copies should be given to your family and your doctor.

## **Can I change my advance directive?**

You may change or cancel your advance directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. Again, your changes must be made, signed and notarized according to the laws in your state. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them.

If you do not have time to put your changes in writing, you can make them known while you are in the hospital. Tell your doctor and any family or friends present exactly what you want to happen. Usually, wishes that are made in person will be followed in place of the ones made earlier in writing. Be sure your instructions are clearly understood by everyone you have told.

# Longwood Family Medicine Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

At Longwood Family Medicine, we have always kept your health information secure and confidential. A federal law now requires us to continue maintaining your privacy, to give you notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

We may disclose your health information to a family member or other person who assists in your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to receive an accounting of any uses or disclosures we make of your health information beyond the normal uses.

You may request in writing that we communicate with you about your health information at a particular address or phone number. We will accommodate reasonable requests.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing.

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services, in Washington, DC. You will not be retaliated against for filing a complaint.

For more information or assistance regarding your health information privacy, please contact our Privacy Officer, Vanessa Brewer, at 407-786-0004.

This notice is effective as of April 14, 2003.

V. L. Dawson, Jr MD



**LONGWOOD  
FAMILY  
MEDICINE**

515 W. St. Rd. 434  
Suite 301  
Longwood, FL 32750

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## Advance Directives

Do you have a Living Will? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Durable Power of Attorney for Health Care? Yes \_\_\_\_\_ No \_\_\_\_\_

I acknowledge that I have been given information about advance directives.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide us with copies of your Living Will and Durable Power of Attorney for Health Care if these documents have been completed.

## Longwood Family Medicine Notice of Privacy Practices

I acknowledge that I have been given a copy of the Longwood Family Medicine Notice of Privacy Practices.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

V. L. Dawson, Jr MD



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## OFFICE FINANCIAL POLICY

### PLEASE READ THOROUGHLY AND SIGN

- UPON ARRIVAL:** To avoid delay we ask that you pay any deductible, co-pay, non-covered services, or percent of your responsibility. Doing so while waiting to be seen will save you time at the check-out desk.
- Please be thorough with your insurance information if you expect us to file for you. Bring your insurance card with you.
- As a courtesy, we will file your insurance. It is your responsibility to make sure we receive prompt payment from them. It is useful to maintain frequent contact with your insurance carrier to make sure they are paying as they should. It is at our discretion that we will charge your account with a rebilling fee if we must refile balances over 45 days old. This fee will be payable by you.
- If your insurance denies payment on your account you will be asked to pay by check, cash, or charge. If you do not pay in a timely fashion, your account may be subject to a monthly finance charge and turned over to a collection agency. If you do not agree with the denial it is your responsibility to pay for services and take it up with your insurance.
- MEDICARE PATIENTS:** We are participating Medicare providers. We will bill Medicare as well as secondary insurance, but if payment is not received from your secondary insurance within 45 days, you will be notified and must pay our office the balance due. You must then contact your secondary insurance to pay you for the balance you paid our office.
- MOTOR VEHICLE ACCIDENT & WORKERS COMPENSATION PATIENTS:** You are responsible for making sure the appropriate information for your carrier is provided to us. This includes the accident report, claim address, and contact person handling your case. This must be presented prior to being seen by the doctor. If the proper information is not provided upon check-in you will be asked to pay in full. We will provide the appropriate information for you to file the claim yourself.
- SELF PAY PATIENTS:** This category includes those people with no insurance and patients who have a indemnity plan and wish to file their own insurance. Payment for medical services is expected on the day the services are rendered. We accept Visa, MasterCard, checks, cash, and money orders. If you will not be able to pay for your services in full, you must contact our office to make a payment agreement before coming to see the doctor.
- If your insurance is out of state (except PPO insurance), you must pay for the visit at the time of service. 95% of out of state companies pay the patient and will not pay us directly (even if they tell you that they will).

**If you have any questions regarding this policy please ask prior to being seen by the physician.**

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Patient or guardian

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Date