

HALIFAX HEALTH

MEDICAL CENTER OF DAYTONA BEACH: 303 N. CLYDE MORRIS BLVD., DAYTONA BEACH, FL 32114
MEDICAL CENTER OF PORT ORANGE: 1041 DUNLAWTON AVE., PORT ORANGE, FL 32127
TWIN LAKES SURGERY CENTER: 1890 LPGA BLVD., STE. 200, DAYTONA BEACH, FL 32117

Patient Name
Adm. Date
Date of Birth
MR #

Dr.
Age

Sex
Visit #

LIVING WILL: FLORIDA STATUTE 765

Attachment A

A "Living Will" is a means by which an individual refuses life–prolonging procedures in the event of terminal illness, end stage condition, or persistent vegetative state.

A Living Will may be signed by a competent adult at any time. It does not take effect until the individual is unable to communicate a willful and knowing health care decision.

The Living Will must be witnessed by two persons, one of whom is neither a spouse nor a blood relative of the person making the Living Will.

If the individual is unable to sign or make a mark, he/she may communicate his/her wishes orally and one of the witnesses would sign the individual's name to the document in the presence of the declarant and at his/her direction.

It is the responsibility of the individual to notify the health care provider that a Living Will has been made.

The Living Will must be provided by the individual for incorporation into the current medical records.

A Living Will may be amended or revoked at any time by:

- Any subsequently executed writing;
- Physically destroying or canceling the Living Will by the individual or by another in the presence of the individual, and at the individual's direction;
- Oral expression of intent to amend or revoke;
- By means of a subsequently executed Living Will that is materially different.

A refusal of life support shall not be honored if the person is pregnant.

A Living Will is considered binding. There is no need to obtain court validation unless there are unresolved objections from family members or questions of mental competency at the time of signing.

This document is being provided to you as a courtesy by Halifax Health. You may substitute it with any document that meets the intent of the law for a Living Will. You may want to discuss this with legal counsel, but that is not required by law. Please inform your family that you have executed this document or any similar document.



LWILL

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LIVING WILL

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Declaration made this _____ day of _____, _____.

I, _____,
willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated and (initial one or more of the following three conditions)

- _____ (INITIAL) I have a terminal condition
- or _____ (INITIAL) I have an end-stage condition
- or _____ (INITIAL) I am in a persistent vegetative state

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and 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 or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Surrogate's Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

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

ADDITIONAL INSTRUCTIONS: (optional) _____

Signed: _____ Date: _____

Witnesses' signature, address and phone number:

1. _____ 2. _____



LWILL