What is an Advance Health Care Directive?

An Advance Health Care Directive is the best way to make sure that your health care wishes are known and considered if for any reason you are unable to speak for yourself.

Is an Advance Health Care Directive different from a "living will" or a "Durable Power of Attorney for Health Care"?

The Advance Health Care Directive is now the legally recognized format for a living will in California. It allows you to do more than the traditional living will or the Durable Power of Attorney for Health Care (or "DPAHC").

What if I have already executed a Durable Power of Attorney for Health Care or a Natural Death Act Declaration. Is it still valid? Do I have to complete a new Advance Health Care Directive?

All valid DPAHC and Natural Death Act Declarations remain valid. Thus, unless your existing DPAHC has expired, you do not have to complete a new Advance Health Care Directive. A DPAHC executed before 1992 has expired and should be replaced.

Because the new Advance Health Care Directive gives you more flexibility to state your health care desires, you may wish to complete the new form even if you previously completed a DPAHC or Natural Death Act Declaration. At a minimum, you should review your existing DPAHC or Natural Death Act Declaration to make sure it has not expired and that it still accurately reflects your wishes.

Do I need a lawyer to complete an Advance Health Care Directive?

No. You do not need a lawyer to assist you in completing an Advance Health Care Directive form (such as the form supplied in the California Medical Association kit). An Advance Health Care Directive is valid forever, unless you revoke it or state in the form a specific date on which you want it to expire.

CMA Advance Health Care Directive Kit

Quantity	Price
1	$5.00
2	$7.50
3	$10.00
4	$12.50
5	$15.00
10	$25.00

ORDERS MAILED TO A SINGLE ADDRESS ONLY

WEB place your order at www.cmanet.org

FAX your order to (415) 882-5195. Please include your phone number and Visa or MasterCard number.

MAIL your order and payment to: CMA Publications P.O. Box 7690 San Francisco, CA 94120-7690

PHONE in your Visa or MasterCard order at (415) 882-3388

Please specify: • English • Spanish

Bulk Orders call 1(800) 882-1CMA Price includes tax, shipping and handling

CMA Advance Health Care Directive Kits Quantity _____ Totals $ _____

• Check Enclosed • Visa • MasterCard

Account Number _____ Expiration Date _____

Signature _____ Amount Enclosed $ _____

Name _____

Practice/Company Name _____

Address _____

City, State, Zip _____

Phone ( ) E-mail _____