

Advanced Directive Video Transcript

Hi, my name is Charlayna Braxton, and I'm a regional social worker with Kaiser Permanente, Georgia. I would like to take a few minutes to show you how to complete your Advance Directive form.

An Advance Directive is a document that tells your health care team and loved ones what you want to happen if you can't speak for yourself. They are the best possible way to make sure we know what's most important for you, for your future health care—from a personal, cultural, spiritual, or religious perspective. As your health care provider, we at Kaiser Permanente care about you and want to help with this important but often overlooked planning process.

Let's walk through how to fill out this form together.

First, you should have received a blank Advance Directive form from us by mail, email, or from your doctor's office. If you don't have one, you can download it from our website at www.kp.org. Just click the search button and type in "Advance Directive," then click the Advance Health Care Directive link.

The Georgia form is different from other states, so be sure to select the Georgia region to ensure you have the correct form. You can pause this video as often as you need as you complete each section.

If you have the form in front of you and are ready, let's get started.

Be sure to write your name and date of birth at the top of page one. It's really easy to miss, but just like back in school, you'll need your name on your paper in order to get credit for your work.

There are four parts to the form:

- The first part is selecting a health care agent or someone who can make health care decisions on your behalf if ever needed.
- The second part is about your treatment preferences. What you want to happen in different scenarios.
- Part three is about who you want to be your guardian if a court decides that a guardian is needed.
- And part four is the signatures and making the Advance Directive effective.

Let's start with part one. Your health care agent is someone who can make health care decisions for you if you cannot or don't want to make those decisions yourself. Selecting a backup health care agent is also a good idea.

Many people only choose a health care agent and get signatures. If choosing your health care agent is all you want to do for now, that's fine. You can skip to Part Four to get witness signatures and send the form to us.

If you want to fill out the rest of the form, keep watching.

In part two, you can give more details about what you want to happen in certain scenarios. We encourage you to take time to think about what you would want in each scenario. We encourage you to talk about your preferences with the person you choose as your health care agent to make sure they really understand what you want.

Write your initials next to what you would like to happen in each scenario at the top of page seven. You can also write your own personal, religious, or other treatment preferences that weren't covered in other places on the form.

Take your time. There's no reason to rush through this.

Part three is also optional. It is simply choosing someone to be your legal guardian in the event a court decides that a guardian is needed. Your guardian can be the same person you choose as your health care agent, or it can be someone else.

Part four can be a little tricky but is very important.

Towards the bottom of page eight, write your initials and the date you want the Advance Directive to start. If you want to set a date when this Advance Directive ends and will no longer be in effect, you can also do that here. An end date is not required, and most people don't enter one.

Finally, you will need two adult witnesses to sign the form to be legally valid. Not just one, but two. But here's the tricky part.

The two witnesses cannot be:

- a relative,
- or your chosen health care agent,
- or your backup health care agent,
- or your doctor,
- or medical staff who are directly involved in your health care

The good part though is that the witnesses don't actually have to watch you sign the form. You can just tell them that you signed it and they can sign it too. You also don't need to notarize the form. So that saves you a trip to your bank or notary.

Now you can send your completed form to us by fax mail, email, or drop off a copy at any Kaiser Permanente office during your next visit. Please keep an extra copy for your own records and give a copy to your health care agent as well.

If emailing or faxing, be sure to put your medical record number at the top of each page of the Advance Directive form.

Our fax number is 866-480-8085 and our mailing address is Kaiser Permanente HIMS. Spelled H-I-M-S. 3200 Breckinridge Boulevard, First Floor, East Wing, Duluth, Georgia 30096. And last but not least, our email address is scanning dash operations at KP dot org.

- Fax: 866-480-8085
- Mailing Address:
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Thank you so much for your time and for being a Kaiser Permanente member. I hope this video was helpful, and I'm wishing you the very best of health.