

As a patient at Dupont Hospital, Lutheran Hospital, The Orthopaedic Hospital of Lutheran Health Network, Rehabilitation Hospital, St. Joseph Hospital, Bluffton Regional Medical Center or Dukes Memorial Hospital, you have the right to make your own decisions about the medical care you receive. By disqualifying certain persons that may, by law, consent to your healthcare, that right continues even if you are unable to speak or are no longer able to make your own decisions.

If you did not appoint a healthcare representative, Indiana law provides that a guardian, spouse, parent, an adult child, an adult sibling or a superior in your religious order can consent to your healthcare. None of these individuals have superior decision-making power over the others with regard to your healthcare; your spouse and parent have the same authority to make healthcare decisions on your behalf. If a dispute arises between these individuals regarding your healthcare decisions, it must be resolved by court intervention.

Disqualification of certain individuals to consent for your healthcare does not constitute an appointment of a healthcare representative. By disqualifying certain family members or religious superiors from having authority to make your healthcare decisions, you can limit the individuals who can consent to your healthcare. This allows you to leave a group of family members that may be able to consent to your healthcare instead of designating a single healthcare representative.

A Disqualification of a Person to Consent for Healthcare may be revoked in writing, by destroying the document or by telling others that the disqualification is revoked. The revocation of your disqualification is not effective until you notify your doctors.

Make sure you give copies of your disqualification document to anyone who would be contacted in the event of an emergency. For your convenience, you can list the people who receive a copy of your disqualification on the reverse side of this document. If you make changes to your disqualification document, provide updated copies to your family, physicians and anyone else who may be contacted in an emergency.

You should discuss your decision to execute a Disqualification of a Person to Consent to Healthcare with your family, doctors, lawyer, social worker and/or a clergyperson. Representatives from this hospital are available for consultation and further information. A hospital chaplain is on call 24 hours a day. For legal issues regarding Disqualification of Persons to Consent to Healthcare, you are urged to contact an attorney.

Points to Remember

A Disqualification of a Person to Consent to Healthcare for Patient must be:

- Voluntary, in writing and dated
- Signed by you

If a healthcare representative is not appointed, consent may be given by:

- Judicially appointed guardian or representative
- Spouse
- Parent
- Adult child
- Adult sibling
- Religious Superior, if the individual is a member of a religious order

The individuals authorized to consent to your healthcare shall:

- Make medical decisions in your best interest
- Begin making medical decisions for you when your doctor certifies in writing that you are no longer able to consent

You can revoke your Disqualification of a Person to Consent to Healthcare by:

- Destroying the declaration document
- Notifying the disqualified individual of the revocation orally or in writing
- Verbally or in writing telling your doctor that you revoked the disqualification. Your revocation is not effective until you notify your doctor.

This form was created to comply with Indiana Code. Laws vary from state to state. See your attorney for information about Advance Medical Directives in other states.

Disqualification of Persons to Consent to Healthcare

I, _____ disqualify the following individuals, who may be able to consent to my healthcare under IC 16-36-1-5, from consenting to my healthcare in the event that I am unable to consent to my own healthcare:

The above-named individuals are not authorized to consent to my healthcare in the event that I have not appointed a healthcare representative under IC 16-36-1-7 or my appointed healthcare representative is unwilling or unable to act on my behalf.

Any remaining authorized persons under IC 16-36-1-5 must try to discuss my healthcare decisions with me prior to consenting to the healthcare. However, if I am unable to communicate, any authorized persons may make such a decision for me, after consultation with my physician or physicians and other relevant healthcare givers.

This disqualification is to be exercised in good faith and in my best interest subject to the following terms and conditions (if any):

This Disqualification of a Person to Consent to Healthcare of patient supercedes and revokes any and all prior disqualifications.

Dated this _____ day of _____ (month, year)

Signature _____ Printed _____

Address _____

I declare that I am an adult at least 18 years of age and that at the request of the above-named individual making the appointment, I witnessed the signing of this document by the above-named individual or a person authorized to sign on his or her behalf on the date noted above.

Witness Signature _____ Printed _____

Address _____
