ADVANCE HEALTHCARE DIRECTIVE
Instructions for Patients

STEP 1:
Talk to Your Loved Ones
This is an important step. Your family members and close friends may help in your decision-making process. Remember, you are the expert about what matters most to you, and it’s best to share this information with your loved ones in advance of any unforeseen need.

STEP 2:
Talk to Your Doctor
Have a conversation with your doctor to make sure he or she understands your preferences and future goals of care. It’s very important that your primary care provider understands your goals, values & preferences. It’s often easiest to start with the basics. Bring this up at one of your next visits. Talk about what is important to your health and your healthcare. Discussing the goals of treatment and care is important at any time but especially when there has been a change in your health and/or when you are undergoing treatment for a medical condition. Your physician and other healthcare providers can make sure your values and preferences are known and honored, but they can only do this if you have made that information available.

STEP 3:
Record Your Wishes
Once you’ve decided about naming a healthcare agent and have identified and clarified your healthcare-related goals, values and preferences, use the Advance Healthcare Directive form to record this information. Remember that you can always add more information to suit your individual circumstances.

STEP 4:
Return Your Completed Advance Healthcare Directive, Witnessed or Notarized
Provide copies of your completed Advance Healthcare Directive to your healthcare providers, any individuals you’ve named as an Agent, and other individuals you want to make sure know about your healthcare-related goals, values, and preferences, such as your family and friends. You can also put a copy of this Directive with other important documents you have.
HERE ARE THE WAYS YOU CAN RETURN YOUR COMPLETED AND WITNESSED/NOTARIZED ADVANCE HEALTHCARE DIRECTIVE:

<table>
<thead>
<tr>
<th>Return to Your Doctor</th>
<th>Fax to Cedars-Sinai</th>
<th>Mail to Cedars-Sinai</th>
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<tbody>
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<td>Return it to your doctor or other healthcare provider at Cedars-Sinai.</td>
<td>Fax it to Cedars-Sinai Health Information Department’s dedicated receiving center: Fax: 310-248-8078 Please include your name and date of birth on the first page, and your date of birth on all other pages. This fax is available 24 hours a day, 7 days a week.</td>
<td>Mail it to Cedars-Sinai’s Health Information Department: Health Information Dept. Attn: Penny Koff 8700 Beverly Blvd. South Tower, Room 2901 Los Angeles, CA 90048</td>
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*Note: Please only send copies of your Advance Healthcare Directive and always keep the original signed document in a secure but easily accessible place.

If you have any additional questions or are in need of notary services for your Advance Healthcare Directive, please call 310-967-8300.

**STEP 5:**
**Continue the Dialogue**
You may have several conversations with your doctor, and over time your wishes and goals may change. Continuing the dialogue ensures that everyone understands your current preferences. You can change your choice of healthcare agent and preferences anytime. It’s never too late or too early to reflect on goals, values & preferences. Getting started is an important first step!

A downloadable Advance Healthcare Directive brochure is also available at cedars-sinai.edu/directive