

**Policies & Procedures**

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**ADVANCE HEALTH CARE DIRECTIVES**

**POLICY**

Davis Behavioral Health (DBH) will provide adult patients with written information about Advance Health Care Directives and will also provide education on the advance directive process. DBH will honor a client's Advance Directive for psychiatric care when those preferences are medically appropriate and in a form consistent with UCA-62A-15-1004. DBH will encourage clients to use Advance Health Care Directives and will provide resource support for consumer advocates by providing training and consultation on Advance Directives. The decision to provide care to any client is not conditioned on whether they have executed an Advanced Directive. No treatment discrimination or bias is appropriate or allowable for reasons incident to Advanced Directive instructions.

**PURPOSE**

Advance Health Care Directives are a written statement of a client's wishes for treatment if he/she lacks capacity to make a health care decision. The directive is written at a time when the client is competent, as verified by a family member or friend who serves as an "attorney-in-fact." The purpose is to give the client decision-making ability at a time when he/she is competent so that treatment can follow their wishes in the event he/she becomes impaired and is not competent, including the right to refuse or accept treatment. The Advance Health Care Directive also serves the treatment personnel of DBH who will use the written statement to determine the treatment preferences of the client.

**PROCEDURES**

1. Intake will provide adult patients with written materials and provide a brief explanation of advance directives upon request.
  - a. DBH will provide education on Advance Health Care Directives on an individual basis when requested, on the DBH website and/or in a group setting made available to the community at large. DBH will also provide education to intake and clinical staff regarding the DBH Advanced Directive policy, purpose and procedures as provided herein.
  - b. DBH will notify enrollees that there is one form for mental health and medical Advance Directives. Once an enrollee has filled it out, a copy needs to go to all their providers, including physical health care providers and DBH.

- c. DBH will update written materials to be provided to enrollees and notify all clients with an Advance Directive of any changes in state law regarding Advanced Directives as soon as possible, but no later than 90 days after effective date of the change.
2. DBH staff will request a copy of a client's Advance Health Care Directive when the client indicates that he/she has completed a directive. This directive will be placed in the DBH clinical record and thereby be made available to all treating clinicians. Attention will be drawn to the directive by means of a prominent alert notice added to the face page of the client record..
3. If the client becomes impaired by a mental illness to a degree that he/she could be termed not competent, the primary service coordinator will verify the existence of a current Advance Health Care Directive. At that time, the primary service coordinator will contact the designated attorney-in-fact.
4. The attorney-in-fact will make the determination of when the terms of the Advance Health Care Directive should be implemented. The defined psychiatric and environmental interventions specified in the Advance Health Care Directive will be incorporated into the DBH treatment plan *to the extent that resources allow and within standards of reasonable medical care.*
5. Because of potential conflicts in decision making, and as set forth in Utah statute, DBH personnel will not direct the development of an Advance Health Care Directive, nor will they serve as any client's attorney-in-fact.
6. If a client is currently competent, the current desires of that client concerning treatment supersede any previously expressed preferences in the Advance Health Care Directive. If a client is incompetent at the time of intake, information will be provided when he/she is no longer incompetent.
7. If, as a matter of conscience, an Advanced Directive cannot be implemented. Limitations may include:
  - The difference between institution-wide conscientious objections and those raised by individual physicians.
  - Identification of the State legal authority permitting such objection.
  - Description of the range of medical conditions or procedures affected by the conscientious objection.
8. The client may revoke an Advance Health Care Directive at any time that he or she is competent to do so. The wish to revoke the directive should be indicated in writing. When this indication is made, the Advance Health Care Directives may be removed from the client's clinical record. At this time, the revocation request and a clinical note indicating the rescission of the Advance Health Care Directive will be placed in the record.
9. Complaints regarding advance directives may be filed with the state survey agency.