

The Halachic Medical Directive

GEORGIA ADVANCE DIRECTIVE FOR HEALTH CARE FOR USE IN GEORGIA

The “Halachic Medical Directive” is designed to help ensure that all medical and post-death decisions made by others on your behalf will be made in accordance with Jewish law and custom (*Halacha*). The text of this Halachic Medical Directive has been approved by attorneys for use in your state as of September, 2011. While we do not expect that any future change in federal or state laws would materially affect the validity of this document, you may wish to show it to your own attorney to confirm its effectiveness in subsequent years. You must be an individual 18 years of age or older who is of sound mind at the time you execute this document.

INSTRUCTIONS

(a) **Please print your name on the first line of the form.**

(b) **In section 1, print the name, address, and day and evening telephone numbers of the person you wish to designate as your agent to make medical decisions on your behalf if, G-d forbid, you ever become incapable of making them on your own.**

You may also insert the name, address, and telephone numbers of a successor agent to make such decisions if your main agent is unable, unwilling, or unavailable to make such decisions.

It is recommended that before appointing anyone to serve as your agent or successor agent you should ascertain that person’s willingness to serve in such capacity. In addition, if you have made arrangements with a burial society (*Chevra Kadisha*) for the handling and disposition of your body after death, you may wish to advise your agents of such arrangements.

Note: *Georgia law allows virtually any competent adult* (an adult is a person 18 years of age or older) *to serve as an agent.* Thus, you may appoint as your agent or successor agent your spouse, adult child, parent or other adult relative. You may also appoint a non-relative to serve as your agent (or successor agent). However, a physician or health care provider who is directly involved in your health care may not serve as your agent under this Advance Directive for Health Care.

(c) **In section 3, please print the name, address, and telephone numbers of the Orthodox Rabbi whose guidance you want your agent to follow, should any questions arise as to the requirements of *halacha*.**

You should then print the name, address, and telephone numbers of the Orthodox Jewish institution or organization you want your agent to contact for a referral to another Orthodox Rabbi if the rabbi you have identified is unable, unwilling or unavailable to provide the appropriate consultation and guidance.

You are, of course, free to insert the name of any Orthodox Rabbi or institution/organization you would like, but before doing so it is advisable to discuss the matter with the rabbi or institution/organization to ascertain their competency and willingness to serve in such capacity. You may list Agudath Israel of America as the organization you select; however, we are only available to be contacted on regular business hours and days.

(d) **In section 8, sign and print your name, address, phone numbers, and the date before two witnesses.** If you are not physically able to do these things, Georgia law allows another person to sign and date the form on your behalf, as long as he or she does so *at your express direction and in your presence*. *The witnesses must either see form being signed, or see you acknowledge that it is your signature on the form.* (The witnesses do not have to be together).

The two witnesses must be competent adults (18 years or older). *Neither of them should be the person you have appointed as your agent or successor agent.* They may, however, be your relatives, but the witnesses may not be someone who will knowingly inherit anything from you or otherwise gain a financial benefit from your death. Neither of the witnesses may be a person who is directly involved in your health care, and not more than one of the witnesses may be an employee, agent, or medical staff member of the health care facility in which you are receiving health care.

(e) **In the DECLARATION OF WITNESSES section beneath your signature, the date should be inserted and the two witnesses should sign their names and insert their addresses beneath their signature in your presence.**

(f) It is recommended that you keep the original of this form among your valuable papers; and that you **distribute copies to the agent (and successor agent)** you have designated in section 1, **to the rabbi and institution/organization** you have designated in section 3, as well as to **your doctors, your lawyer,** and anyone else who is likely to be contacted in times of emergency.

(g) We also recommend that you register a copy of this form with a national registry, so that it can be accessed by any health care facility via computer. This can be done for a fee by contacting the U.S. Living Will Registry at <http://www.uslivingwillregistry.com> or by calling 1-800-548-9455.

(h) **If at any time you wish to revoke this Advance Directive for Health Care, you may do so by destroying it, by a written revocation which is signed and dated by you or by someone else at your direction, by an oral or other expression of your intent to revoke it before a competent witness who confirms such expression in a dated and signed writing within 30 days of your expression, or by executing a new advance directive for health care that has provisions that are inconsistent with this form.** If you revoke this Advance Directive for Health Care by executing a new version of it, the revocation shall extend only so far as any inconsistency exists between the documents. By law, your marriage after the execution of this Advance Directive for Health Care automatically revokes any designation of an agent other than a designation of your spouse. Also, an appointment of your spouse as your agent is automatically revoked upon divorce or dissolution of your marriage. If you do not revoke the Advance Directive for Health Care, Georgia law provides that it remains in effect indefinitely. Obviously, if any of the persons you have appointed in the Advance Directive for Health Care dies or becomes otherwise incapable of serving in the role you have assigned, it would be wise to execute a new Advance Directive for Health Care.

(i) It is recommended that you also complete and cut out the **Emergency Instructions Card** contained on the last page of this Halachic Health Care Proxy and carry it with you in your wallet or purse.

(j) If, upon consultation with your rabbi, you would like to add to this standardized Advance Directive for Health Care any additional expression of your wishes with respect to medical and/or post-mortem decisions, you may do so by attaching a “rider” to the standardized form. If you choose to do so, or if you have any other questions concerning this form, please consult an attorney.

These instructions are not part of the Halachic Medical Directive and need not be kept attached to the executed document.

GEORGIA ADVANCE DIRECTIVE FOR HEALTH CARE
FOR USE IN GEORGIA

I, _____, hereby declare as follows:

1. Appointment of Agent: In recognition of the fact that there may come a time when I will become unable to make my own health care decisions because of illness, injury or other circumstances, I hereby appoint

Agent

Name of Agent:

Address:

Telephone: Day:

Evening:

as my agent ("agent") to make any and all health care decisions for me, consistent with my wishes as set forth in this directive.

If the person named above is unable, unwilling or unavailable to act as my agent, I hereby appoint

*Successor
Agent*

Name of Successor Agent:

Address:

Telephone: Day:

Evening:

to serve in such capacity.

The agent's authority shall take effect in the event I become unable, because of illness, injury or other circumstances, to make my own health care decisions or I choose to have my health care agent communicate my health care decisions.

2. Jewish Law to Govern Health Care Decisions: I am Jewish. It is my desire, and I hereby direct, that all health care decisions made for me be made pursuant to Jewish law and custom as determined in accordance with strict Orthodox interpretation and tradition. Without limiting in any way the generality of the foregoing, it is my wish that Jewish law and custom should dictate the course of my health care with respect to such matters as the performance of cardio-pulmonary resuscitation if I suffer cardiac or respiratory arrest; the performance of life-sustaining surgical procedures and the initiation or maintenance of any particular course of life-sustaining medical treatment or other form of life-support maintenance, including the provision of nutrition and hydration; and the criteria by which death shall be determined, including the method by which such criteria shall be medically ascertained or confirmed.

3. Ascertaining the Requirements of Jewish Law: In determining the requirements of Jewish law and custom in connection with this declaration, I direct my agent to consult with the following Orthodox Rabbi and I ask my agent to follow his guidance:

Rabbi Name of Rabbi: _____
Address: _____
Telephone: Day: _____ Evening: _____

If such Orthodox Rabbi is unable, unwilling or unavailable to provide such consultation and guidance, then I direct my agent to consult with, and I ask my agent to follow the guidance of, the following Orthodox Rabbi:

Rabbi Name of Rabbi: _____
Address: _____
Telephone: Day: _____ Evening: _____
Cell: _____ Pager/beeper: _____

If both of these Orthodox Rabbis are unable, unwilling or unavailable to provide such consultation and guidance, then I direct my agent to consult with, and I ask my agent to follow the guidance of, an Orthodox Rabbi referred by the following Orthodox Jewish institution or organization:

Organization Name of Institution/Organization: _____
Address: _____
Telephone: Day: _____ Evening: _____

If such institution or organization is unable, unwilling or unavailable to make such a reference, or if the Orthodox Rabbi referred by such institution or organization is unable, unwilling or unavailable to provide such guidance, then I direct my agent to consult with and follow the guidance of an Orthodox Rabbi whose guidance on issues of Jewish law and custom my agent in good faith believes I would respect and follow.

4. Direction to Health Care Providers: Any health care provider shall rely upon and carry out the decisions of my agent, and may assume that such decisions reflect my wishes and were arrived at in accordance with the procedures set forth in this directive, unless such health care provider shall have good cause to believe that my agent has not acted in good faith in accordance with my wishes as expressed in this directive.

If the persons designated in section 1 above as my agent and successor agent are unable, unwilling or unavailable to serve in such capacity, it is my desire, and I hereby direct, that any health care provider or other

person who will be making health care decisions on my behalf follow the procedures outlined in section 3 above in determining the requirements of Jewish law and custom.

Pending contact with the agent and/or Orthodox Rabbi described above, it is my desire, and I hereby direct, that all health care providers undertake all essential emergency and/or life sustaining measures on my behalf.

5. Access to Medical Records and Information; HIPAA: My agent is my personal representative, as such term is defined under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and accordingly all of my protected health information (as such term is defined under HIPAA) and other medical records shall be made available to my agent upon request in the same manner as such information and records would be released and disclosed to me, and my agent shall have and may exercise all of the rights I would have regarding the use and disclosure of such information and records, as required under HIPAA.

6. Post-Mortem Decisions: It is also my desire, and I hereby direct, that after my death, all decisions concerning the handling and disposition of my body be made pursuant to Jewish law and custom as determined in accordance with strict Orthodox interpretation and tradition. For example, Jewish law generally requires expeditious burial and imposes special requirements with regard to the preparation of the body for burial. It is my wish that Jewish law and custom be followed with respect to these matters. I hereby willfully and voluntarily make known my desire that, in the event of my death, the disposition of my remains shall be controlled by my agent designated in section 1 above. In the event my agent is unable, unwilling or unavailable to act, I hereby appoint the alternate agent designated in section 1 above to control the disposition of my remains.

Further, subject to certain limited exceptions, Jewish law generally prohibits the performance of any autopsy or dissection. It is my wish that Jewish law and custom be followed with respect to such procedures, and with respect to all other post-mortem matters including the removal and usage of any of my body organs or tissue for transplantation or any other purposes. I direct that any health care provider in attendance at my death notify the agent and/or Orthodox Rabbi described above immediately upon my death, in addition to any other person whose consent by law must be solicited and obtained, prior to the use of any part of my body as an anatomical gift, so that appropriate decisions and arrangements can be made in accordance with my wishes. Pending such notification, and unless there is specific authorization by the Orthodox Rabbi consulted in accordance with the procedures outlined in paragraph 3 above, it is my desire, and I hereby direct, that no post-mortem procedure be performed on my body.

7. Incontrovertible Evidence of My Wishes: If, for any reason, this document is deemed not legally effective as a health care proxy, or if the persons designated in section 1 above as my agent and successor agent are unable, unwilling or unavailable to serve in such capacity, I declare to my family, my doctor and anyone else whom it may concern that the wishes I have expressed herein with regard to compliance with Jewish law and custom should be treated as incontrovertible evidence of my intent and desire with respect to all health care measures and post-mortem procedures; and that it is my wish that the procedure outlined in section 3 above should be followed in determining the requirements of Jewish law and custom.

8. Duration and Revocation: It is my understanding and intention that unless I revoke this proxy and directive, it will remain in effect indefinitely. My signature on this document shall be deemed to constitute a revocation of any prior health care proxy, directive or other similar document I may have executed prior to today's date.

My Signature

Signature:

(If you are not physically capable of signing, please ask another person to sign your name on your behalf and in your presence.)

Print Name:

Date:

Address:

Telephone: Day:

Evening:

DECLARATION OF WITNESSES

I, being over 18 years of age, declare that the person who signed (or asked another to sign) this document is personally known to me and appears to be of sound mind and acting willingly and free from duress. He/She signed (or asked another to sign for him/her) this document in my presence (and that person signed in my presence), or he/she acknowledged his/her signature in my presence.

Witnesses

Witness 1:

Residing at:

Witness 2:

Residing at:

Emergency Instructions

I _____, have executed an "Halachic Health Care Proxy" with respect to medical and post-mortem decisions, dated _____. Pursuant to the "Halachic Health Care Proxy" the persons listed on the reverse of this card are to serve as my agent and alternate agent, respectively, in making health care decisions for me if I become unable to do so on my own. I desire that all such health care decisions, as well as all decisions relating to the handling and disposition of my body after I die, should be made pursuant to Jewish law and custom as determined in accordance with strict Orthodox interpretation and tradition. If there is any questions regarding Jewish law and custom, my agent (or any other person making decisions for me) should consult with and follow the guidance of the rabbi identified on the reverse of this card, or as a second choice the rabbi referred by the institution/organization identified on the reverse of this card, or as a third choice an Orthodox Rabbi whose guidance my health care decision maker in good faith believes I would respect and fallow. Pending contact with my agent and/or rabbi, I desire that health care providers should undertake all essential emergency measures on my behalf; and I desire that no autopsy, organ removal, or other post mortem procedure be performed on my body without authorization from my agent and/or rabbi.

Fold on the dotted line to create a double sided card

EMERGENCY INSTRUCTIONS

Agent: _____
Phone: _____
Evening: _____ Cell: _____
Alternate Agent: _____
Phone: _____
Evening: _____ Cell: _____
Rabbi: _____
Phone: _____
Evening: _____ Cell: _____
Organization _____ Phone: _____