

Questions?



Please let your assigned CMH worker know if you have any further questions on this matter. He/she will direct you to someone who can help you.

You have a responsibility to let us know if you have a designated Patient Advocate or a Do-Not-Resuscitate Order.

Will only be able to honor this if we have received notice, either verbally or in writing. If you revoke this notice at any time you need to let us know that too!

Complaints concerning noncompliance with the Advance Directive requirements may be filed with the State survey and certification agency, i.e., **Office of Recipient Rights**.

You may call the **Recipient Rights Officer** at Shiawassee County Community Mental Health Authority at the numbers listed below:

989.723.6791
800.622.4514
1555 Industrial Dr.
Owosso, MI 48867



SHIAWASSEE COUNTY COMMUNITY

Mental Health

ADVANCE DIRECTIVES In Michigan

*Information Presented
By Your
Behavioral Health Care Provider*

1555 Industrial Drive
P.O. Box 428
Owosso, Mi 48867

Voice/TDD:
(989) 723-6791 or (800) 622-4514
www.shianet.org/~scmh

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P.O. Box 428
Owosso, Michigan 48867

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Shiawassee County Community Mental Health Authority

If you ever become unable to communicate your own special wishes regarding your medical care, there are some options that you have under Michigan law. Please review the information below, which may help you communicate your wishes. You can learn more about these laws by contacting your primary care physician or attorney.

The Michigan Patient Advocate Act Language

If you are at least 18 years old, and of sound mind, you may select a person to make health care decisions for you in case something should happen to you and you cannot make decisions for yourself. You can do this by filling out a Durable Power of Attorney Health Care Form.

Michigan law allows you to select a person to make medical treatment decisions for you if you become unable to do so.

The Durable Power of Attorney Form allows you to write your special wishes regarding the types of Medical treatment you do and do not want. You should talk about these special wishes in detail with the person you have selected as your patient advocate.

After you have filled out your Durable Power of Attorney for Health Care Form, you should give a copy to your doctor(s). It is also a good idea to give copies of the form to your patient advocate and family members. Your original form should be kept in a place where you keep other important papers.

The Michigan Do-Not-Resuscitate Procedure Act Language

If you are at least 18 years old, and of sound mind, you may fill out a Do-Not-Resuscitate (DNR) form that tells emergency personnel not to resuscitate you in the event that your heart and breathing stop in certain settings such as your home. You may revoke a DNR order at any time.

After you have executed your DNR order you must keep it at your home. You should also make sure your doctor(s) place the DNR order in your medical records.

