

# Empowering Florida Families

*To Navigate Healthcare Decisions with Confidence and Care*



## Florida Advanced Healthcare Directives

*Including Healthcare Surrogate Designation | Living Will | Minor Healthcare Surrogate*



Connecting Humans  
Mobile Chaplaincy

*Connecting Humans Mobile Chaplaincy (CHMC)*

## Welcome to Your Healthcare Planning Journey

Greetings from *Connecting Humans Mobile Chaplaincy (CHMC)*. We commend your foresight in navigating the crucial aspects of healthcare decisions through advanced planning. This packet is designed to empower you and your family to outline your healthcare preferences clearly and legally.

### Who We Are

At CHMC, we are dedicated to providing compassionate and informed support for individuals and families during critical life moments. Our professional chaplains are trained to assist with emotional and spiritual care, ensuring that your values and wishes are honored in your healthcare planning.

### Our Role

Understanding and completing advanced healthcare directives can be complex. Our chaplains are here to guide you through each step of filling out your Healthcare Surrogate Designation, Living Will, and Minor Healthcare Surrogate Designation forms. We ensure that you have all the necessary information to make informed decisions that reflect your personal beliefs and medical preferences.

### Why Plan Ahead?

Advanced directives speak for you when you cannot speak for yourself, ensuring that your healthcare choices are known and respected no matter the circumstances. They prevent unnecessary confusion, conflict, and stress for your loved ones and healthcare providers during critical times.

### How We Help

CHMC chaplains are available to discuss the implications of each choice in your directive forms. We provide clarity on the legal requirements for healthcare surrogate designations in Florida and assist in drafting a living will that accurately reflects your end-of-life care preferences. Whether you are preparing your own health directives or making decisions for a minor, our chaplains offer the necessary support and confidentiality.

### Next Steps

After reviewing the frequently asked questions and legal guidelines included in this packet, we encourage you to reach out to us to schedule a consultation. This proactive approach ensures that all your documents are correctly completed and ready to be enacted when needed.

### Contact Us

For more assistance or to make an appointment with one of our chaplains, please use the contact information provided at the end of this packet. We are here to support you in creating a plan that brings peace of mind to you and your loved ones.

### Thank You

Thank you for choosing Connecting Humans Mobile Chaplaincy for your healthcare planning needs. We are honored to assist you in this important task and ensure your wishes are honored, every step of the way.

**Sam Williams, MDiv, BCC | President & CEO**  
*Connecting Humans Mobile Chaplaincy (CHMC)*

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## Frequently Asked Questions (FAQs) About Healthcare Surrogate Designation

### ***What is a Healthcare Surrogate?***

A healthcare surrogate is an individual you designate to make medical decisions on your behalf should you become unable to make those decisions yourself. This includes decisions about medical treatments, access to medical records, and admissions to healthcare facilities.

### ***Why do I need a Healthcare Surrogate?***

Designating a healthcare surrogate ensures that someone you trust can legally make healthcare decisions for you when you are not in a position to do so. This is crucial in emergency situations or when you are incapacitated.

### ***When does a surrogate's authority become effective?***

The surrogate's authority to make healthcare decisions becomes effective only when your primary healthcare provider certifies that you lack the capacity to make informed healthcare decisions yourself.

### ***Can I appoint more than one surrogate?***

Yes, you can appoint an alternate surrogate who will take responsibility if your primary surrogate is unable or unwilling to act at the needed time.

### ***How do I choose a surrogate?***

Choose someone you trust, who understands your healthcare wishes, and is willing to act on your behalf. This person should be capable of making potentially tough decisions under stressful circumstances.

### ***Can the surrogate make decisions about terminating life support?***

Yes, if you grant this power in your designation. Be clear about your wishes regarding life-extending treatments, including life support, to ensure they are followed.

### ***Can I change my healthcare surrogate?***

Yes, you can revoke the designation at any time and appoint a new healthcare surrogate as long as you are competent. This change must be documented, signed, and witnessed just like the original designation.

### ***Does the surrogate have permanent authority?***

No, the surrogate's authority lasts only as long as you are incapacitated. Once you are able to make decisions again, you resume making your healthcare decisions.

### ***Do I need a lawyer to appoint a healthcare surrogate?***

While legal advice is always beneficial, especially in complex situations, you generally do not need a lawyer to appoint a healthcare surrogate. However, ensure that the form complies with state laws, which can usually be done with templates provided by healthcare institutions or state health departments.

### ***What should I do after creating a healthcare surrogate designation?***

After the document is signed and notarized, give copies to your surrogate, your alternate surrogate, your primary healthcare provider, and any healthcare facility you frequent. Keep the original document in a safe but accessible place.

### ***What happens if I don't have a healthcare surrogate?***

If you become incapacitated without a healthcare surrogate, healthcare decisions will be made for you by a court-appointed guardian, next of kin, or a physician, depending on state laws, which may not align with your preferences.

### ***How can I ensure my healthcare wishes are followed?***

Besides appointing a surrogate, consider preparing an advance directive or living will that states your wishes regarding medical treatment, particularly end-of-life care. This document complements the surrogate designation by providing specific instructions for healthcare providers.

### **Important Considerations**

- **Advance Directives:** It's recommended to pair the healthcare surrogate designation with other forms of advance directives, like a living will, to provide comprehensive instructions regarding the principal's healthcare preferences.
- **Legal Advice:** While not mandatory, consulting with a healthcare attorney can provide clarity and reassurance that all legal aspects are properly addressed, especially in complex situations.

## **Legal Requirements for Healthcare Surrogate Designation in Florida**

### **Age Requirement:**

Surrogate and Principal: The principal (the person making the designation) and the designated surrogate must both be legal adults, meaning they must be at least 18 years old. Alternatively, the principal can be an emancipated minor.

### **Form and Content:**

The document must clearly designate another person as the healthcare surrogate. Florida law provides a form, but its use is not mandatory as long as the statutory requirements are met.

The document should specify the surrogate's powers to make healthcare decisions and, optionally, include limitations on the surrogate's authority.

It can also specify the intent regarding the donation of organs and the principal's desire for natural death.

### **Written Document:**

The designation must be in writing. It can include specific instructions about any treatment or care the principal wishes or does not wish to receive.

**Witnesses:**

The designation must be signed by the principal in the presence of two adult witnesses. At least one of the witnesses must not be a spouse or a blood relative. The witnesses must sign the document in the presence of the principal and each other. The Healthcare Surrogate cannot be witness to the document.

**Voluntary Execution:**

The document must be executed voluntarily, without any coercion or undue influence.

**Revocation:**

The principal may revoke the surrogate designation at any time, in any manner, without regard to the principal's mental or physical condition.

Revocation is effective upon communication to the surrogate or the principal's healthcare provider.

**Accessibility:**

It is advisable to distribute copies of the completed healthcare surrogate designation to relevant parties, including the surrogate, family members, healthcare providers, and healthcare facilities where treatment might be sought.

**Duration:**

The designation remains effective until it is revoked or replaced. It does not expire unless specified within the document itself.

**Surrogate's Authority:**

The surrogate's decision-making authority commences only upon the determination that the principal lacks the capacity to make informed healthcare decisions. This determination must be made by the principal's attending physician and documented in the medical record.

**Surrogate Preference:**

The principal can designate an alternate surrogate in the event that the original surrogate is unwilling, unable, or ineligible to act as the surrogate.

## FLORIDA STATUTES 765.202 Designation of a Health Care Surrogate.

(1) A written document designating a surrogate to make health care decisions for a principal or receive health information on behalf of a principal, or both, shall be signed by the principal in the presence of two subscribing adult witnesses. A principal unable to sign the instrument may, in the presence of witnesses, direct that another person sign the principal's name as required herein. An exact copy of the instrument shall be provided to the surrogate.

(2) The person designated as surrogate shall not act as witness to the execution of the document designating the health care surrogate. At least one person who acts as a witness shall be neither the principal's spouse nor blood relative.

(3) A document designating a health care surrogate may also designate an alternate surrogate provided the designation is explicit. The alternate surrogate may assume his or her duties as surrogate for the principal if the original surrogate is not willing, able, or reasonably available to perform his or her duties. The principal's failure to designate an alternate surrogate shall not invalidate the designation of a surrogate.

(4) If neither the designated surrogate nor the designated alternate surrogate is willing, able, or reasonably available to make health care decisions on behalf of the principal and in accordance with the principal's instructions, the health care facility may seek the appointment of a proxy pursuant to part IV.

(5) A principal may designate a separate surrogate to consent to mental health treatment in the event that the principal is determined by a court to be incompetent to consent to mental health treatment and a guardian advocate is appointed as provided under s. [394.4598](#). However, unless the document designating the health care surrogate expressly states otherwise, the court shall assume that the health care surrogate authorized to make health care decisions under this chapter is also the principal's choice to make decisions regarding mental health treatment.

(6) A principal may stipulate in the document that the authority of the surrogate to receive health information or make health care decisions, or both, is exercisable immediately without the necessity for a determination of incapacity as provided in s. [765.204](#).

(7) Unless the document states a time of termination, the designation shall remain in effect until revoked by the principal.

(8) A written designation of a health care surrogate executed pursuant to this section establishes a rebuttable presumption of clear and convincing evidence of the principal's designation of the surrogate.<sup>1</sup>

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<sup>1</sup> Chapter 765 Section 202 - 2018 Florida Statutes - The Florida Senate. (n.d.). [www.flsenate.gov](http://www.flsenate.gov). Retrieved April 18, 2024, from <https://www.flsenate.gov/Laws/Statutes/2018/765.202>

**FLORIDA HEALTHCARE SURROGATE DESIGNATION**

I, *(Print Name)* \_\_\_\_\_, residing at:

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

***do hereby appoint the following person as my Primary Healthcare Surrogate:***

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

***Authorization:***

In any instance where I am unable to provide informed consent for medical treatments due to incapacity, the person named above will make all healthcare decisions on my behalf. This includes the authority to consent, refuse consent, or withdraw consent to any care, treatment, or procedure. This surrogate's authority becomes effective when my primary physician determines that I lack the capacity to manage my healthcare decisions.

***Powers Granted to Healthcare Surrogate Include:***

- Access to all medical records and information necessary to make informed decisions about my care.
- The authority to consult with healthcare providers and ask questions to understand potential treatment options fully.
- The ability to apply for my admission to, or transfer from, healthcare facilities.

*(Optional: Specific Limitations)*

I place the following limitations on my surrogate's powers:

*(List any specific treatments or procedures that the surrogate should not authorize, e.g., certain life-extending measures if that aligns with your personal preferences.)*

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***Alternate Surrogate:***

If my primary surrogate is unavailable, unwilling, or unable to act, I designate the following person as my alternate surrogate:

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signatures:**

By signing below, I revoke any prior healthcare surrogate designations.

**Principal's Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Witnesses:***

*This document was signed in the presence of two adult witnesses, neither of whom is a spouse, a blood relative, or healthcare surrogate.*

**Witness 1 Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness 2 Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Living Will Declaration

***This Living Will Declaration is designed to express my wishes regarding my medical treatment preferences in circumstances where I am no longer able to express informed consent.***

### Part I: Directive Regarding End-of-Life Care

*Please initial beside the conditions under which you want this directive to apply:*

[  ] **Terminal Condition:** *A situation where I have an incurable, irreversible condition that will result in death within a relatively short time.*

[  ] **End-Stage Condition:** *A condition that results from the progression of a particularly severe and irreversible disease or condition where I am dependent on life-sustaining treatment and unable to engage in any substantial physical, mental, or social activities.*

[  ] **Persistent Vegetative State (PVS):** *A condition where I am permanently unconscious, unable to think, feel anything, knowingly move, or be aware of being alive, evidenced by a total lack of behavioral responses.*

#### **Definitions for clarity:**

- ❖ Terminal Condition is understood as an irreversible condition that has been medically diagnosed and will result in death imminently, even with the provision of life-sustaining treatments.
- ❖ End-Stage Condition refers to a condition that is caused by injury, disease, or illness from which there will be no recovery and which renders the patient unable to care for themselves and without cognitive function with irreversible loss of capacity for interaction with their environment.
- ❖ Vegetative State is defined as a condition in which a person is not in a coma but is unresponsive and unaware of their surroundings with no meaningful response to external stimuli or internal needs.

### Part II: Declining Life-Prolonging Measures

I direct that life-prolonging measures that would only serve to artificially prolong the dying process be withheld or discontinued. Life-prolonging measures include the use of ventilators, cardiopulmonary resuscitation, dialysis, surgical procedures, and the provision of nutrients and fluids by any artificial means.

[ ] I decline all life-prolonging measures if two physicians, one of whom is my attending physician, have determined that I am suffering from a terminal condition, an end-stage condition, or am in a persistent vegetative state, and that the application of life-prolonging procedures would serve only to artificially delay the moment of my death.

### **Part III: Additional Directives**

*(This section allows for the inclusion of any specific wishes or additional directives concerning the patient's healthcare and treatment.)*

#### **Additional Notes:**

*(Here you may include additional wishes regarding pain relief, hospice care, or other preferences concerning your health care treatment during end-of-life stages.)*

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**Principal's Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Witness Declaration:**

*We declare that the individual who signed or acknowledged this document is personally known to us, that they signed or acknowledged this will in our presence, that they appear to be of sound mind and not under duress, fraud, or undue influence, that we are not the individual's healthcare provider, an employee of a healthcare provider, the beneficiary of the individual's estate, or have any claims against the individual's estate.*

#### **Witnesses:**

*This document was signed in the presence of two adult witnesses (over the age of 18), neither of whom is a spouse, a blood relative, or healthcare surrogate.*

**Witness 1 Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness 2 Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Minor Healthcare Surrogate Designation Form

State of Florida

## ***Introduction:***

This document allows you, as the legal guardian or parent, to designate a healthcare surrogate for your minor child as per Florida Statute 765.202. This surrogate will have the authority to make healthcare decisions on behalf of your minor child should you be unable to do so.

## **Minor #1 Information**

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Initial  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Minor #2 Information**

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Initial  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Primary Surrogate's Information**

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Initial  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Powers Granted**

Hereby, I designate the above-named individual as the healthcare surrogate for my minor child. This surrogate is authorized to make any and all healthcare decisions necessary, as defined under Florida Statute 765.202, which aligns with my legal rights as a parent/guardian.

Specific Limitations (if any):

\_\_\_\_\_  
*(Describe any specific limitations you wish to place on the surrogate's decision-making authority.)*

## Alternate Surrogate

In the event that the primary healthcare surrogate is unable or unwilling to perform, I designate the following person as the alternate healthcare surrogate:

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Affirmations and Signatures

By signing below, I affirm that:

- I am the legal guardian/parent of the minor named in this document.
- The individuals named as surrogate and alternate have agreed to their designation.
- This document is executed in compliance with Florida Statutes concerning healthcare surrogates.

**Legal Guardian Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness 1 Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness 2 Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### *Instructions:*

- ❖ **Execution Requirements:** This designation must be signed in the presence of two adult witnesses, neither of whom is the named surrogate.
- ❖ **Effective Duration:** This designation remains in effect until the minor reaches the age of majority (18 years), unless revoked or modified in writing.
- ❖ **Revocation:** This directive may be revoked at any time by the legal guardian/parent without the consent of the surrogate.

## *Join Us at Connecting Humans Mobile Chaplaincy (CHMC)*

As you finalize this critical aspect of healthcare planning, we at **Connecting Humans Mobile Chaplaincy (CHMC)** invite you to further explore the extensive support services we offer. CHMC is committed to your comfort and peace of mind through all stages of life planning and crisis management. Here's how we can assist you and your loved ones during times of need:

### End-of-Life Guidance and Advanced Care Planning:

Navigating the complexities of end-of-life decisions is challenging. CHMC provides expert guidance to help you articulate and document your healthcare wishes in clear legal terms, ensuring they are honored. Our advanced care planning services facilitate discussions about end-of-life care, helping to align your goals with health care provisions that respect your values and desires.

### Chaplains for Crisis Support and Emotional Processing:

Our team of professional chaplains offers compassionate support and crisis intervention, providing a comforting presence during the toughest times. Whether you are facing immediate crises or the challenges associated with chronic illness, our chaplains are skilled in delivering emotional support and spiritual care personalized to your circumstances.

### Programs and Associated Support Groups:

CHMC is proud to host a variety of programs tailored to the needs of both survivors and professionals in the grief support field. These programs include support groups that facilitate healing conversations and shared experiences, helping you navigate your journey through grief with the support of others who understand.

### Membership Opportunities:

By becoming a member of CHMC, you gain access to an enriched suite of resources and community support options. Membership benefits include:

- **Regular Updates and Information:** Stay informed with the latest in care planning and spiritual support through our newsletters and updates.
- **Community Support:** Access to member-exclusive groups and discussions.
- **Event Invitations:** Receive invitations to seminars, workshops, and webinars that we host.

### *Premium Membership Benefits:*

Enhance your experience with our Premium Membership, which unlocks additional resources designed to foster your personal growth and resilience:

- ❖ **Self-Help Programs:** Engage with our self-directed programs focusing on grief management, self-esteem building, and developing emotional intelligence.
- ❖ **Extended Resources:** Access comprehensive materials and tools designed to aid in personal and professional development.
- ❖ **One-on-One Support:** Premium members can avail personalized sessions with our chaplains for tailored guidance and support.

## Connect with CHMC

*We are here to support you not just today, but as a lifelong partner in your spiritual and emotional journey. To learn more about how CHMC can assist you with your healthcare decisions, or to sign up for one of our memberships, please visit our website or contact us directly through the information provided below. You are also welcome to scan the QR code below to directly access our resources and membership registration page.*

*For further support visit us at our website:*



*All Socials: @CHMCConnect*

*( FB | LinkedIn | YouTube | Instagram | X )*



***Thank you for trusting CHMC with your healthcare planning needs. We look forward to welcoming you into our community and providing the support and guidance you deserve.***

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