
Health care directives

Every day, we make all kinds of plans: about what to eat, how to get to where we need to be, and what to do with our time. In the midst of our busy lives, we may forget to plan for what we would do if faced with a life-threatening or unexpected illness. One of your basic rights is to make decisions about your health care. You also have the right to let your health care providers know how to care for you if you are unable to speak for yourself. To communicate the kind of treatment and care you want to receive, it's important to prepare and sign a health care directive (also called an advance directive).

Health plans like Aspirus Health Plan are required to inform their members about their right to execute a health care directive when they enroll. Aspirus Health Plan is also required to educate staff and provide community education about health care directives. Once members have been given treatment options, they have the right to accept or refuse medical care. Providers cannot change your treatment based on whether you have executed (created and signed) a health care directive or not.

Aspirus Health Plan has created written policies to ensure the implementation of your rights. Below are questions and answers about health care directives and how to prepare them. To ensure your rights, we recommend that you talk to your doctor at your next visit about setting up a health care directive.

Questions and answers about health care directives

State law

State law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

What is a health care directive?

A health care directive describes, in writing, your choices about the treatments you want or do not want or about how health care decisions should be made for you if you become incapacitated and cannot express your wishes. A health care directive expresses your personal wishes, beliefs, and values. In Wisconsin, if you are 18 years of age or older and of "sound mind," you can make a health care directive.

Why have a health care directive?

A health care directive speaks for you when you are unable to speak for yourself.



Do I have to have a health care directive? What happens if I don't have one?

You will receive medical care if you do not make a health care directive. However, there is a greater chance you will not receive the types of care and treatments you want if you have not made a health care directive. If you cannot speak for yourself and have not made a health care directive, a physician will generally look to your family, friends, or clergy for decisions about your care. If a physician or health care facility is unsure, or if your family is in disagreement about the decision, they may ask courts to appoint a person (a guardian) who will make decisions for you.

How do I make a health care directive?

There are three ways to make a formal health care directive in Wisconsin:

- Living will
- Power of attorney for health care
- Legal document drafted by your attorney

You can complete either a living will or a power of attorney for health care document. These forms may be available from your health care provider or can be obtained from the Division of Public Health at: <https://www.dhs.wisconsin.gov/forms/advdirectives/index.htm>

You do not need an attorney to complete these forms. However, two persons must witness your signature. The forms describe who may or may not be a witness. A third way to express your wishes is to have a legal document drafted by your attorney and appropriately witnessed.

I prepared my directive in another state. Is it still good?

A valid document that authorizes the withholding or withdrawal of life-sustaining procedures or of feeding tubes and that is executed in another state or jurisdiction in compliance with the law of that state is valid and enforceable in Wisconsin to the extent that the document is consistent with the laws of Wisconsin. If you reside in, or receive medical care in, more than one state, you may want to complete the health care directives for all of the states involved.

What can I put in a health care directive?

A living will informs your physician regarding your preferences or wishes about life-sustaining measures to be used when you are near death or in a persistent vegetative state. The life-sustaining measures mentioned in the living will include treatments or machines that keep your heart, lungs, or kidneys functioning when they are unable to do so on their own. A living will goes into effect only when two physicians, one of whom is your attending physician, agree in writing that you are either near death or are in a persistent vegetative state that cannot be reversed and are unable to understand or express your health care choices.

The power of attorney for health care is a document in which you appoint another person (a "health care agent") to make health care decisions for you in the event that you are not capable of making them yourself. A health care agent can make a wide range of health care decisions for you, such as whether or not you should have an operation, receive certain medications, or be placed on a life support system. A power of attorney for health care goes into effect when you are incapacitated and can no longer make health care decisions, but you

do not have to be close to death or in a vegetative state. The power of attorney for health care also allows another person to speak for you and make health care decisions for you that are not limited to life-sustaining measures. The type of decision this person can make depends upon how you complete the form.

Are there any limits to what I can put in my health care directive?

There are some limits about what you can put in your health care directive. For instance:

- Your agent cannot be your health care provider (or an employee of your health care provider), including the owner or operator of a health care facility serving you, unless this person is your spouse or a close relative.
- Your agent is not allowed to make decisions for you in some areas of health care unless you give him or her specific authority in those areas when you complete the form.
- A living will deals only with the use or non-use of life sustaining measures.

How long does a health care directive last? Can I change it?

You can cancel or replace a living will or power of attorney for health care at any time by expressing this verbally or in writing to your physician or health care provider. The different ways you can do this are also explained in the letter that accompanies the forms you complete.

What if my health care provider refuses to follow my health care directive?

Some health care providers or physicians may have policies or beliefs that prohibit them from honoring certain wishes made in health care directives. It is important to discuss your wishes with them in advance to determine if they will honor your health care directives. If a physician or provider is unwilling to honor your wishes, the physician or provider must make a good faith effort to refer you to a physician or provider who will meet your needs.

What if I've already prepared a health care document? Is it still good?

You may want to review any existing documents to make sure they say what you want and meet all requirements.

What should I do with my health care directive after I have signed it?

You should keep your health care directive in a safe place where you and others can easily find it. (Do not keep it in a bank safe deposit box.) You should make sure your family members and your attorney, if you have one, know you have made a health care directive and know where it is located. You should also ask your physician or your other health care providers to make your health care directive part of your permanent medical record.

What if I believe a health care provider has not followed health care directive requirements?

Complaints of this type can be filed with the Wisconsin Department of Safety and Professional Services at 608.266.2112 or 1.877.617.1565.

What if I believe a health plan has not followed health care directive requirements?

Complaints of this type can be filed with the Wisconsin Office of the Commissioner of Insurance at 1.800.236.8517.

How to obtain additional information

If you want more information about health care directives, please contact your health care provider, your attorney, or the Greater Wisconsin Agency on Aging Resources at 1.855.409.9410 toll-free.

Notice of Nondiscrimination

Aspirus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aspirus Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **715.631.7411 (voice)** or toll free at **1.855.931.4850 (voice)**, **715.631.7413 (TTY)**, or **1.855.931.4852 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **715.631.7411** or toll free at **1.855.931.4850 (voice)**; **715.631.7413** or toll free at **1.855.931.4852 (TTY)**.

If you believe that Aspirus Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current Aspirus Health Plan member, please call the number on the back of your membership card. Otherwise please call **715.631.7411** or toll free at **1.855.931.4850 (voice)**; **715.631.7413** or toll free at **1.855.931.4852 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address

Attn: Appeals and Grievances

Aspirus Health Plan

PO Box 51

Minneapolis, MN 55440

Email: cagMA@aspirushealthplan.com

Fax: 715.631.7439

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200

Independence Avenue SW

Room 509F, HHH Building Washington, D.C.

20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 715.631.7411/1.855.931.4850 (телетайп: 715.631.7413/1.855.931.4852).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተሎ ቁጥር ይደውሉ 715.631.7411/1.855.931.4850 (መስማት ለተሳናቸው: 715.631.7413/1.855.931.4852).

විද්‍යුත්-දුරකථන-සේවාව: කළු කිවිඳි, සමස්ත කිවිඳි සේවාවලට වැඩිදුරටත් දුරකථන සේවාව. 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រដ្ឋាករជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 715.631.7411/ 1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 715.631.7411/1.855.931.4850 (رقم هاتف الصم والبكم: 715.631.7413/ 1.855.931.4852).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 715.631.7411/1.855.931.4850 (ATS : 715.631.7413/1.855.931.4852).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).