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# *The Halachic Medical Directive*

## **ADVANCE DIRECTIVE WITH RESPECT TO HEALTH CARE DECISIONS AND POST-MORTEM DECISIONS**

### **FOR USE IN FLORIDA**

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 November, 2003. 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.

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### **INSTRUCTIONS**

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

**(b) In section 1, print the name, address, and telephone numbers of the person you wish to designate as your agent (known under Florida law as your “health care surrogate”)** to make medical decisions on your behalf if, G-d forbid, you ever become incapable of making them on your own. Be sure to include all numbers (including cell phone and pager) where your surrogate can be reached in the event of an emergency. If the contact information for your surrogate changes, you should provide that updated information to everyone whom you have provided with a copy of your Halachic Medical Directive.

**You may also insert the name, address, and telephone numbers of an alternate surrogate** to make such decisions if your primary surrogate is unable, unwilling, or unavailable to make such decisions.

It is recommended that before appointing anyone to serve as your surrogate or alternate surrogate 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*), you may wish to advise your surrogates of such arrangements.

**Note:** This form is effective only if you and your surrogate(s) are competent adults (an adult is a person 18 years of age or older).

**(c) In section 2, please print the name, address, and telephone numbers of the Orthodox Rabbi whose guidance you want your surrogate 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 surrogate 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) At the conclusion of the form, print the date, sign your name, and print your address.** If you are physically unable to do these things, Florida law allows another person to sign the form on your behalf, as long as he or she does so at your direction, in your presence, and in the presence of two adult witnesses.

**(e) Two witnesses should sign their names and insert their addresses beneath your signature.** These witnesses must be competent adults. Neither of them should be the person you have appointed as your health care surrogate (or alternate surrogate). At least one of them should not be your spouse or blood relative.

**(f) You must give an exact copy of the Halachic Health Care Proxy to the health care surrogate (and alternate surrogate) you have designated.** In addition, it is recommended that you **distribute copies to the Rabbi and institution/organization** you have designated, as well as to **your doctor, your lawyer,** and anyone else who is likely to be contacted in times of emergency. The original of this form should be kept among your valuable papers in a location that is readily accessible in the event of an emergency. 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. Agudath Israel has made an arrangement with the New York Legal Assistance Group to register Halachic Medical Directives for our constituents with the U.S. Registry at no charge. To obtain the forms to enable you to do so, e-mail [FLdirective@agudathisrael.org](mailto:FLdirective@agudathisrael.org) or call our office (212-797-9000).

**(g)** If at any time you wish to revoke this Halachic Medical Directive, you may do so by signing and dating a written revocation; by physically canceling or destroying the document (or by directing another person to do so in your presence), by orally expressing your intent to invoke it, or by executing a new and different form. To avoid possible confusion, it would be wise to try to obtain all originals and copies of the old Halachic Medical Directive and destroy them.

If you do not revoke this Halachic Medical Directive, it will remain in effect indefinitely. Obviously, if any of the persons whose names you have inserted in the Halachic Medical Directive dies or becomes otherwise incapable of serving in the role you have assigned, it would be wise to execute a new form.

If you designate your spouse as your surrogate (or alternate surrogate), the subsequent dissolution or annulment of your marriage will automatically revoke the designation.

**(h)** It is recommended that you also complete the **Emergency Instructions Card**, and carry it with you in your wallet or purse.

**(i)** If, upon consultation with your Rabbi, you would like to add to this standardized Halachic Living Will 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.

**ADVANCE DIRECTIVE  
WITH RESPECT TO HEALTH CARE DECISIONS  
AND POST-MORTEM DECISIONS**

**FOR USE IN FLORIDA**

**1. Designation Of Health Care Surrogate**

*Name:* (Last) \_\_\_\_\_

(First) \_\_\_\_\_

(Middle Initial) \_\_\_\_\_

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

*Surrogate* Name of Surrogate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_ Pager/beeper: \_\_\_\_\_

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

*Alternate* Name of Alternate Surrogate: \_\_\_\_\_

*Surrogate* \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_ Pager/beeper: \_\_\_\_\_

\_\_\_\_\_

I fully understand that this designation will permit my designee to make health care decisions, except for anatomical gifts, unless I have executed an anatomical gift declaration pursuant to law, and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility. I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility.

**ADDITIONAL INSTRUCTIONS:**

**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 (whether made by my surrogate, a guardian appointed for me, or any other person) 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 surrogate to consult with the following Orthodox Rabbi and I ask my surrogate to follow his guidance:

*Rabbi* Name of Rabbi: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_  
Cell: \_\_\_\_\_ Pager/beeper: \_\_\_\_\_

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 surrogate to consult with, and I ask my surrogate to follow the guidance of, an Orthodox Rabbi whose guidance on issues of Jewish law and custom my surrogate 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 surrogate, 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 surrogate has not acted in good faith in accordance with my wishes as expressed in this directive.

If the persons designated above as my surrogate and alternate surrogate 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 surrogate 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 health care surrogate (“surrogate”) 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 surrogate upon request in the same manner as such information and records would be released and disclosed to me, and my surrogate 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 further direct that my surrogate be responsible for 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 surrogate 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 section 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 surrogate and alternate surrogate 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.)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

*Witnesses*

Witness 1:  
Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Residing at: \_\_\_\_\_

Witness 2:  
Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Residing at: \_\_\_\_\_