



**San Benito County  
Behavioral Health**

1131 Community Parkway  
Hollister, CA 95023

Phone: (831) 636-4020  
Toll-Free: 1-888-636-4020  
Fax: (831) 636-4025  
TTY: 711

**Toll-Free 24-hour Access Line**  
Call **1-888-636-4020**

Office Hours  
8:00 a.m. – 5:00 p.m.  
Monday – Friday

Patients' Rights Advocate  
(831) 636-4020

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San Benito County  
Behavioral Health

**ADVANCE  
DIRECTIVES**



Information for  
Consumers

## What is an Advance Directive?

An Advance Directive is a document that describes your preferences for treatment when you cannot communicate or make decisions. An Advance Directive informs others about what treatment you want or do not want. It identifies a person called an “Agent” who you trust to make decisions and act on your behalf.

## Should I have an Advance Directive?

There are advantages to having an Advance Directive:

- You have more control over what happens to you during periods of crisis.
- Providers will know what you want, even if you cannot express yourself.
- The law requires providers to respect what you write in an Advance Directive to the fullest extent possible.

You are not required to have an Advance Directive to receive services from San Benito County Behavioral Health (SBCBH). SBCBH will not refuse services to you if you have an Advance Directive.

## What's included in an Advance Directive?

Anything that is involved in your treatment can be a part of an Advance Directive; for example:

- Consent or refusal to be given certain medications, or to be admitted to an inpatient hospital;
- Who can visit you if you are in the hospital;
- Who you appoint to make decisions and take actions for you (your Agent); and
- Anything else you want or do not want in your future care.

## Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-636-4020 (TTY: 711).

## ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-636-4020 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك

بالمجان. اتصل برقم 1-888-636-4020 (رقم هاتف الصم والبكم: 711)

## हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-636-4020 (TTY: 711) पर कॉल करें।

## ภาษาไทย (Thai)

เรียน: กรุณพุดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-636-4020 (TTY: 711).

## ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-636-4020 (TTY: 711)។

## ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າ ພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-636-4020 (TTY: 711).

## 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-636-4020 (TTY: 711) 번으로 전화해 주십시오.

## 繁體中文 (Chinese)

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 1-888-636-4020 (TTY: 711)。

## Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-888-636-4020 (TTY (հեռատիպ) 711):

## Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-636-4020 (телетайп: 711)

## فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-636-4020 (TTY: 711 تماس بگیرید.)

## 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-636-4020 (TTY: 711) まで、お電話にてご連絡ください。

## **Should I have an Agent?**

You can name an Agent, if the person:

- Is an adult (at least 18 years old)
- Someone you trust and can talk to about the care you want
- Someone knows what is important to you
- Someone who supports your treatment choices
- Someone who can tell providers about your preferences and can advocate for you when a decision is needed

Your Agent cannot be your doctor or other provider, unless that person is an adult who is related to you. SBCBH staff members may NOT be your agent.

## **Who should get a copy of my Advance Directive?**

If you name an Agent, that person must be given a copy of your document. Give a copy to your SBCBH provider, your health care provider, your lawyer, and trusted family members. Bring a copy if you are admitted to a mental health or health care facility. Every provider who gets a copy of your Advance Directive is required to make it a part of your medical record.

## **Will my Advance Directive be followed?**

Your Advance Directive will be followed whenever possible. However, there are instances in which your Advance Directive may not be followed, such as:

- Your instructions are against your provider's policy.
- Your treatment preferences are not available.

- Following your directive would violate state or federal law.
- Your instructions would endanger you or other people.

### **Can I change or cancel my Advance Directive?**

As long as you have capacity, you can change or cancel your Advance Directive at any time. Changes regarding Agents need to be made in writing. All other changes can be made orally to your provider. Be sure to notify everyone who has a copy if you cancel it or make any changes.

### **What if I have a living will or durable power of attorney?**

If there is a conflict between an Advance Directive and other documents (such as a living will), the newer document will have legal priority. To reduce confusion, it is best to have the same Agent.

### **Where can I get more information?**

- Read the law online: [leginfo.legislature.ca.gov](http://leginfo.legislature.ca.gov)
- Contact the California Medical Association at 1-800-786-4262 or [www.cmanet.org](http://www.cmanet.org).
- Call your health provider or ombudsman.

### **How do I make an Advance Directive?**

You can get a form from your state legal or medical association. Most hospitals, doctors, and lawyers, as well as senior citizen centers, have forms available.

Be sure that you understand the form and that you follow the directions. If you have any questions, contact a lawyer or health provider.

### **Where can I go to make a complaint about an Advance Directive?**

Complaints concerning noncompliance with the Advance Directive Requirements may be filed with Department of Public Health, Licensing and Certification Division, at 1-800-236-9747, or by mail at P.O. Box 997377, MS 3000, Sacramento, CA, 95899-7377.

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#### English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-636-4020 (TTY: 711).

#### Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-636-4020 (TTY: 711).

#### Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-636-4020 (TTY: 711).

#### Tagalog (Tagalog-Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-636-4020 (TTY: 711).