House Bill 752

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By: Representatives Cooper of the 43rd, Dempsey of the 13th, Hogan of the 179th, Oliver of the 82nd, and Hatchett of the 150th

A BILL TO BE ENTITLED AN ACT

To amend Title 37 of the Official Code of Georgia Annotated, relating to mental health, so as to provide for a psychiatric advance directive; to provide for a competent adult to express his or her mental health care treatment preferences and desires directly through instructions written in advance and indirectly through appointing an agent to make mental health care decisions on behalf of that person; to provide a short title; to provide for intent; to provide for definitions; to provide for the scope, use, and authority of a psychiatric advance directive; to provide for the appointment, powers, duties, and access to information of a mental health care agent; to provide for limitations on serving as a mental health care agent and for an agent's ability to withdraw as agent; to provide for revocation of a psychiatric advance directive; to provide for the use and effectiveness of a psychiatric advance directive; to provide for the responsibilities and duties of physicians and other providers using a psychiatric advance directive; to provide for civil and criminal immunity under certain circumstances; to provide a statutory psychiatric advance directive form; to provide for construction of such form; to amend Titles 16, 29, 31, 37, and 49 of the Official Code of Georgia Annotated, relating to crimes and offenses, guardian and ward, health, mental health, and social services, respectively, so as to provide for interaction and relationship with advance directives for health care; to provide for application; to provide for statutory

construction; to provide for conforming references and consistent terminology; to provide for related matters; to repeal conflicting laws; and for other purposes.

20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

21 PART I

22 **SECTION 1-1.**

- 23 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by
- 24 adding a new chapter to read as follows:
- 25 "<u>CHAPTER 11</u>
- 26 <u>37-11-1.</u>
- 27 This chapter shall be known and may be cited as the 'Psychiatric Advance Directive Act.'
- 28 37-11-2.
- 29 This chapter is enacted in recognition of the fundamental right of an individual to have
- power over decisions relating to his or her mental health care as a matter of public policy.
- 31 37-11-3.
- 32 As used in this chapter, the term:
- 33 (1) 'Capable' means not incapable of making mental health care decisions.
- 34 (2) 'Competent adult' means a person of sound mind who is 18 years of age or older or
- is an emancipated minor.
- 36 (3) 'Declarant' means a person who has executed a psychiatric advance directive
- authorized by this chapter.

38 (4) 'Facility' means a hospital, skilled nursing facility, hospice, institution, home, 39 residential or nursing facility, treatment facility, and any other facility or service which 40 has a valid permit or provisional permit issued under Chapter 7 of Title 31 or which is 41 licensed, accredited, or approved under the laws of any state, and includes hospitals 42 operated by the United States government or by any state or subdivision thereof. 43 (5) 'Incapable of making mental health care decisions' means that, in the opinion of a physician or licensed psychologist who has personally examined a declarant, or in the 44 opinion of a court, a declarant lacks the capacity to understand the risks and benefits of. 45 and the alternatives to, a mental health care decision under consideration and is unable 46 47 to give or communicate rational reasons for mental health care decisions because of impaired thinking, impaired ability to receive and evaluate information, or other cognitive 48 49 disability. 50 (6) 'Mental health care' means any care, treatment, service, or procedure to maintain, 51 diagnose, treat, or provide for a declarant's mental health. 52 (7) 'Mental health care agent' or 'agent' means a person appointed by a declarant to act for and on behalf of such declarant to make decisions related to consent, refusal, or 53 54 withdrawal of any type of mental health care when such declarant is incapable of making 55 mental health care decisions for himself or herself. Such term shall include any back-up 56 mental health care agent appointed by a declarant. (8) 'Physician' means a person lawfully licensed in this state to practice medicine

- 57 (8) 'Physician' means a person lawfully licensed in this state to practice medicine 58 pursuant to Article 2 of Chapter 34 of Title 43 and, if the declarant is receiving mental
- 59 <u>health care in another state, a person lawfully licensed in such state.</u>
- 60 (9) 'Provider' means any person administering mental health care who is licensed, 61 certified, or otherwise authorized or permitted by law to administer mental health care in 62 the ordinary course of business or the practice of a profession, including, but not limited 63 to, professional counselors, psychologists, clinical social workers, and clinical nurse

64 specialists in psychiatric and mental health; a physician; or any person acting for any such

- authorized person.
- 66 (10) 'Psychiatric advance directive' or 'directive' means a written document voluntarily
- 67 <u>executed by a person in accordance with the requirements of Code Section 37-11-9.</u>
- 68 <u>37-11-4.</u>
- 69 (a) A competent adult may execute a psychiatric advance directive containing mental
- health care preferences, information, or instructions regarding his or her mental health care
- 71 that authorizes and consents to a provider or facility acting in accordance with such
- 72 <u>directive</u>. A directive may include consent to or refusal of specified mental health care.
- 73 (b) A psychiatric advance directive may include, but shall not be limited to:
- 74 (1) The names and telephone numbers of individuals to contact in the event a declarant
- 75 <u>has a mental health crisis;</u>
- 76 (2) Situations that have been known to cause a declarant to experience a mental health
- 77 <u>crisis;</u>
- 78 (3) Responses that have been known to de-escalate a declarant's mental health crisis;
- 79 (4) Responses that may assist a declarant to remain in such declarant's home during a
- 80 <u>mental health crisis;</u>
- 81 (5) The types of assistance that may help stabilize a declarant if it becomes necessary to
- 82 <u>enter a facility; and</u>
- 83 (6) Medications a declarant is taking or has taken in the past and the effects of such
- 84 <u>medications.</u>
- 85 (c) A psychiatric advance directive may include a mental health care agent.
- 86 (d) If a declarant chooses not to appoint an agent, the instructions and desires of a
- 87 <u>declarant as set forth in the directive shall be followed to the fullest extent possible by</u>
- 88 every provider or facility to whom the directive is communicated, subject to the right of the

89 provider or facility to refuse to comply with the directive as set forth in Code Section

- 90 <u>37-11-12.</u>
- 91 (e) A person shall not be required to execute or refrain from executing a directive as a
- 92 <u>criterion for insurance, as a condition for receiving mental health care or physical health</u>
- 93 care services, or as a condition of discharge from a facility.
- 94 (f) Unless a declarant indicates otherwise, a psychiatric advance directive shall take
- precedence over any advance directive for health care executed pursuant to Chapter 32 of
- Title 31, durable power of attorney for health care creating a health care agency under the
- 97 former Chapter 36 of Title 31, as such chapter existed on and before June 30, 2007, health
- 98 care proxy, or living will that a declarant executed prior to executing a psychiatric advance
- directive to the extent that such other documents relate to mental health care and are
- inconsistent with the psychiatric advance directive.
- 101 (g) No provision of this chapter shall be construed to bar use by a declarant of an advance
- directive for health care under Chapter 32 of Title 31.
- 103 <u>37-11-5.</u>
- 104 (a) A declarant may designate a competent adult to act as his or her agent to make
- decisions about his or her mental health care. An alternative agent may also be designated.
- 106 (b) An agent shall have no authority to make mental health care decisions when a declarant
- is capable.
- (c) The authority of an agent shall continue in effect so long as the directive appointing
- such agent is in effect or until such agent has withdrawn.
- (d) An agent appointed by a declarant:
- (1) Shall be authorized to make any and all mental health care decisions on behalf of
- such declarant which such declarant could make if such declarant were capable;
- 113 (2) Shall exercise granted powers in a manner consistent with the intent and desires of
- such declarant. If such declarant's intentions and desires are not expressed or are unclear,

115 the agent shall act in such declarant's best interests, considering the benefits, burdens, and 116 risks of such declarant's circumstances and mental health care options; (3) Shall not be under any duty to exercise granted powers or to assume control of or 117 118 responsibility for such declarant's mental health care; but, when granted powers are 119 exercised, the agent shall be required to use due care to act for the benefit of such declarant in accordance with the terms of the psychiatric advance directive; 120 (4) Shall not make a mental health care decision different from or contrary to such 121 122 declarant's instruction if such declarant is capable at the time of the request for consent or refusal of mental health care; 123 (5)(A) May make a mental health care decision different from or contrary to such 124 declarant's instruction in such declarant's psychiatric advance directive if: 125 (i) Such declarant's provider or facility determines in good faith at the time of consent 126 127 or refusal of mental health care that the mental health care requested or refused in the directive's instructions is: 128 129 (I) Unavailable; 130 (II) Medically contraindicated in a manner that would result in substantial harm to 131 such declarant if administered; or (III) In the opinion of the provider or facility, inconsistent with reasonable medical 132 133 standards to benefit such declarant or has proven ineffective in treating such 134 declarant's mental health condition; and 135 (ii) The mental health care requested or refused in the directive's instructions is 136 unlikely to be delivered by another provider or facility in the community under the 137 circumstances. 138 (B) In the event the agent exercises authority under one of the circumstances set forth 139 in subparagraph (A) of this paragraph, the agent shall exercise the authority in a manner 140 consistent with the intent and desires of such declarant. If such declarant's intentions 141 and desires are not expressed or are unclear, the agent shall act in such declarant's best

142 interests, considering the benefits, burdens, and risks of such declarant's circumstances 143 and mental health care options; (6) Shall not delegate authority to make mental health care decisions; and 144 (7) Has the following general powers, unless expressly limited in the psychiatric advance 145 146 directive: 147 (A) To sign and deliver all instruments, negotiate and enter into all agreements, and do 148 all other acts reasonably necessary to exercise the powers granted to the agent; 149 (B) To consent to, authorize, refuse, or withdraw consent to any providers and any type of mental health care of such declarant, including any medication program; 150 151 (C) To request and consent to admission or discharge from any facility; and (D) To contract for mental health care and facilities in the name of and on behalf of 152 such declarant, and the agent shall not be personally financially liable for any services 153 154 or mental health care contracted for on behalf of such declarant. 155 (e) A court may remove a mental health care agent if it finds that an agent is not acting in 156 accordance with the declarant's treatment instructions as expressed in his or her directive. 157 37-11-6. 158 (a) Except to the extent that a right is limited by a directive or by any state or federal law 159 or regulation, an agent shall have the same right as a declarant to receive information 160 regarding the proposed mental health care and to receive, review, and consent to disclosure 161 of medical records, including records relating to the treatment of a substance use disorder, 162 relating to that mental health care. All of a declarant's mental health information and 163 medical records shall remain otherwise protected under state and federal privilege, and this 164 right of access shall not waive any evidentiary privilege. 165 (b) At the declarant's expense and subject to reasonable rules of a provider or facility to 166 prevent disruption of the declarant's mental health care, an agent shall have the same right 167 the declarant has to examine, copy, and consent to disclosure of all the declarant's medical

168 records that the agent deems relevant to the exercise of the agent's powers, whether the 169 records relate to mental health or any other medical condition and whether they are in the possession of or maintained by any physician, psychiatrist, psychologist, therapist, facility, 170 171 or other health care provider, despite contrary provisions of any other statute or rule of law. 172 (c) The authority given an agent by this Code section shall include all rights that a declarant has under the federal Health Insurance Portability and Accountability Act of 173 174 1996, P.L. 104-191, and its implementing regulations regarding the use and disclosure of individually identifiable health information and other medical records. 175

- 176 37-11-7.
- 177 The following persons shall not serve as a declarant's agent:
- (1) Such declarant's provider or an employee of that provider unless such employee is
- a family member, friend, or associate of such declarant and is not directly involved in
- such declarant's mental health care; or
- 181 (2) An employee of the Department of Behavioral Health and Developmental Disabilities
- or of a local public mental health agency or of any organization that contracts with a local
- public mental health authority unless such employee is a family member, friend, or
- associate of such declarant and is not directly involved in such declarant's mental health
- 185 <u>care.</u>
- 186 <u>37-11-8.</u>
- An agent may withdraw by giving written notice to a declarant. If such declarant is
- incapable of making mental health care decisions, such agent may withdraw by giving
- written notice to the provider or facility that is providing mental health care to the declarant
- at the time of the agent's withdrawal. Any provider or facility that receives an agent's
- withdrawal shall document the withdrawal as part of such declarant's medical record.

- 192 <u>37-11-9.</u>
- (a) A psychiatric advance directive shall be effective only if it is signed by the declarant
- and witnessed by two competent adults, but such witnesses shall not be required to be
- 195 <u>together or present when such declarant signs the directive. The witnesses shall attest that</u>
- the declarant is known to them, appears to be of sound mind, is not under duress, fraud, or
- 197 <u>undue influence, and signed his or her directive in the witness's presence or acknowledges</u>
- signing his or her directive. For purposes of this subsection, the term 'of sound mind'
- means having a decided and rational desire to create a psychiatric advance directive.
- 200 (b) A validly executed psychiatric advance directive shall become effective upon its proper
- 201 <u>execution and shall remain in effect until revoked by the declarant.</u>
- 202 (c) The following persons shall not serve as witnesses to the signing of a directive:
- 203 (1) A provider who is providing mental health care to the declarant at the time such
- directive is being executed or an employee of such provider unless such employee is a
- 205 <u>family member, friend, or associate of such declarant and is not directly involved in the</u>
- declarant's mental health care;
- 207 (2) An employee of the Department of Behavioral Health and Developmental Disabilities
- 208 or of a local public mental health agency or of any organization that contracts with a local
- 209 <u>public mental health authority unless such person is a family member, friend, or associate</u>
- of such declarant and is not directly involved in the declarant's mental health care; or
- 211 (3) A person selected to serve as the declarant's mental health care agent.
- 212 (d) A person who witnesses a psychiatric advance directive in good faith and in
- 213 <u>accordance with this chapter shall not be civilly liable or criminally prosecuted for actions</u>
- 214 <u>taken by an agent.</u>
- (e) A copy of a directive executed in accordance with this Code section shall be valid and
- 216 <u>have the same meaning and effect as the original document.</u>

- 217 <u>37-11-10.</u>
- A directive may be revoked in whole or in part by a declarant at any time so long as such
- 219 <u>declarant is capable</u>. Any revocation of the directive communicated to a provider or
- 220 <u>facility by a capable declarant shall also be documented in such declarant's medical record.</u>
- 221 <u>37-11-11.</u>
- 222 (a) Upon being presented with a psychiatric advance directive, a provider or facility shall
- 223 make the directive a part of a declarant's medical record.
- 224 (b) In the absence of specific knowledge of the revocation or invalidity of a directive, a
- 225 provider or facility providing mental health care to a declarant may presume that a person
- 226 who executed a psychiatric advance directive in accordance with this chapter was of sound
- 227 <u>mind and acted voluntarily when executing such directive and may rely upon a psychiatric</u>
- 228 <u>advance directive or a copy of that directive.</u>
- (c) A provider or facility shall be authorized to act in accordance with a directive when a
- 230 <u>declarant is incapable of making mental health care decisions.</u>
- 231 (d) A provider or facility shall continue to obtain a declarant's consent to all mental health
- 232 <u>care decisions if he or she is capable of providing consent or refusal.</u>
- 233 37-11-12.
- (a)(1) When acting under the authority of a directive, a provider or facility shall comply
- with it to the fullest extent possible unless the requested mental health care is:
- 236 (A) Unavailable;
- (B) Medically contraindicated in a manner that would result in substantial harm to the
- declarant if administered; or
- (C) In the opinion of the provider or facility, inconsistent with reasonable medical
- standards to benefit the declarant or has proven ineffective in treating such declarant's
- 241 mental health condition.

242 (2) In the event that a part of a directive is unable to be followed due to any of the 243 circumstances set forth in paragraph (1) of this subsection, all other parts of such 244 directive shall be followed. (b) If a provider or facility is unwilling at any time for one or more of the reasons set forth 245 246 in paragraph (1) of subsection (a) of this Code section to comply with a declarant's wishes 247 as set forth in the directive or with the decision of such declarant's agent, such provider or 248 facility shall: 249 (1) Document the reason for not following the directive in such declarant's medical 250 record; and 251 (2) Promptly notify such declarant and his or her agent, if one is appointed in the directive, or otherwise such declarant's next of kin or legal guardian, of the refusal to 252 follow the directive or instructions of the agent and document the notification in such 253 254 declarant's medical record. 255 (c) In the event a provider or facility is unwilling at any time for one or more of the 256 reasons set forth in paragraph (1) of subsection (a) of this Code section to comply with a 257 declarant's wishes as set forth in the directive or with the decision of such declarant's agent, 258 if an agent has been appointed, then the declarant's agent, or otherwise such declarant's next 259 of kin or legal guardian, shall arrange for such declarant's transfer to another provider or 260 facility if the requested care would be delivered by that other provider or facility. 261 (d) A provider or facility unwilling at any time for one or more of the reasons set forth in 262 paragraph (1) of subsection (a) of this Code section to comply with a declarant's wishes as set forth in the directive or with the decision of a declarant's mental health care agent shall 263 264 continue to provide reasonably necessary consultation and care in connection with the 265 pending transfer. 266 (e) A psychiatric advance directive shall not limit the involuntary examination, treatment,

or hospitalization of patients under Chapter 3 of this title.

268 (f) Nothing in this chapter shall be construed to require a provider or facility to provide 269 mental health care for which a declarant or a third-party payor is unable or refuses to 270 ensure payment. 271 37-11-13. 272 (a) Each provider, facility, or any other person who acts in good faith reliance on any 273 instructions contained in a directive or on any direction or decision by a mental health care 274 agent shall be protected and released to the same extent as though such person had 275 interacted directly with a capable declarant. 276 (b) Without limiting the generality of the provisions of subsection (a) of this Code section, 277 the following specific provisions shall also govern, protect, and validate the acts of a mental health care agent and each such provider, facility, and any other person acting in 278 279 good faith reliance on such instruction, direction, or decision: 280 (1) No provider, facility, or person shall be subject to civil liability, criminal prosecution, 281 or discipline for unprofessional conduct solely for complying with any instructions 282 contained in a directive or with any direction or decision by a mental health care agent, 283 even if death or injury to the declarant ensues; 284 (2) No provider, facility, or person shall be subject to civil liability, criminal prosecution, 285 or discipline for unprofessional conduct solely for failure to comply with any instructions 286 contained in a directive or with any direction or decision by a mental health care agent, 287 so long as such provider, facility, or person informs such agent of its refusal or failure to

(3) If the actions of a provider, facility, or person who fails to comply with any instruction contained in a directive or with any direction or decision by a mental health care agent are substantially in accord with reasonable medical standards at the time of consent or refusal of mental health care and such provider, facility, or person cooperates

comply with the directive and continues to provide reasonably necessary consultation and

care in connection with a pending transfer;

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294 in the transfer of the declarant pursuant to subsection (d) of Code Section 37-11-12, such 295 provider, facility, or person shall not be subject to civil liability, criminal prosecution, or 296 discipline for unprofessional conduct for failure to comply with the psychiatric advance 297 directive: 298 (4) No mental health care agent who, in good faith, acts with due care for the benefit of 299 the declarant and in accordance with the terms of a directive, or who fails to act, shall be 300 subject to civil liability or criminal prosecution for such action or inaction; 301 (5) If the authority granted by a psychiatric advance directive is revoked under 302 Code Section 37-11-10, a provider, facility, or agent shall not be subject to criminal 303 prosecution or civil liability for acting in good faith reliance upon such psychiatric 304 advance directive unless such provider, facility, or agent had actual knowledge of the 305 revocation; and 306 (6) In the event a declarant has appointed a health care agent in accordance with Chapter 307 32 of Title 31, no provider, facility, or person who relies in good faith on the direction of 308 such health care agent shall be subject to civil liability, criminal prosecution, or discipline for unprofessional conduct for complying with any direction or decision of such health 309 310 care agent in the event the declarant's condition is subsequently determined to be a mental 311 health care condition. 312 37-11-14. 313 A law enforcement officer who uses a declarant's valid psychiatric advance directive and 314 acts in good faith reliance on the instructions contained in such directive shall not be 315 subject to criminal prosecution or civil liability for any harm to such declarant that results

from a good faith effort to follow such directive's instructions.

317	<u>37-11-15.</u>
318	(a) The provisions of this chapter shall not apply to or invalidate a valid psychiatric
319	advance directive executed prior to July 1, 2021.
320	(b) The use of the form set forth in Code Section 37-11-16 or a similar form after July 1,
321	2021, in the creation of a psychiatric advance directive shall be deemed lawful and, when
322	such form is used and it meets the requirements of this chapter, it shall be construed in
323	accordance with the provisions of this chapter.
324	(c) Any person may use another form for a psychiatric advance directive so long as the
325	form is substantially similar to, otherwise complies with the provisions of this chapter, and
326	provides notice to a declarant substantially similar to that contained in the form set forth
327	in Code Section 37-11-16. As used in this subsection, the term 'substantially similar' may
328	include forms from other states.
329 330 331	37-11-16. 'GEORGIA PSYCHIATRIC ADVANCE DIRECTIVE Data of Birth.
332	By: Date of Birth: (Print Name) (Month/Day/Year)
333	As used in this psychiatric advance directive, the term:
334	(1) "Facility" means a hospital, skilled nursing facility, hospice, institution, home,
335	residential or nursing facility, treatment facility, and any other facility or service which
336	has a valid permit or provisional permit issued under Chapter 7 of Title 31 of the Official
337	Code of Georgia Annotated or which is licensed, accredited, or approved under the laws
338	of any state, and includes hospitals operated by the United States government or by any
339	state or subdivision thereof.
340	(2) "Provider" means any person administering mental health care who is licensed,
341	certified, or otherwise authorized or permitted by law to administer mental health care

in the ordinary course of business or the practice of a profession, including, but not limited to, professional counselors, psychologists, clinical social workers, and clinical nurse specialists in psychiatric and mental health; a physician; or any person acting for any such authorized person.

This psychiatric advance directive has four parts:

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347 **PART ONE** STATEMENT OF INTENT AND TREATMENT PREFERENCES. 348 This part allows you to state your intention for this document and state 349 your mental health treatment preferences and consent if you have been 350 determined to be incapable of making informed decisions about your 351 mental health care. PART ONE will become effective only if you have 352 been determined in the opinion of a physician or licensed psychologist 353 who has personally examined you, or in the opinion of a court, to lack 354 the capacity to understand the risks and benefits of, and the 355 alternatives to, a mental health care decision under consideration and 356 you are unable to give or communicate rational reasons for mental 357 health care decisions because of impaired thinking, impaired ability 358 to receive and evaluate information, or other cognitive disability. 359 Reasonable and appropriate efforts will be made to communicate with 360 you about your mental health treatment preferences before PART ONE 361 becomes effective. You should talk to your family and others close to 362 you about your intentions and mental health treatment preferences. 363 PART TWO MENTAL HEALTH CARE AGENT. This part allows you to choose 364 someone to make mental health care decisions for you when you 365 cannot make mental health care decisions for yourself. The person you 366 choose is called a mental health care agent. You should talk to your

367		mental health care agent about this important role.
368	PART THREE	OTHER RELATED ISSUES. This part allows you to give important
369		information to people who may be involved with you during a mental
370		health care crisis.
371	PART FOUR	EFFECTIVENESS AND SIGNATURES. This part requires your
372		signature and the signatures of two witnesses. You must complete
373		PART FOUR if you have filled out any other part of this form.
374	You may fill out	any or all of the first three parts listed above. You must fill out PART
375	FOUR of this for	m in order for this form to be effective.
376	You should give o	a copy of this completed form to people who might need it, such as your
377	mental health car	re agent, your family, and your physician. Keep a copy of this completed
378	form at home in a	place where it can easily be found if it is needed. Review this completed
379	form periodically	y to make sure it still reflects your preferences. If your preferences
380	change, complete	a new psychiatric advance directive.
381	Using this form o	of psychiatric advance directive is completely optional. Other forms of
382	psychiatric advar	nce directives may be used in Georgia.
383	<u>You may revoke t</u>	his completed form at any time that you are capable of making informed
384	decisions about y	your mental health care. If you choose to revoke this form, you should
385	communicate you	ur revocation to your providers, your agents, and any other person to
386	whom you have g	iven a copy of this form. This completed form will supersede any advance
387	directive for heal	th care, durable power of attorney for health care, health care proxy, or

living will that you have completed before completing this form to the extent that such other documents relate to mental health care and are inconsistent with the information contained in this form.

PART ONE: STATEMENT OF INTENT AND TREATMENT PREFERENCES

[PART ONE will become effective only if you have been determined in the opinion of a physician or licensed psychologist who has personally examined you, or in the opinion of a court, to lack the capacity to understand the risks and benefits of, and the alternatives to, a mental health care decision under consideration and you are unable to give or communicate rational reasons for mental health care decisions because of impaired thinking, impaired ability to receive and evaluate information, or other cognitive disability. Reasonable and appropriate efforts will be made to communicate with you about your mental health treatment preferences before PART ONE becomes effective. PART ONE will be effective even if PARTS TWO or THREE are not completed. If you have not selected a mental health care agent in PART TWO, or if your mental health care agent is not available, then PART ONE will communicate your treatment preferences to your providers or a facility providing care to you. If you have selected a mental health care agent in PART TWO, then your mental health care agent will have the authority to make health care decisions for you regarding matters guided by your mental health treatment preferences and other factors described in this PART.]

(1) STATEMENT OF INTENT

I, (your name) , being of sound mind, willfully and voluntarily make this psychiatric advance directive as a means of expressing in advance my informed choices and consent regarding my mental health care in the event I become

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incapable of making informed decisions on my own behalf. I understand this document becomes effective if it is determined by a physician or licensed psychologist who has personally examined me, or in the opinion of a court, that I lack the capacity to understand the risks, benefits, and alternatives to a mental health care treatment decision under consideration and I am unable to give or communicate rational reasons for my mental health care treatment decisions because of impaired thinking, impaired ability to receive and evaluate information, or other cognitive disability. If I am deemed incapable of making mental health care decisions, I intend for this document to constitute my advance authorization and consent, based on my past experiences with my illness and knowledge gained from those experiences, for treatment that is medically indicated and consistent with the preferences I have expressed in this document. I understand this document continues in operation only during my incapacity to make mental health care decisions. I understand I may revoke this document only during periods when I am mentally capable. I intend for this psychiatric advance directive to take precedence over any advance directive for health care executed pursuant to Chapter 32 of Title 31 of the Official Code of Georgia Annotated, durable power of attorney for health care creating a health care agency under the former Chapter 36 of Title 31 of the Official Code of Georgia Annotated, as such chapter existed on and before June 30, 2007, health care proxy, or living will that I have executed prior to executing this form to the extent that such other documents relate to mental health care and are inconsistent with this executed document.

434	In the event that a decision maker is appointed by a court to make mental health care
435	decisions for me, I intend this document to take precedence over all other means of
436	determining my intent while I was competent.
437	It is my intent that a person or facility involved in my care shall not be civilly liable or
438	criminally prosecuted for honoring my wishes as expressed in this document or for
439	following the directions of my agent.
440	(2) INFORMATION REGARDING MY SYMPTOMS
441	The following are symptoms or behaviors I typically exhibit when escalating toward a
442	mental health crisis. If I exhibit any of these symptoms or behaviors, an evaluation is
443	needed regarding whether or not I am incapable of making mental health care decisions:
444 445	
446 447	The following may cause me to experience a mental health crisis or to make my
448 449	symptoms worse:
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451 452	The following techniques may be helpful in de-escalating my crisis:
453 454	
455 456	When I exhibit the following behaviors, I would like to be evaluated to determine
457	whether or not I have regained the capacity to make my mental health care decisions:
TJI	whether of not I have regained the capacity to make my mental health cale decisions.

21	LC 33 8749
	(3) PREFERRED CLINICIANS
	The names of my doctors, therapists, pharmacists, and other mental health care
	professionals and their telephone numbers are:
	Name and telephone numbers:
	I prefer and consent to treatment from the following clinicians:
	Names:
	I refuse to be treated by the following clinicians:
	Names:
	(4) TREATMENT INSTRUCTIONS
	<u>Medications</u>
	I am currently using and consent to continue to use the following medications (include
	all medications, whether for mental health care treatment or general health care
	<u>treatment):</u>

21	LC 33 8749
	If additional medications become necessary, I prefer and consent to take the following
	medications:
	I cannot tolerate the following medications because:
	I am allergic to the following medications:
	If my preferred medications cannot be given and I have not appointed an agent in PART
	TWO to make an alternative decision for me, I want my treating physician to choose an
	alternative medication that would best meet my mental health needs, subject to any
	<u>limitations I have expressed in my treating instructions above.</u> (Check "yes" if you agree
	with this statement and "no" if you disagree with this statement.) Yes No
	In the event I need to have medication administered, I would prefer and consent to the
	following methods (Check "yes" or "no" and list a reason for your request if you have
	one.):
	Medication in pill form: YesNo

Reason:			
Liquid medication:	Yes	No	
Reason:			
Medication by injection:	Yes	No	
Reason:			
Covert medication			
(without my knowledge in drink or food	d): Yes	No	
Reason:			
Hospitalization is Not My First Choice It is my intention, if possible, to stay at I supports:		nmunity with the follow	<u>ing</u>
If I need outpatient therapy, I prefer and	consent to it being	provided by:	
Additional instructions that may help me	avoid a hospitaliza	ation:	
Treatment Facilities			
If it becomes necessary for me to be hos	pitalized, I would	orefer and consent to be	eing
treated at the following facilities:			

2	LC 33 8749
	I refuse to be treated at the following facilities:
	Reason(s) for wishing to avoid the above facilities:
	I generally react to being hospitalized as follows:
	Staff at a facility can help me by doing the following:
	Laive namicaion for the fellowing needs to visit me.
	I give permission for the following people to visit me:
	Additional Interventions (Please place your initials in the blanks)
	I prefer the following interventions as indicated by my initials and consent to any
	intervention where I have initialed next to "yes."

Seclusion:	Yes	No
Reason:		
Physical restraints:	Yes	No
Reason:		
Experimental treatment:	Yes	No
Reason:		
Electroconvulsive therapy (ECT):	Yes	No
Reason:		
(5) ADDITIONAL STATEMENTS [This section is optional. This PART will	l be effective ever	n if this section is left blank
This section allows you to state addition	nal mental healt.	h treatment preferences, to
<u>provide additional guidance to your men</u>	tal health care a	<u>gent (if you have selected c</u>
mental health care agent in PART TWO), o	or to provide infoi	rmation about your persona
and religious values about your mental he	ealth care and tre	atment. Understanding tha
you cannot foresee everything that coul.		<u></u>
you cannot foresee everything that coun	d happen to you	, you may want to provide

agent in PART TWO) about following your mental health treatment preferences.]

	21	LC 33 8749
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586		
587		PART TWO: MENTAL HEALTH CARE AGENT
588		[PART ONE will be effective even if PART TWO is not completed. If you do not wish to
589		appoint an agent, do not complete PART TWO. A provider who is directly involved in
590		your health care or any employee of that provider may not serve as your mental health
591		care agent unless such employee is your family member, friend, or associate and is not
592		directly involved in your health care. An employee of the Department of Behavioral
593		Health and Developmental Disabilities or of a local public mental health agency or of
594		any organization that contracts with a local public mental health authority may not serve
595		as your mental health care agent unless such person is your family member, friend, or
596		associate and is not directly involved in your health care. If you are married, a future
597		divorce or annulment of your marriage will revoke the selection of your current spouse
598		as your mental health care agent unless you indicate otherwise in Section (10) of this
599		PART. If you are not married, a future marriage will revoke the selection of your mental
600		health care agent unless the person you selected as your mental health care agent is your
601		new spouse.]
602		(6) MENTAL HEALTH CARE AGENT
603		I select the following person as my mental health care agent to make mental health care
604		decisions for me:
605		Name:
606		Address:
607		Telephone Numbers:
608		(Home, Work, and Mobile)

609	Agent's Acceptance: I have read this form, and I certify that I do not, have not, and will
610	not provide mental health care and treatment for: (your name)
611	I accept the designation as agent for: (your name)
612	(Agent's signature and date)
c10	
613	(7) BACK-UP MENTAL HEALTH CARE AGENT
614	[This section is optional. PART TWO will be effective even if this section is left blank.]
615	If my mental health care agent cannot be contacted in a reasonable time period and
616	cannot be located with reasonable efforts or for any reason my mental health care agent
617	is unavailable or unable or unwilling to act as my mental health care agent, then I select
618	the following, each to act successively in the order named, as my back-up mental health
619	care agent(s):
620	Name:
621	Address:
622	Telephone Numbers:
623	(Home, Work, and Mobile)
624	Back-up Agent's Acceptance: I have read this form, and I certify that I do not, have
625	not, and will not provide mental health care and treatment for: (your name)
626	
627	I accept the designation as agent for: (your name)
628	(Back-up agent's signature and date)
629	Name:
630	Address:
631	Telephone Numbers:
632	(Home, Work, and Mobile)

633 Back-up Agent's Acceptance: I have read this form, and I certify that I do not, have 634 not, and will not provide mental health care and treatment for: (your name) 635 I accept the designation as agent for: (your name)_____ 636 637 (Back-up agent's signature and date) 638 (8) GENERAL POWERS OF MENTAL HEALTH CARE AGENT 639 My mental health care agent will make mental health care decisions for me when I have 640 been determined in the opinion of a physician or licensed psychologist who has personally examined me, or in the opinion of a court, to lack the capacity to understand 641 the risks and benefits of, and the alternatives to, a mental health care treatment decision 642 under consideration and I am unable to give or communicate rational reasons for my 643 mental health care decisions because of impaired thinking, impaired ability to receive and 644 evaluate information, or other cognitive disability. 645 646 My mental health care agent will have the same authority to make any mental health care 647 decision that I could make. My mental health care agent's authority includes, for 648 example, the power to: 649 •Request and consent to admission or discharge from any facility; 650 •Request, consent to, authorize, or withdraw consent to any type of provider or mental 651 health care that is consistent with my instructions in PART ONE of this form and 652 subject to the limitations set forth in Section (4) of PART ONE; and 653 •Contract for any health care facility or service for me, and to obligate me to pay for 654 these services (and my mental health care agent will not be financially liable for any 655 services or care contracted for me or on my behalf).

656 My mental health care agent will be my personal representative for all purposes of federal 657 or state law related to privacy of medical records (including the Health Insurance Portability and Accountability Act of 1996) and will have the same access to my medical 658 records that I have and can disclose the contents of my medical records to others for my 659 660 ongoing mental health care. 661 My mental health care agent may accompany me in an ambulance or air ambulance if in the opinion of the ambulance personnel protocol permits a passenger, and my mental 662 health care agent may visit or consult with me in person while I am in a facility if its 663 664 protocol permits visitation. My mental health care agent may present a copy of this psychiatric advance directive in 665 lieu of the original, and the copy will have the same meaning and effect as the original. 666 I understand that under Georgia law: 667 668 •My mental health care agent may refuse to act as my mental health care agent; and 669 •A court can take away the powers of my mental health care agent if it finds that my 670 mental health care agent is not acting in accordance with this directive. 671 (9) GUIDANCE FOR MENTAL HEALTH CARE AGENT 672 In the event my directive is being used, my agent should first look at my instructions as 673 expressed in PART ONE. If a situation occurs for which I have not expressed a 674 preference, or in the event my preference is not available, my mental health care agent should think about what action would be consistent with past conversations we have had, 675 my treatment preferences as expressed in PART ONE, my religious and other beliefs and 676 677 values, and how I have handled medical and other important issues in the past. If what 678 I would decide is still unclear, then my mental health care agent should make decisions

for me th	nat my mental health care agent believes are in my best interests, considering the
benefits.	burdens, and risks of my current circumstances and treatment options.
I impose	e the following limitations on my agent's authority to act on my behalf:
•	HEN SPOUSE IS MENTAL HEALTH CARE AGENT AND THERE HAS A DIVORCE OR ANNULMENT OF OUR MARRIAGE
[Initial i	f you agree with this statement; leave blank if you do not.]
	I desire the person I have named as my agent, who is now my spouse, to
remain a	as my agent even if we become divorced or our marriage is annulled.
	PART THREE: OTHER RELATED ISSUES
[PART]	THREE is optional. This psychiatric advance directive will be effective even if
PART T	HREE is left blank.]
<u>(11) GU</u>	UIDANCE FOR LAW ENFORCEMENT
I typical	ly react to law enforcement in the following ways:
The follo	owing person(s) may be helpful in the event of law enforcement involvement:
Name:	Telephone Number:
Relatio	onship:

701 Telephone Number: Name: 702 Relationship: 703 (12) HELP FROM OTHERS The following people are part of my support system (child care, pet care, getting my mail, 704 705 paying my bills, etc.) and should be contacted in the event of a crisis: 706 Telephone Number: ____ Name: ____ 707 Responsibility: 708 Name: Telephone Number: 709 Responsibility: Name: Telephone Number: 710 Responsibility: 711 712 PART FOUR: EFFECTIVENESS AND SIGNATURES 713 This psychiatric advance directive will become effective only if I have been determined 714 in the opinion of a physician or licensed psychologist who has personally examined me, 715 or in the opinion of a court, to lack the capacity to understand the risks and benefits of, 716 and the alternatives to, a mental health care decision under consideration and I am unable 717 to give or communicate rational reasons for my mental health care decisions because of 718 impaired thinking, impaired ability to receive and evaluate information, or other cognitive 719 disability. 720 This form revokes any psychiatric advance directive that I have executed before this date. 721 To the extent this form is in conflict or is inconsistent with any advance directive for 722 health care, durable power of attorney for health care, health care proxy, or living will 723 executed by me at any time, this form shall control with respect to my mental health care.

724	Unless I have initialed below and have provided alternative future dates or events, this
725	psychiatric advance directive will become effective at the time I sign it and will remain
726	effective until my death.
727	(Initials) This psychiatric advance directive will become effective on or
728	<u>upon (date)</u> and will terminate on or upon (date)
729	[You must sign and date or acknowledge signing and dating this form in the presence of
730	two witnesses.
731	Both witnesses must be of sound mind and must be at least 18 years of age, but the
732	witnesses do not have to be together or present with you when you sign this form.
733	A witness:
734	•Cannot be a person who was selected to be your mental health care agent or back-up
735	mental health care agent in PART TWO;
736	•Cannot be a provider who is providing mental health care to you at the time you
737	execute this directive or an employee of such provider unless the witness is your family
738	member, friend, or associate and is not directly involved in your mental health care;
739	<u>and</u>
740	•Cannot be an employee of the Department of Behavioral Health and Developmental
741	Disabilities or of a local public mental health agency or of any organization that
742	contracts with a local public mental health authority unless the witness is your family
743	member, friend, or associate and is not directly involved in your mental health care.]
7.4.4	
744	By signing below, I state that I am of sound mind and capable of making this psychiatric
745	advance directive and that I understand its purpose and effect.
746	
747	(Signature of Declarant) (Date)

The declarant signed this form in my presence or acknowledged signing this form to me.
Based upon my personal observation, the declarant appeared to be of sound mind and
mentally capable of making this psychiatric advance directive and signed this form
willingly and voluntarily.
(Cinnetons of First Witness)
(Signature of First Witness) (Date)
Print Name:
Address:
(Signature of Second Witness) (Date)
Print Name:
Address:
[This form does not need to be notarized.]"
PART II
SECTION 2-1.
Title 16 of the Official Code of Georgia Annotated, relating to crimes and offenses, is
amended in Code Section 16-5-5, relating to assisted suicide and notification of licensing
board regarding violation, by revising paragraphs (3) and (4) of subsection (c) as follows:
"(3) Any person prescribing, dispensing, or administering medications or medical
procedures pursuant to, without limitation, a living will, a durable power of attorney for
health care, an advance directive for health care, a psychiatric advance directive, a
Physician Orders for Life-Sustaining Treatment form pursuant to Code Section 31-1-14,

or a consent pursuant to Code Section 29-4-18 or 31-9-2 when such actions are calculated or intended to relieve or prevent a patient's pain or discomfort but are not calculated or intended to cause such patient's death, even if the medication or medical procedure may have the effect of hastening or increasing the risk of death;

(4) Any person discontinuing, withholding, or withdrawing medications, medical procedures, nourishment, or hydration pursuant to, without limitation, a living will, a durable power of attorney for health care, an advance directive for health care, a psychiatric advance directive, a Physician Orders for Life-Sustaining Treatment form pursuant to Code Section 31-1-14, a consent pursuant to Code Section 29-4-18 or 31-9-2, or a written order not to resuscitate; or"

SECTION 2-2.

Said title is further amended in Code Section 16-5-102.1, relating to trafficking of a disabled adult, elder person, or resident, by revising subsection (f) as follows:

"(f) This Code section shall not apply to a physician nor any person acting under a physician's direction nor to a hospital, hospice, or long-term care facility, nor any agent or employee thereof who is in good faith acting within the scope of his or her employment or agency or who is acting in good faith in accordance with a living will, a durable power of attorney for health care, an advance directive for health care, a psychiatric advance directive, a Physician Orders for Life-Sustaining Treatment form pursuant to Code Section 31-1-14, an order not to resuscitate, or the instructions of the patient or the patient's lawful surrogate decision maker."

SECTION 2-3.

Title 29 of the Official Code of Georgia Annotated, relating to guardian and ward, is amended in Code Section 29-4-10, relating to petition for appointment of guardian and requirements for petition, by revising paragraph (6) of subsection (b) as follows:

"(6) Whether, to the petitioner's knowledge, there exists any living will, durable power of attorney for health care, advance directive for health care, <u>psychiatric advance</u> <u>directive</u>, order relating to cardiopulmonary resuscitation, or other instrument that deals with the management of the person of the proposed ward in the event of incapacity and the name and address of any fiduciary or agent named in the instrument;"

SECTION 2-4.

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Said title is further amended in Code Section 29-4-21, relating to rights and privileges removed from ward upon appointment of guardian, by revising subsection (b) as follows:

"(b) The mere appointment of a guardian does not revoke the powers of an agent who was previously appointed by the ward to act as an agent under a durable power of attorney for health care, a or health care agent under an advance directive for health care, or a mental health care agent under a psychiatric advance directive."

SECTION 2-5.

Said title is further amended in Code Section 29-5-21, relating to rights and powers removed from ward upon appointment of conservator, by revising subsection (b) as follows:

"(b) The mere appointment of a conservator does not revoke the powers of an agent who was previously appointed by the ward to act as the ward's agent under a durable power of attorney for health care, or health care agent under an advance directive for health care, or mental health care agent under a psychiatric advance directive."

SECTION 2-6.

Title 31 of the Official Code of Georgia Annotated, relating to health, is amended in Code Section 31-8-55, relating to entry and investigative authority, cooperation of government agencies, and communication with residents, by revising subsection (b) as follows:

"(b) The state ombudsman or community ombudsman shall have the authority to enter any long-term care facility and shall use his or her best efforts to enter such facility during normal visiting hours. Upon entering the long-term care facility, the ombudsman shall notify the administrator or, in the absence of the administrator, the person in charge of the facility, before speaking to any residents. After notifying the administrator or the person in charge of the facility, the ombudsman may communicate privately and confidentially with residents of the facility, individually or in groups. The ombudsman shall have access to the medical and social records of any resident if:

- (1) The ombudsman has the permission of the resident or the legal representative or guardian of the resident;
- 828 (2) The resident is unable to consent to the review and has no legal representative or guardian; or
- 830 (3) There is a guardian of the person of the resident and that guardian refuses to permit access to the records necessary to investigate a complaint, and:
 - (A) There is reasonable cause to believe that the guardian is not acting in the best interests of the resident; and
- (B) A community ombudsman obtains the approval of the state ombudsman.

As used in this Code section, the term 'legal representative' means an agent under a valid power of attorney, provided that the agent is acting within the scope of his or her agency; an agent under a durable power of attorney for health care or health care agent under an advance directive for health care; a mental health care agent under a psychiatric advance directive; or an executor, executrix, administrator, or administratrix of the estate of a deceased resident. The ombudsman shall have the authority to inspect the physical plant and have access to the administrative records, policies, and documents of the facility to which the residents have or the general public has access. Entry and investigation provided by this Code section shall be conducted in a manner which will not significantly disrupt the provision of nursing or other care to residents."

845	SECTION 2-7.
846	Said title is further amended in Code Section 31-9-2, relating to persons authorized to
847	consent to surgical or medical treatment, by revising paragraphs (1) and (1.1) of subsection
848	(a) as follows:
849	"(1) Any adult, for himself or herself, whether by living will, advance directive for health
850	care, psychiatric advance directive under Chapter 11 of Title 37, or otherwise;
851	(1.1) Any person authorized to give such consent for the adult under an advance directive
852	for health care or durable power of attorney for health care under Chapter 32 of this title
853	or psychiatric advance directive under Chapter 11 of Title 37;"
854	SECTION 2-8.
855	Said title is further amended in Code Section 31-32-2, relating to definitions relative to the
856	"Georgia Advance Directive for Health Care Act," by adding new paragraphs to read as
857	follows:
858	"(10.1) 'Mental health care' shall have the same meaning as in Code Section 37-11-3.
859	(10.2) 'Mental health care agent' means an agent appointed under a psychiatric advance
860	directive in accordance with Chapter 11 of Title 37."
861	"(12.1) 'Psychiatric advance directive' means a written document voluntarily executed
862	by an individual in accordance with the requirements of Code Section 37-11-9."
0.62	CECTION 2.0
863	SECTION 2-9.
864	Said title is further amended in Code Section 31-32-4, relating to the advance directive for
865	health care form, by revising paragraph (3) of PART ONE of the form as follows:
866	"(3) GENERAL POWERS OF HEALTH CARE AGENT
867	My health care agent will make health care decisions for me when I am unable to
868	communicate my health care decisions or I choose to have my health care agent
869	communicate my health care decisions.

870 My health care agent will have the same authority to make any health care decision that 871 I could make. My health care agent's authority includes, for example, the power to: 872 •Admit me to or discharge me Request and consent to admission or discharge from any 873 hospital, skilled nursing facility, hospice, or other health care facility or service; 874 •Request, consent to, withhold, or withdraw any type of health care; and 875 •Contract for any health care facility or service for me, and to obligate me to pay for 876 these services (and my health care agent will not be financially liable for any services 877 or care contracted for me or on my behalf). 878 My health care agent will be my personal representative for all purposes of federal or 879 state law related to privacy of medical records (including the Health Insurance Portability 880 and Accountability Act of 1996) and will have the same access to my medical records 881 that I have and can disclose the contents of my medical records to others for my ongoing 882 health care. 883 My health care agent may accompany me in an ambulance or air ambulance if in the 884 opinion of the ambulance personnel protocol permits a passenger, and my health care 885 agent may visit or consult with me in person while I am in a hospital, skilled nursing 886 facility, hospice, or other health care facility or service if its protocol permits visitation. 887 My health care agent may present a copy of this advance directive for health care in lieu 888 of the original, and the copy will have the same meaning and effect as the original. 889 I understand that under Georgia law: •My health care agent may refuse to act as my health care agent; 890 891 •A court can take away the powers of my health care agent if it finds that my health 892 care agent is not acting properly; and

•My health care agent does not have the power to make health care decisions for me regarding psychosurgery, sterilization, or treatment or involuntary hospitalization, or involuntary treatment for mental or emotional illness, developmental disability, or addictive disease.

• My health care agent does not have the power to make health care decisions that are otherwise covered under a psychiatric advance directive that I have executed pursuant to Chapter 11 of Title 37 of the Official Code of Georgia Annotated, including decisions related to treatment or hospitalization for mental or emotional illness, developmental disability, or addictive disease."

SECTION 2-10.

Said title is further amended in Code Section 31-32-7, relating to duties and responsibilities of health care agents, by revising paragraph (1) of subsection (e) and by adding a new subsection to read as follows:

- "(1) The health care agent is authorized to consent to and authorize or refuse, or to withhold or withdraw consent to, any and all types of medical care, treatment, or procedures relating to the physical or mental health of the declarant, including any medication program, surgical procedures, life-sustaining procedures, or provision of nourishment or hydration for the declarant, but not including psychosurgery, sterilization, or involuntary hospitalization or involuntary treatment covered by Title 37;"
- "(g) With respect to mental health care, the duties and responsibilities of a health care agent under this chapter shall be subordinate to the duties and responsibilities of a mental health care agent under Chapter 11 of Title 37 and subject to the terms of a psychiatric advance directive executed by the declarant before, simultaneously with, or after the advance directive for health care under which the health care agent is acting."

917	SECTION 2-11.
918	Said title is further amended in Code Section 31-32-10, relating to immunity from liability
919	or disciplinary action, by revising subsection (a) by deleting "and" at the end of paragraph
920	(4), by replacing the period with "; and" at the end of paragraph (5), and by adding a new
921	paragraph to read as follows:
922	"(6) In the event a declarant has appointed a mental health care agent, no health care
923	provider, health care facility, or person who relies in good faith on the direction of such
924	mental health care agent shall be subject to civil liability, criminal prosecution, or
925	discipline for unprofessional conduct for complying with any direction or decision of
926	such mental health care agent in the event the declarant's condition is subsequently
927	determined to be a health care condition."
928	SECTION 2-12.
929	Said title is further amended in Code Section 31-32-14, relating to effect of chapter on other
930	legal rights and duties, by adding a new subsection to read as follows:
931	"(g) With respect to mental health care, nothing in this chapter shall supersede the duties
932	and responsibilities of a mental health care agent under Chapter 11 of Title 37 or the terms
933	of a psychiatric advance directive executed by the declarant before, simultaneously with.
934	or after the advance directive for health care under which the health care agent is acting."
935	SECTION 2-13.
936	Said title is further amended in Code Section 31-33-2, relating to furnishing copy of records
937	to patient, provider, or other authorized person, by revising paragraph (2) of subsection (a)
938	as follows:
939	"(2) Upon written request from the patient or a person authorized to have access to the
940	patient's record under an advance directive for health care, a psychiatric advance
941	directive, or a durable power of attorney for health care for such patient, the provider

942 having custody and control of the patient's record shall furnish a complete and current 943 copy of that record, in accordance with the provisions of this Code section. If the patient 944 is deceased, such request may be made by the following persons: 945 (A) The executor, administrator, or temporary administrator for the decedent's estate 946 if such person has been appointed; 947 (B) If an executor, administrator, or temporary administrator for the decedent's estate 948 has not been appointed, by the surviving spouse; 949 (C) If there is no surviving spouse, by any surviving child; and 950 (D) If there is no surviving child, by any parent." 951 **SECTION 2-14.** Said title is further amended in Code Section 31-36A-3, relating to definitions relative to the 952 953 "Temporary Health Care Placement Decision Maker for an Adult Act," by adding a new 954 paragraph to read as follows: 955 "(1.1) 'Psychiatric advance directive' means a written document voluntarily executed by an individual in accordance with the requirements of Code Section 37-11-9." 956 957 SECTION 2-15. 958 Said title is further amended in Code Section 31-36A-6, relating to persons authorized to 959 consent, expiration of authorization, limitations on authority to consent, effect on other laws, 960 and immunity from liability or disciplinary action, by revising paragraph (2) of subsection 961 (a) as follows: 962 "(2) Any person authorized to give such consent for the adult under an advance directive 963 for health care, psychiatric advance directive, or durable power of attorney for health care under Chapter 32 of this title;" 964

SECTION 2-16.

Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended in Code Section 37-1-1, relating to definitions relative to governing and regulation of mental

health, by adding new paragraphs to read as follows:

"(11.1) 'Mental health care agent' means an agent appointed under a psychiatric advance directive in accordance with Chapter 11 of Title 37."

"(16.1) 'Psychiatric advance directive' means a written document voluntarily executed

by an individual in accordance with the requirements of Code Section 37-11-9."

SECTION 2-17.

974 Said title is further amended in Code Section 37-1-20, relating to obligations of the 975 Department of Behavioral Health and Developmental Disabilities, by revising paragraph (18)

976 as follows:

"(18) Classify host homes for persons whose services are financially supported, in whole or in part, by funds authorized through the department. As used in this Code section, the term 'host home' means a private residence in a residential area in which the occupant owner or lessee provides housing and provides or arranges for the provision of food, one or more personal services, supports, care, or treatment exclusively for one or two persons who are not related to the occupant owner or lessee by blood or marriage. A host home shall be occupied by the owner or lessee, who shall not be an employee of the same community provider which provides the host home services by contract with the department. The department shall approve and enter into agreements with community providers which, in turn, contract with host homes. The occupant owner or lessee shall not be the guardian of any person served or of their property, nor the agent in such person's advance directive for health care, nor the mental health care agent in such person's psychiatric advance directive. The placement determination for each person placed in a host home shall be made according to such person's choice as well as the

individual needs of such person in accordance with the requirements of Code Section 37-3-162, 37-4-122, or 37-7-162, as applicable to such person;"

993 **SECTION 2-18.**

- Said title is further amended by revising Code Section 37-3-20, relating to admission of voluntary patients, consent of parent or guardian to treatment, and giving notice of rights to patient at time of admission, as follows:
- 997 "37-3-20.

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- (a) The chief medical officer of any facility may receive for observation and diagnosis any patient 12 years of age or older making application therefor, any patient under 18 years of age for whom such application is made by his <u>or her</u> parent or guardian, any patient who has a psychiatric advance directive and for whom such application is made by his or her mental health care agent, and any patient who has been declared legally incompetent and for whom such application is made by his <u>or her</u> guardian. If found to show evidence of mental illness and to be suitable for treatment, such person may be given care and treatment at such facility; and such person may be detained by such facility until discharged pursuant to Code Section 37-3-21 or 37-3-22. The parents or guardian of a minor child must give written consent to such treatment. An individualized service plan shall be developed for such person as soon as possible.
- (b) Any individual voluntarily admitted to a facility under this Code section shall be given
 notice of his <u>or her</u> rights under this chapter at the time of his admission."

1011 **SECTION 2-19.**

Said title is further amended in Code Section 37-2-30, relating to definitions relative to the Office of Disability Services Ombudsman, by revising paragraph (7) and by adding a new paragraph, to read as follows:

"(7) 'Health care agent' means an agent under a durable power of attorney for health care,
 a or health care agent under an advance directive for health care, or a mental health care
 agent under a psychiatric advance directive."

"(9.1) 'Psychiatric advance directive' means a written document voluntarily executed by a patient in accordance with the requirements of Code Section 37-11-9."

1020 **SECTION 2-20.**

- Said title is further amended by revising Code Section 37-3-147, relating to representatives and guardians ad litem, notification provisions, and duration and scope of guardianship ad litem, as follows:
- 1024 "37-3-147.

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- (a) At the time a person who has mental illness is admitted to any facility under this chapter or as soon thereafter as reasonably possible given the person's condition or mental state at the time of admission, such facility shall use diligent efforts to secure the names and addresses of at least two representatives, which names and addresses shall be entered in the person's clinical record.
 - (b) The patient may designate one representative; the second representative or, in the absence of designation of one representative by the patient, both representatives shall be selected by the facility. If the facility is to select both representatives, it must make one selection from among the following persons in the order of listing: the patient's mental health care agent, legal guardian, spouse, adult child, parent, attorney, adult next of kin, or adult friend, provided that, in the case of a patient whose representative or representatives have been appointed by the court under Code Section 37-3-62, the facility shall not select a different representative. The second representative shall also be selected from the above list but without regard to the order of listing, provided that the second representative shall not be the person who filed the petition to have the patient admitted to the facility.

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(c) If the facility is unable to secure at least two representatives after diligent search or if the department is the guardian of the patient, that fact shall be entered in the patient's clinical record and the facility shall apply to the court in the county of the patient's residence for the appointment of a guardian ad litem, which guardian ad litem shall not be the department. On application of any person or on its own motion, the court may also appoint a guardian ad litem for a patient for whom two representatives have been named whenever the appointment of a guardian ad litem is deemed necessary for protection of the patient's rights. Such guardian ad litem shall also act as representative of the patient and shall have the powers granted to representatives by this chapter.

- (d) At any time notice is required by this chapter to be given to the patient's representatives, such notice shall be served on the representatives designated under this Code section. The patient's guardian ad litem, if any, shall likewise be served. Unless otherwise provided, notice may be served in person or by first-class mail. When notice is served by mail, a record shall be made of the date of mailing and shall be placed in the patient's clinical record. Service shall be completed upon mailing.
- 1055 (e) At any time notice is required by this chapter to be given to the patient, the date on which notice is given shall be entered on the patient's clinical record. If the patient is unable to comprehend the written notice, a reasonable effort shall be made to explain the notice to him or her.
- (f) At the time a court enters an order pursuant to this chapter, such order and notice of the date of entry of the order shall be served on the patient and his <u>or her</u> representatives as provided in subsection (d) of this Code section.
- 1062 (g) Notice of an involuntary patient's admission to a facility shall be given to his <u>or her</u> 1063 representatives in writing. If such involuntary admission is to an emergency receiving 1064 facility, notice shall also be given by that facility to the patient's representatives by 1065 telephone or in person as soon as possible.

(h) In every instance in which a court shall appoint a guardian ad litem for any person 1066 1067 pursuant to the terms of this chapter, such guardianship shall be for the limited purpose 1068 stated in the order of the court and shall expire automatically after 90 days or after a lesser 1069 time stated in the order. The responsibility of the guardian ad litem shall not extend beyond the specific purpose of the appointment." 1070

1071 SECTION 2-21.

- 1072 Said title is further amended by revising Code Section 37-4-107, relating to appointment of 1073
- client representatives and guardians ad litem, notification provisions, and duration and scope
- 1074 of guardianship ad litem, as follows:
- 1075 "37-4-107.
- (a) At the time a client is admitted to any facility under this chapter, that facility shall 1076
- 1077 make diligent efforts to secure the names and addresses of at least two representatives,
- 1078 which names and addresses shall be entered in the client's clinical record.
- 1079 (b) The client may designate one representative; the second representative or, in the
- 1080 absence of designation of one representative by the client, both representatives shall be
- 1081 selected by the facility. If the facility is to select both representatives, it must make one
- 1082 selection from among the following persons in the order of listing: the client's mental
- 1083 health care agent, legal guardian, spouse, adult child, parent, attorney, adult next of kin, or
- 1084 adult friend. The second representative shall also be selected from the above list but
- 1085 without regard to the order of listing, provided that the second representative shall not be
- 1086 the person who filed the petition seeking an order for the client to receive services from the
- 1087 department.
- 1088 (c) If the facility is unable to secure at least two representatives after diligent search or if
- 1089 the department is the guardian of the client, that fact shall be entered in the client's clinical
- 1090 record and the facility shall apply to the court in the county of the client's residence for the
- 1091 appointment of a guardian ad litem, which guardian ad litem shall not be the department.

1092 On application of any person or on its own motion, the court may also appoint a guardian 1093 ad litem for a client for whom two representatives have been named whenever the 1094 appointment of a guardian ad litem is deemed necessary for protection of the client's rights. Such guardian ad litem shall act as representative of the client on whom notice is to be 1095 1096 served under this chapter and shall have the powers granted to representatives by this 1097 chapter. 1098 (d) At any time notice is required by this chapter to be given to the client's representatives, 1099 such notice shall be served on the representatives designated under this Code section. The 1100 client's guardian ad litem, if any, shall likewise be served. Unless otherwise provided, 1101 notice may be served in person or by first-class mail. When notice is served by mail, a 1102 record shall be made of the date of mailing and shall be placed in the client's clinical 1103 record. Service shall be completed upon mailing. 1104 (e) At any time notice is required by this chapter to be given to the client, the date on which notice is given shall be entered on the client's clinical record. If the client is unable 1105 1106 to comprehend a written notice, a reasonable effort shall be made to explain the notice to 1107 him <u>or her</u>. 1108 (f) At the time a court enters an order pursuant to this chapter, such order and notice of the 1109 date of entry of the order shall be served on the client and his or her representatives as 1110 provided in subsection (d) of this Code section. 1111 (g) Notice of a client's admission to a facility shall be given to his or her representatives 1112 in writing. 1113 (h) In every instance in which a court shall appoint a guardian ad litem for any person 1114 pursuant to the terms of this chapter, such guardianship shall be for the limited purpose 1115 stated in the order of the court and shall expire automatically after 90 days or after a lesser 1116 time stated in the order. The responsibility of the guardian ad litem shall not extend

beyond the specific purpose of the appointment."

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1118 **SECTION 2-22.**

Said title is further amended by revising Code Section 37-7-147, relating to appointment of patient representatives and guardians ad litem, notice provisions, and duration and scope of

- 1121 guardianship ad litem, as follows:
- 1122 "37-7-147.
- 1123 (a) At the time a patient is admitted to any facility under this chapter, that facility shall use
- diligent efforts to secure the names and addresses of at least two representatives, which
- names and addresses shall be entered in the patient's clinical record.
- 1126 (b) The patient may designate one representative; the second representative or, in the
- absence of designation of one representative by the patient, both representatives shall be
- selected by the facility. If the facility is to select both representatives, it must make one
- selection from among the following persons in the order of listing: the patient's mental
- health care agent, legal guardian, spouse, adult child, parent, attorney, adult next of kin, or
- adult friend, provided that, in the case of a patient whose representative or representatives
- have been appointed by the court under Code Section 37-7-62, the facility shall not select
- a different representative. The second representative shall also be selected from the above
- list but without regard to the order of listing, provided that the second representative shall
- not be the person who filed the petition to have the patient admitted to the facility.
- (c) If the facility is unable to secure at least two representatives after diligent search or if
- the department is the guardian of the patient, that fact shall be entered in the patient's
- clinical record and the facility shall apply to the court in the county of the patient's
- residence for the appointment of a guardian ad litem, which guardian ad litem shall not be
- the department. On application of any person or on its own motion, the court may also
- appoint a guardian ad litem for a patient for whom two representatives have been named
- whenever the appointment of a guardian ad litem is deemed necessary for protection of the
- patient's rights. Such guardian ad litem shall also act as representative of the patient and
- shall have the powers granted to representatives by this chapter.

1145 (d) At any time notice is required by this chapter to be given to the patient's representatives, such notice shall be served on the representatives designated under this Code section. The patient's guardian ad litem, if any, shall likewise be served. Unless otherwise provided, notice may be served in person or by first class first-class mail. When notice is served by mail, a record shall be made of the date of mailing and shall be placed in the patient's clinical record. Service shall be completed upon mailing.

- (e) At any time notice is required by this chapter to be given to the patient, the date on which notice is given shall be entered on the patient's clinical record. If the patient is unable to comprehend the written notice, a reasonable effort shall be made to explain the notice to him or her.
- (f) At the time a court enters an order pursuant to this chapter, such order and notice of the date of entry of the order shall be served on the patient and his <u>or her</u> representatives as provided in subsection (d) of this Code section.
- 1158 (g) Notice of an involuntary patient's admission to a facility shall be given to his <u>or her</u> 1159 representatives in writing. If such involuntary admission is to an emergency receiving 1160 facility, notice shall also be given by that facility to the patient's representatives by 1161 telephone or in person as soon as possible.
 - (h) In every instance in which a court shall appoint a guardian ad litem for any person pursuant to the terms of this chapter, such guardianship shall be for the limited purpose stated in the order of the court and shall expire automatically after 90 days or after a lesser time stated in the order. The responsibility of the guardian ad litem shall not extend beyond the specific purpose of the appointment."

1167 **SECTION 2-23.**

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Said title is further amended by revising Code Section 37-7-148, relating to rights of patients or representatives to petition for writ of habeas corpus and for judicial protection of rights and privileges granted by this chapter, as follows:

1171 "37-7-148.

(a) At any time and without notice, a person detained by a facility, a mental health care agent named in such person's psychiatric advance directive, a legal guardian of such person, or a relative or friend on behalf of such person may petition, as provided by law, for a writ of habeas corpus to question the cause and legality of detention and to request any court of competent jurisdiction on its own initiative to issue a writ for release, provided that, in the case of any such petition for the release of a person detained in a facility pursuant to a court order under Code Section 17-7-130 or 17-7-131, a copy of the petition along with proper certificate of service shall also be served upon the presiding judge of the court ordering such detention and the prosecuting attorney for such court, which service may be made by certified mail or statutory overnight delivery, return receipt requested.

(b) A patient or his or her representatives may file a petition in the appropriate court alleging that the patient is being unjustly denied a right or privilege granted by this chapter

or that a procedure authorized by this chapter is being abused. Upon the filing of such a petition, the court shall have the authority to conduct a judicial inquiry and to issue

appropriate orders to correct any abuse under this chapter."

SECTION 2-24.

Title 49 of the Official Code of Georgia Annotated, relating to social services, is amended in Code Section 49-6-72, relating to definitions relative to the "Georgia Family Caregiver Support Act," by revising paragraph (9) as follows:

"(9) 'Primary caregiver' means the one identified relative or other person in a relationship of responsibility, such as an agent under a valid durable power of attorney for health care, a or health care agent under a valid advance directive for health care, or a mental health care agent under a valid psychiatric advance directive, who has assumed the primary responsibility for the provision of care needed to maintain the physical or mental health of a functionally dependent older adult or other adult suffering from dementia, who lives

in the same residence with such individual, and who does not receive financial compensation for the care provided. A substantiated case of abuse, neglect, or exploitation, as defined in Chapter 5 of Title 30, the 'Disabled Adults and Elder Persons Protection Act,' or pursuant to any other civil or criminal statute regarding an older adult, shall prohibit a primary caregiver from receiving benefits under this article unless authorized by the department to prevent further abuse."

SECTION 2-25.

Said title is further amended in Code Section 49-6-82, relating to definitions relative to licensure of adult day centers, by revising paragraph (7) as follows:

"(7) 'Primary caregiver' means the one identified relative or other person in a relationship of responsibility, such as an agent under a valid durable power of attorney for health care, a or health care agent under a valid advance directive for health care, or a mental health care agent under a valid psychiatric advance directive, who has assumed the primary responsibility for the provision of care needed to maintain the physical or mental health of an aging adult, who lives in the same residence with such individual, and who does not receive financial compensation for the care provided."

1213 PART III

SECTION 3-1.

1215 All laws and parts of laws in conflict with this Act are repealed.