

## CROSSLANDS CHOICES COMMITTEE

### **GUIDELINES FOR RESIDENTS TO DISCUSS WITH A POSSIBLE DESIGNATED FRIEND**

The official KC definition states, a DESIGNATED FRIEND (DF) is a person designated by a resident who has agreed in advance to receive a limited amount of protected health information (PHI) about a friend's medical emergency hospitalization. The DF's primary purpose is to disseminate appropriate medical information to specified Crosslands residents and/or concerned friends. With the written permission of a resident in advance (on the Resident Information Form i.e. RIF), Crosslands staff would be empowered to provide minimal but helpful information to the Designated Friend, who would then be able to carry out the hospitalized resident's wishes to share information about the emergency with concerned friends. At the time of the emergency hospital admission, Administrative staff would notify the Designated Friend. The DF would not take the place of a Health Care Power of Attorney, or a Legal POA (usually held by a family member or an attorney) although a resident might choose to designate a resident to fill any or all of the three capacities. As of January 2017, the revised RIF is available for use. Completion of this form will allow you (but does not require you) to name a Designated Friend. There are no requirements to name a DF nor to serve as a DF if asked.

**The following pages ARE INTENDED TO GUIDE DISCUSSION TOWARD AGREEMENT BETWEEN A RESIDENT AND HER/HIS DESIGNATED FRIEND BEFORE SUCH ASSISTANCE IS NEEDED. They do not constitute a legal document.**

Typically, the resident who is unexpectedly hospitalized or transferred to a facility elsewhere will have little time to make contingency plans. **It is therefore important that the expectations of a Designated Friend be discussed and agreed ahead of such an event, AND that the Emergency Contact and the Designated Friend each have contact information for the other.**

**The Choices Towards-the-of-Life Committee recommends that each resident and her/his Designated Friend review and discuss the responsibilities suggested on the following pages and check off those that have been mutually agreed. To avoid any future misunderstandings as to what is expected, a copy of the written agreement should be shared with the Emergency Contact soon after it has been agreed.**

*Any questions? Contact Jennifer Allcock at 484 770-8014 for more information.*

RESPONSIBILITIES OF A DESIGNATED FRIEND: the resident asked to be a Designated

Friend (DF) will be:

1. Notified by Kendal/Crosslands staff in case of a health care emergency that requires off-campus care (or transfer to a K/C Nursing Unit) at the same time that the Emergency Contact is notified, regardless of the time of day or night.
2. Identified by staff to other residents who inquire as to the identity of the Designated Friend in order to find out from that person about her/his health or condition. The DF name will be included on the posted daily list of hospitalized residents.
3. Authorized to receive limited (i.e. HIPAA lite) Personal Health Information (PHI) from staff and to inform friends about her/his health according to the terms of the agreement as detailed below:

**RESIDENT'S NAME** \_\_\_\_\_ **Unit #** \_\_\_\_\_

**Date of discussion** \_\_\_\_\_

**Name of Designated Friend** \_\_\_\_\_ **Unit #** \_\_\_\_\_

If I am hospitalized **or admitted to Firbank, or transferred to another facility**, I would like you, as my Designated Friend to visit me regularly and **attend to the items checked and/or added below:**

**A. INFORMATION SHARING:**

1. The following people should be told where I am and why and given updated information about my status - except for the following limitations:
  - a. \_\_\_\_\_ Anyone who asks
  - b. \_\_\_\_\_ Only the following individuals:

You agree to communicate with my Emergency Contact to explain your role as my Designated Friend, and to keep her/him informed of events and any local issues that may arise.

The EMERGENCY CONTACT listed on my Resident Information Form is:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**I will ensure that she/he knows the name and telephone number of my Designated Friend**

**B. CONTINGENCY PLANNING - IN CIRCUMSTANCES OF EXTENDED ABSENCE AND IF NO OTHER ARRANGEMENTS HAVE BEEN MADE, my Designated Friend may also:**

1. \_\_\_\_ Gather Open Box items and Post Office mail. Bring me the mail if I am able to attend to it, or send it to my Emergency Contact. If you wish this done, record below where your mailbox key can be found:
2. \_\_\_\_ Notify committee Chairs or others who may be expecting me at appointments listed on my calendar which can be found in \_\_\_\_\_
3. \_\_\_\_ Enter my living area periodically to water plants and/or check that all is well. I will provide a spare door key.
4. \_\_\_\_ Insure that my pet is taken care of, preferably by caring for the pet in my cottage, or asking \_\_\_\_\_ to care for my pet in their cottage unless my Emergency Contact requests otherwise. **A copy of my Pet Registration and Pet Care Form will be attached to this agreement.**
5. \_\_\_\_ Provide me with clothing and/or books and/or my laptop computer/Ipad at the facility (or as requested by my Emergency Contact).
6. \_\_\_\_ Request my housekeeper to clean out the refrigerator and dispose of other perishable food.

Add any other requests here:

**NOTE: if it appears that I am unable to attend to mail and/or pay bills, please call my Emergency Contact.**

Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_

As agreed by my Designated Friend \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU HAVE SUBMITTED YOU RIF THERE IS NO NEED TO SHARE THIS DOCUMENT WITH RESIDENT CARE, BUT DO MAKE SURE THAT EACH OF THE PARTIES TO THIS AGREEMENT HAS A COPY – PLUS ONE FOR THE EMERGENCY CONTACT PERSON.**