MARYLAND
Advance Directive
Planning for Important Healthcare Decisions

Caring Connections
1700 Diagonal Road, Suite 625, Alexandria, VA 22314
www.caringinfo.org
800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life, supported by a grant from The Robert Wood Johnson Foundation.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are up to date.

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

Learn about options for end-of-life services and care
Implement plans to ensure wishes are honored
Voice decisions to family, friends and health care providers
Engage in personal or community efforts to improve end-of-life care

Please call the HelpLine at 800/658-8898 to learn more about the LIVE campaign, obtain free resources, or join the effort to improve community, state and national end-of-life care.

If you would like to make a contribution to help support our work, please visit www.nationalhospicefoundation.org/donate. Contributions to national hospice programs can also be made through the Combined Health Charities or the Combined Federal Campaign by choosing #0544.

Support for this program is provided by a grant from The Robert Wood Johnson Foundation, Princeton, New Jersey.

Your Advance Care Planning Packet

Using These Materials

BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you could receive health care.

2. These materials include:
   - Instructions for preparing your advance directive.
   - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

PREPARING TO COMPLETE YOUR ADVANCE DIRECTIVE

3. Read the HIPAA Privacy Rule Summary on page 4.

4. Read all the instructions, on pages 7 through 8, as they will give you specific information about the requirements in your state.

5. Refer to the Glossary of Terms About End-of-Life Decision-making if any of the terms are unclear, located in Appendix A.

ACTION STEPS

6. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.

7. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.

8. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.

9. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, health care providers and/or faith leaders so that the form is available in the event of an emergency.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, please refer to the list of state-specific contacts for Legal Assistance for Questions Pertaining to Health Care Advance Directives located in Appendix B.

Summary of the HIPAA Privacy Rule

HIPAA is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information.

Your Rights

You have the right to:

- Ask to see and get a copy of your health records.
- Have corrections added to your health information.
- Receive a notice that tells you how your health information may be used and shared.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing.
- Get a report on when and why your health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected, you can
  - File a complaint with your provider or health insurer
  - File a complaint with the U.S. Government

You also have the right to ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint from the Web site at www.hhs.gov/ocr/hipaa/ or by calling 1-866-627-7748.

Who Must Follow this Law?

- Doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for health care, such as Medicare and Medicaid.

What Information is Protected?

- Information your doctors, nurses, and other health care providers put in your medical record.
- Conversations your doctor has about your care or treatment with nurses and others.
- Information about you in your health insurer's computer system.
- Billing information about you by your clinic / health care provider.
- Most other health information about you held by those who must follow this law.

Summary of the HIPAA Privacy Rule (continued)

Providers and health insurers who are required to follow this law must keep your information private by:

- Teaching the people who work for them how your information may and may not be used and shared.
- Taking appropriate and reasonable steps to keep your health information secure.

To make sure that your information is protected in a way that does not interfere with your health care, your information can be used and shared:

- For your treatment and care coordination.
- To pay doctors and hospitals for your health care and help run their businesses.
- With your family, relatives, friends or others you identify who are involved with your health care or your health care bills, unless you object.
- To make sure doctors give good care and nursing homes are clean and safe.
- To protect the public's health, such as by reporting when the flu is in your area.
- To make required reports to the police, such as reporting gunshot wounds.

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer.
- Use or share your information for marketing or advertising purposes.

Share private notes about your mental health counseling sessions.

INTRODUCTION TO YOUR MARYLAND ADVANCE DIRECTIVE

This packet contains a legal document, the Maryland Advance Directive, that protects your right to refuse medical treatment you do not want or to request treatment you do want in the event you lose the ability to make decisions yourself. The document is divided into two parts:

1. Part A is the **Appointment of Health Care Agent**. It lets you name someone to make decisions about your medical care—including decisions about life support—if you can no longer speak for yourself. The Appointment of Health Care Agent is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life.

2. Part B is the **Advance Medical Directive Health Care Instructions**, which functions as your state's living will. It lets you state your wishes about medical care in the event that you can no longer make your own medical decisions. If you wish to refuse life-sustaining treatment, it may be withheld or withdrawn only after your doctor and one other doctor certify that you are in a terminal condition, have an end-stage condition, or are in a persistent vegetative state.

Both Part A and Part B of your Maryland Advance Directive become effective when your doctor certifies in writing that you are incapable of making an informed decision. If your doctor concludes that you are incapable of making an informed decision, but are not unconscious or unable to communicate by any means, one other doctor must agree with your attending physician's opinion.

Although you have the option to complete only one part of this document, Caring Connections recommends that you complete both parts to best ensure that you receive the medical care you want when you can no longer speak for yourself.

Note: This document will be legally binding only if the person completing it is 18 years of age or older, or if under the age of 18 is married, or is the parent of a child.

COMPLETING PART A: APPOINTMENT OF HEALTH CARE AGENT

Whom should I appoint as my agent?

Your agent is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your agent may be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (An agent may also be called an "attorney-in-fact" or "proxy.")

The person you appoint as your agent cannot be an owner, operator or employee of your treating health care facility unless he or she is your relative, spouse or close friend.

You can appoint a second person as your alternate agent. The alternate will step in if the first person you name as your agent is unable, unwilling or unavailable to act for you.

How do I make my Appointment of Health Care Agent legal?

The law requires that you sign Part A of your Advance Directive in the presence of two witnesses. The person you name as your agent cannot serve as a witness. At least one of your witnesses must be a person who is not entitled to any portion of your estate, and who is not entitled to any financial benefit by reason of your death.

Note: You do not need to notarize your Maryland Advance Directive.

Should I add personal instructions to my Appointment of Health Care Agent?

Caring Connections advises you not to add instructions to this part of your Advance Directive. One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions here, you might unintentionally restrict your agent's power to act in your best interest. Instead, we urge you to talk with your agent about your future medical care and describe what you consider to be an acceptable "quality of life." If you want to record your wishes about specific treatments or conditions, you should use Part B of your Maryland Advance Directive.

What if I change my mind?

If you decide to cancel your Maryland Advance Directive, you may do so at any time by either:

- issuing a signed and dated written revocation,
- destroying or defacing your document,
- orally informing your doctor of your revocation, or
- executing another Maryland Advance Directive.

You should notify anyone who has a photocopy of your original Maryland Advance Directive that you have revoked it.

COMPLETING PART B: ADVANCE MEDICAL DIRECTIVE HEALTH CARE INSTRUCTIONS

How do I make my Health Care Instructions legal?

The law requires that you sign Part B of your Advance Directive in the presence of two witnesses. The person you name as your agent cannot serve as a witness. At least one of your witnesses must be a person who is not entitled to any portion of your estate, and who is not entitled to any financial benefit by reason of your death.

Note: You do not need to notarize your Advance Directive.

Can I add personal instructions to my Advance Medical Directive?

Yes. You can add personal instructions in section 8 of Part B. For example, you may want to refuse specific treatments
by a statement such as, "I especially do not want cardiopulmonary resuscitation, a respirator, artificial feeding, or antibiotics." You may also want to emphasize pain control by adding instructions such as, "I want to receive as much pain medication as necessary to ensure my comfort, even if it may hasten my death."

You should initial section 5 of Part B if you wish to have your life prolonged by life-sustaining procedures regardless of your medical condition.

If you have appointed an agent under Part A and you want to add personal instructions to Part B of your document, it is a good idea to write a statement such as "Any questions about how to interpret or when to apply my instructions are to be decided by my agent."

It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor or order the
Last Acts Partnership booklet, "Advance Directives and End-of-Life Decisions."

What if I change my mind?

If you decide to cancel your Maryland Advance Directive, you may do so at any time by either:

- issuing a signed and dated written revocation,
- destroying or defacing your document,
- orally informing your doctor of your revocation, or
- executing another Maryland Advance Directive.

What other important facts should I know?

Section 6 of Part B allows you to have specific instructions apply in the event that you are pregnant when your advance directive becomes effective.

If you have questions about filling out your advance directive, please consult the list of state-based resources located in Appendix B.

You Have Filled Out Your Advance Directive, Now What?

Your Maryland Advance Directive is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.

1. Give photocopies of the signed original to your agent and alternate agent, doctor(s), family, close friends, clergy and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.

2. Be sure to talk to your agent and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.

3. If you want to make changes to your document after it has been signed and witnessed, you must complete a new document.

4. Remember, you can always revoke your Maryland Advance Directive if you change your mind.

5. Be aware that your Maryland document will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. **Caring Connections does not distribute these forms.**

   These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop. Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. **Caring Connections does not distribute these forms.** We suggest you speak to your physician.

   If you would like more information about this topic contact Caring Connections or consult the Caring Connections booklet "Cardiopulmonary Resuscitation, Do-Not-Resuscitate Orders and End-Of-Life Decisions."

INSTRUCTIONS

CROSS THROUGH ANY STATEMENTS THAT DO NOT REFLECT YOUR WISHES

PRINT YOUR NAME AND ADDRESS

PRINT THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR AGENT

PRINT THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR ALTERNATE AGENT

Part A: Appointment of Health Care Agent (Optional Form)

(Cross through if you do not want to appoint a health care agent to make health care decisions for you. If you do want to appoint an agent, cross through any items in the form that you do not want to apply.)

(1) I, _____,

residing at _____

_____,

appoint the following individual as my agent to make health care decisions for me:

_____

_____

_____
(full name, address, and telephone number of your agent)

Optional: If this agent is unavailable or is unable or unwilling to act as my agent, then I appoint the following person to act in this capacity:

_____

_____

_____
(full name, address, and telephone number of your alternate agent)

(2) In accordance with the Health Insurance Portability and Accountability Act, a health care agent is a personal representative and is entitled to request and receive protected health information.

(3) My agent has full power and authority to make health care decisions for me, including the power to:

A. In accordance with the Health Insurance Portability and Accountability Act and as my personal representative, request, receive, and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records, and other protected health information, and consent to disclosure of this information;
B. Employ and discharge my health care providers;
C. Authorize my admission to or discharge from (including transfer to another facility) any hospital, hospice, nursing home, adult home, or other medical care facility; and
D. Consent to the provision, withholding, or withdrawal of health care, including, in appropriate circumstances, life-sustaining procedures.

LIST RESTRICTIONS TO YOUR AGENT'S POWER (IF ANY)

(4) The authority of my agent is subject to the following provisions and limitations:

INITIAL THE OPTION THAT REFLECTS YOUR WISHES

(5) My agent's authority becomes operative (initial the option that applies):

_____ When my attending physician and a second physician determine that I am incapable of making an informed decision regarding my health care, provided, however, when this document is signed, each individual identified in paragraph (1) is, in accordance with the Health Insurance Portability and Accountability Act, my personal representative for all purposes related to any assessment of my capacity to make informed decisions regarding my health care; or

_____ When this document is signed.

(6) My agent is to make health care decisions for me based on the health care instructions I give in this document and on my wishes as otherwise known to my agent. If my wishes are unknown or unclear, my agent is to make health care decisions for me in accordance with my best interest, to be determined by my agent after considering the benefits, burdens, and risks that might result from a given treatment or course of treatment, or from the withholding or withdrawal of a treatment or course of treatment.

(7) My agent shall not be liable for the costs of care based solely on this authorization.

By signing below, I indicate that I am emotionally and mentally competent to make this appointment of a health care agent and that I understand its purpose and effect.

SIGN AND DATE THE DOCUMENT HERE

_____ _____

(date) (signature of declarant)

WITNESSING PROCEDURE

The declarant signed or acknowledged signing this appointment of a health care agent in my presence and based upon my personal observation appears to be a competent individual.

SIGNATURE OF WITNESS #1

Witness: _____

SIGNATURE OF WITNESS #2

Witness: _____

IN EACH PARAGRAPH, INITIAL THE OPTION THAT REFLECTS YOUR WISHES

Part B: Advance Medical Directive Health Care Instructions
(Optional Form)

(Cross through if you do not want to complete this portion of the form. If you do want to complete this portion of the form, initial those statements you want to be included in the document and cross through those statements that do not apply.)

TERMINAL CONDITION

If I am incapable of making an informed decision regarding my health care, I direct my health care providers to follow my instructions as set forth below. (Initial all those that apply.)

(1) If my death from a terminal condition is imminent and even if life-sustaining procedures are used there is no reasonable expectation of my recovery,

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

PERSISTENT VEGETATIVE STATE

(2) If I am in a persistent vegetative state, that is, if I am not conscious and am not aware of my environment or able to interact with others, and there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

END-STAGE CONDITION

(3) If I have an end-stage condition, that is, a condition caused by injury, disease, or illness, as a result of which I have suffered severe and permanent deterioration indicated by incompetency and complete physical dependency and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective —

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

PAIN MEDICATION

(4) _____ I direct that no matter what my condition, medication be given to me to relieve pain and suffering, even if it would shorten my remaining life.

OR ALL AVAILABLE TREATMENT

_____ I direct that no matter what my condition, medication not be given to me to relieve pain and suffering, if it would shorten my remaining life.

ADD MODIFICATIONS TO APPLY DURING PREGNANCY (OPTIONAL)

(5)_____ I direct that no matter what my condition, I be given all available medical treatment in accordance with accepted health care standards.

(6) If I am pregnant, my decision concerning life-sustaining procedures shall be modified as follows:

ORGAN DONATION

(7) Upon my death, I wish to donate:
_____ Any needed organs, tissues, or eyes.
_____ Only the following organs, tissues, or eyes:

_____

I authorize the use of my organs, tissues, or eyes:
_____ For transplantation
_____ For therapy
_____ For research
_____ For medical education
_____ For any purpose authorized by law.

I understand that before any vital organ, tissue, or eye may be removed for transplantation, I must be pronounced dead. After death, I direct that all support measures be continued to maintain the viability for transplantation of my organs, tissues, and eyes until organ, tissue and eye recovery has been completed.

I understand that my estate will not be charged for any costs associated with my decision to donate my organs, tissues, or eyes or the actual disposition of my organs, tissues, or eyes.

ADD FURTHER PERSONAL INSTRUCTIONS (IF ANY)

(8) I direct (in the following space, indicate any other instructions regarding receipt or nonreceipt of any health care):

DATE AND SIGN THE DOCUMENT

By signing below, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand the purpose and effect of this document.

WITNESSING PROCEDURE

_____ _____

(date) (signature of declarant)

The declarant signed or acknowledged signing the foregoing advance directive in my presence and based upon my personal observation appears to be a competent individual.

SIGNATURE OF WITNESS #1

Witness: _____

SIGNATURE OF WITNESS #2

Witness: _____

Courtesy of Caring Connections
1700 Diagonal Road, Suite 625, Alexandria, VA 22314
www.caringinfo.org, 800/658-8898

Appendix A

Glossary of Terms About End-of-life Decision Making

Advance directive - A general term that describes two kinds of legal documents, living wills and medical powers of attorney. These documents allow a person to give instructions about future medical care should he or she be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.

Artificial nutrition and hydration – Artificial nutrition and hydration (or tube feeding) supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein.

Assisted Suicide - Providing someone the means to commit suicide, such as a supply of drugs or a weapon, knowing the person will use these to end his or her life.

Best Interest - In the context of refusal of medical treatment or end-of-life court opinions, a standard for making health care decisions based on what others believe to be "best" for a patient by weighing the benefits and the burdens of continuing, withholding or withdrawing treatment.

Brain Death -The irreversible loss of all brain function. Most states legally define death to include brain death.

Capacity - In relation to end-of-life decision-making, a patient has medical decision making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the available treatment options. The patient's ability to understand other unrelated concepts is not relevant. The term is frequently used interchangeably with competency but is not the same. Competency is a legal status imposed by the court.

Cardiopulmonary Resuscitation - Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.

Do-Not-Resuscitate (DNR) order - A DNR order is a physician's written order instructing health care providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.

***Emergency Medical Services (EMS*)**: A group of governmental and private agencies that provide emergency care, usually to persons outside of health care facilities; EMS personnel generally include paramedics, first responders and other ambulance crew.

Euthanasia - The term traditionally has been used to refer to the hastening of a suffering person's death or "mercy killing". Voluntary active euthanasia involves an intervention requested by a competent individual that is administered to that person to cause death, for example, if a physician gives a lethal injection with the patient's full informed consent. Involuntary or non-voluntary active euthanasia involves a physician engaging in an act to end a patient's life without that patient's full informed consent. See also Physician-hastened Death (sometimes referred to as Physician-assisted Suicide).

Guardian ad litem - Someone appointed by the court to represent the interests of a minor or incompetent person in a legal proceeding.

Healthcare Agent: The person named in an advance directive or as permitted under state law to make healthcare decisions on behalf of a person who is no longer able to make medical decisions.

Hospice care - A program model for delivering palliative care to individuals who are in the final stages of terminal illness. In addition to providing palliative care and personal support to the patient, hospice includes support for the patient's family while the patient is dying, as well as support to the family during their bereavement.

Incapacity - A lack of physical or mental abilities that results in a person's inability to manage his or her own personal care, property or finances; a lack of ability to understand one's actions when making a will or other legal document.

Incompetent – Referring to a person who is not able to manage his/her affairs due to mental deficiency (lack of I.Q., deterioration, illness or psychosis) or sometimes physical disability. Being incompetent can be the basis for appointment of a guardian or conservator.

Intubation- Refers to "endotracheal intubation" the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.

Life-Sustaining Treatment - Treatments (medical procedures) that replace or support an essential bodily function (may also be called life support treatments). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and certain other treatments.

Living Will - A type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to communicate. It may also be called a "directive to physicians", "health care declaration," or "medical directive." The purpose of a living will is to guide family members and doctors in deciding how aggressively to use medical treatments to delay death.

Mechanical ventilation - Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea). Mechanical ventilation often is used to assist a person through a short-term problem or for prolonged periods in which irreversible respiratory failure exists due to injuries to the upper spinal cord or a progressive neurological disease.

Medical power of attorney - A document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to communicate. This type of advance directive may also be called a health care proxy, durable power of attorney for health care or appointment of a health care agent. The person appointed may be called a health care agent, surrogate, attorney-in-fact or proxy.

Palliative care - A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering, by controlling pain and symptoms, and by enabling the patient to achieve maximum functional capacity. Respect for the patient's culture, beliefs, and values are an essential component. Palliative care is sometimes called "comfort care" or "hospice type care."

Power of Attorney – A legal document allowing one person to act in a legal matter on another's behalf pursuant to financial or real estate transactions.

Respiratory Arrest**:** The cessation of breathing - an event in which an individual stops breathing. If breathing is not restored, an individual's heart eventually will stop beating, resulting in cardiac arrest.

Surrogate Decision-Making - Surrogate decision-making laws allow an individual or group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permit surrogate decision making for patients without advance directives.

Ventilator – A Ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.

Withholding or withdrawing treatment - Forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.

Appendix B

Legal & End-Of-Life Care Resources Pertaining to Health Care Advance Directives

LEGAL SERVICES

Individuals over the age of 60 in the state of Maryland with moderate to low incomes can contact Maryland Department of Aging (MDA) for an Area Agency on Aging (AAA) in their region for legal services.

Individuals over the age of 60 can get legal information and advice about most issues, including:

- Power of Attorney
- Living Wills and Trusts
- Guardianship and Housing
- Abuse
- Disability benefits
- Income maintenance and more

- Must be over 60
- Free for individuals with low to moderate incomes

To locate AAA in your area call: 410-767-1100

OR

Visit their website: http://www.mdoa.state.md.us/srassist.html

END-OF-LIFE SERVICES

Maryland Department of Aging (MDA) can connect people over 60 with low to moderate incomes in Maryland with an Area Agency on Aging (AAA) in their region for services.

AAA resources and services include, but are not limited to:

- Home delivered meals
- Legal assistance
- Housing
- Eldercare
- Respite Care
- Transportation and much more

To locate an AAA in your region, visit their website:
http://www.mdoa.state.md.us/Network/AAAList.html

OR

For more information call: 410-767-1100