

SUPPLEMENT TO HEALTH CARE SURROGATE AND LIVING WILL

DUE TO COVID-19

This document is a Supplement both to the Designation of Health Care Surrogate and to the Living Will that I signed on _____. The purpose of this Supplemental Document is to express my specific wishes in the event that I am diagnosed with COVID-19 or exhibit symptoms of COVID-19 that suggest testing for the virus is appropriate. I intend for this Supplemental document to be treated as a Health Care Directive under Florida Statutes.

Notwithstanding any directions, instruction, wishes, choices or intentions expressed to the contrary in my Designation of Health Care Surrogate and/or Living Will: 1) If I exhibit any symptoms that suggest I may be afflicted with COVID-19, I wish to be tested for such virus and consent to any means of testing that are available; 2) If I am diagnosed with COVID-19, I consent to be quarantined in a hospital; however, I prefer to be quarantined in my own home if at all possible;

3) I consent to my spouse and children (including stepchildren) to visit me in any way possible and communicate with me by whatever means possible during any period of quarantine due to COVID-19. I wish to remain in contact with the above-described individuals to the extent possible;

4) If intubation, artificial ventilation, or any other medical aids or devices may provide assistance to me while diagnosed with COVID-19, I expressly wish and consent to the administration of those aids. Any "end-of-life" decisions that I have previously made indicating a wish to withhold life-sustaining measures do not apply while I am afflicted or diagnosed with COVID-19. I intend to be kept alive by all means possible

- if I am afflicted or diagnosed with COVID-19;
- 5) I expressly consent to any medication that may help me recover from COVID-19 and give my surrogate the authority to sign any documentation regarding such trial; 6) I give consent to my surrogate to communicate with all health care providers in person, by phone, by video, or other electronic communication, and to send, receive, and view any document or health information electronically;
- 7) If there is a conflict between a provision in my Designation of Health Care Surrogate and/or Living Will and a provision in the Supplemental Document, the provisions in this Supplemental Document will apply;
- 8) I give my surrogate the authority to consent on my behalf to any additional precautionary measures, treatments, communications, provisions, routines, arrangements, or other matters that may be beneficial to me due to COVID-19. I intend for the preceding sentence to be interpreted as broadly as possible, knowing that all matters regarding COVID-19 are rapidly changing and developing and likely will further change after I sign this Supplemental Document; and
- 9) If I am unable to comply with Florida law regarding the execution of Health Care Directives due to shelter-in-place mandates or because I am in quarantine or my concern for my health and safety precludes compliance with such formalities, I ask my health care providers and any court of competent jurisdiction to give this document the same force and effect as if it had been signed in compliance with Florida law.