Healthy Transitions

# DECIDE ABOUT HEALTH GUARDIANSHIP

Name: Jane Doe

## WHAT IS GUARDIANSHIP?

All persons have a right to make decisions. If a person with cannot make decisions because of a developmental disability, the law can take away, or "limit" a person's rights to make decisions and appoint someone else to make decisions. This is guardianship.

1) You lose the right to decide

2) Another person makes decisions

## WHAT IS HEALTH GUARDIANSHIP?

There are 2 types of guardianship.

"Guardianship of the person" applies to all decisions.
"Limited guardianship" applies to only some decisions.

"Health guardianship" is a limited guardianship.

"Health guardianship" applies only to health care decisions
*Example: decide whether to have surgery*

## WHY IS HEALTH GUARDIANSHIP IMPORTANT?

Guardianship is NOT automatic.

At age 18 the HIPAA law states that doctors and nurses cannot share health information with anyone other than the patient (even parents) unless:

1) Notarized health guardianship document is provided
or
2) Youth gives written authorization to share medical information

## WHEN TO APPLY FOR HEALTH GUARDIANSHIP

Before age 18.
***Start the process early. It can take 6-12 months.***

## HOW TO APPLY FOR HEALTH GUARDIANSHIP

1) On your own:

An application is filed in Surrogate's Court

Doctor or Psychologists fills out form

Meet with judge

2) Or hire a lawyer

## FORMS AND MORE INFORMATION FOR FAMILIES

The Commission on Quality of Care has developed a CD ROM that incorporates all of the NYS guardianship forms along with instructions and the DDPC publication, *A Guide for Families and Friends of People with Developmental Disabilities (2003).*

To obtain these forms and materials, call 1-800-624-4143.

All forms are also available in PDF format at:
***http://www.cqc.state.ny.us/guardianshipforms/guardfrm.htm***

## FORMS FOR PHYSICIANS AND LICENSED PSYCHOLOGISTS

FORM GMD-2A: Affadavit (Certification) of Examining Physician or Psychologist
***http://www.cqc.state.ny.us/guardianshipforms/gmd2a.pdf***

FORM GMD-2B: Affirmation (Certification) of Examining Physician
***http://www.cqc.state.ny.us/guardianshipforms/gmd2b.pdf***