- 2. Allows an individual to specify the medical care that the individual will receive and can alleviate conflict among family members and health care providers;
- 3. Can ensure that an individual's religious beliefs are considered when directing medical care;
- 4. Is most effective if completed in consultation with family members, or legal and religious advisors, if an individual desires;
  - 5. Can be revoked or changed at any time;
- 6. Is available in many forms, including model forms developed by religious organizations, estate planners, and lawyers;
- 7. Does not have to be on any specific form and can be personalized; and
- 8. If completed, should be copied for an individual's family members, physicians, and legal advisors; and
  - (ii) The following written statements:
- 1. That an individual should discuss the appointment of a health care agent with the potential appointee;
  - 2. That advance directives are for individuals of all ages;
- 3. That in the absence of an appointed health care agent, the next of kin make an individual's health care decisions when the individual is incapable of making those decisions; and
- 4. That an individual is not required to complete an advance directive.
- (2) The information sheet developed by the Department under this subsection shall be provided by:
  - (i) The Department, in accordance with § 15–109.1 of this article;
- (ii) The Motor Vehicle Administration, in accordance with  $\S$  12–303.1 of the Transportation Article; and
- (iii) A carrier, in accordance with § 15–122.1 of the Insurance Article.
- (3) The information sheet developed by the Department under this subsection may not contain or promote a specific advance directive form.

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The provisions of this PART I OF THIS subtitle shall be known and may be cited as the "Health Care Decisions Act".