

(2) IF THE ATTENDING PHYSICIAN HAS A REASONABLE BASIS TO BELIEVE THAT THE "PATIENT'S PLAN OF CARE" FORM SATISFIES THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION, SHALL BE SIGNED BY THE ATTENDING PHYSICIAN; AND

(3) SHALL BE SIGNED BY:

OR

(I) THE PATIENT IF THE PATIENT IS A COMPETENT INDIVIDUAL;

(II) IF THE PATIENT IS INCAPABLE OF MAKING AN INFORMED DECISION, A HEALTH CARE AGENT OR SURROGATE DECISION MAKER AS AUTHORIZED BY THIS SUBTITLE;

(4) IF SIGNED BY THE PATIENT IN ACCORDANCE WITH ITEM (3)(I) OF THIS SUBSECTION, SHALL INCLUDE CONTACT INFORMATION FOR THE PATIENT'S HEALTH CARE AGENT;

(5) IF SIGNED BY A HEALTH CARE AGENT OR SURROGATE DECISION MAKER IN ACCORDANCE WITH ITEM (3)(II) OF THIS SUBSECTION, SHALL INCLUDE CONTACT INFORMATION FOR THE HEALTH CARE AGENT OR SURROGATE DECISION MAKER;

(6) SHALL BE DATED;

(7) SHALL INCLUDE A STATEMENT THAT THE FORM MAY BE REVIEWED, MODIFIED, OR RESCINDED AT ANY TIME;

(8) SHALL DESIGNATE UNDER WHICH CONDITIONS THE FORM MUST BE REVIEWED OR MODIFIED, INCLUDING PROMPTLY AFTER THE PATIENT BECOMES INCAPABLE OF MAKING AN INFORMED DECISION; AND

(9) SHALL CONTAIN A CONSPICUOUS STATEMENT THAT THE ORIGINAL FORM SHALL ACCOMPANY THE INDIVIDUAL WHEN THE INDIVIDUAL IS TRANSFERRED TO ANOTHER HEALTH CARE PROVIDER OR DISCHARGED.

(D) ~~(4) A HEALTH CARE PROVIDER SHALL, IN ACCORDANCE WITH THE "PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT" FORM, SHALL REVIEW ANY "PATIENT'S PLAN OF CARE" FORM RECEIVED FROM ANOTHER HEALTH CARE PROVIDER AS PART OF THE PROCESS OF ESTABLISHING A PLAN OF CARE FOR AN INDIVIDUAL.~~

~~(I) PROVIDE, WITHHOLD, OR WITHDRAW LIFE SUSTAINING PROCEDURES;~~

~~(II) ARRANGE FOR OR REFRAIN FROM ARRANGING FOR A TRANSFER OF AN INDIVIDUAL TO A HOSPITAL; AND~~

~~(III) COMPLY WITH OTHER MEDICAL ORDERS ON THE FORM.~~

~~(2) A "PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT" FORM THAT CONTAINS AN ORDER THAT RESUSCITATION NOT BE ATTEMPTED SHALL BE~~