

Residential Schedule



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:30-8:00 A. M.	Wake up, Breakfast, Chores	Wake up, Breakfast, Chores	Wake up, Breakfast, Chores	Wake up, Breakfast, Chores	Wake up, Breakfast, Chores		
8:00-9:30 A. M.	Community/ Process Group	Community/ Process Group	Community/ Process Group	Community/ Process Group	Community/ Process Group	Wake up, Breakfast, Begin Deep Clean	Wake up, Breakfast, Chores
9:45-10:45 A. M.	Addiction Education	Addiction Education	Addiction Education	Addiction Education	Addiction Education	Community/ Meditation	Community/ Meditation
11:00-12:00 P. M.	Exercise Group	Exercise Group	Exercise Group	Exercise Group	Exercise Group	Deep Clean	Exploring Spirituality
12:30 P. M.	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00 P. M.	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time
2:00 P. M.	Recovery Skills	Recovery Skills	Recovery Skills	Recovery Skills	Recovery Skills	Group Activity	Group Activity
3:00 P. M.	Recreation	Recreation	Recreation	Recreation	Recreation	Visitation	Visitation
4:00 P. M.	Free Time	Free Time	Free Time	Free Time	Free Time	Saturday Night Live	Free Time
5:00 P. M.	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:00 P. M.	Community Building	Community Building	Community Building	Community Building	Community Building	Saturday Night Live	Recreation
7:00 P. M.	12 Step Meeting	12 Step Meeting	Movie Night	12 Step Meeting	12 Step Meeting	Saturday Night Live	12 Step Meeting
8:30 P. M.	Wrap-Up Group	Wrap-Up Group	Wrap-Up Group	Wrap-Up Group	Wrap-Up Group	Wrap-Up Group	Wrap-Up Group
9:00 P. M.	Curfew	Curfew	Curfew	Curfew	Free Time	Free Time	Curfew
10:00 P. M.	Lights Out	Lights Out	Lights Out	Lights Out	Curfew	Curfew	Lights Out
11:00 P. M.					Lights Out	Lights Out	

Fast Facts

- Alcohol and other drugs can affect a person's judgment and increase risk of getting or transmitting HIV.
- In people living with HIV, substance use can worsen the overall consequences of HIV.
- Social and structural factors make it difficult to prevent HIV among people who use substances.

Substance use disorders, which are problematic patterns of using alcohol or another substance, such as crack cocaine, methamphetamine ("meth"), amyl nitrite ("poppers"), prescription opioids, and heroin, are closely associated with HIV and other sexually transmitted diseases.

Injection drug use (IDU) can be a direct route of HIV transmission if people share needles, syringes, or other injection materials that are contaminated with HIV. However, drinking alcohol and ingesting, smoking, or inhaling drugs are also associated with increased risk for HIV. These substances alter judgment, which can lead to risky sexual behaviors (e.g., having sex without a condom, having multiple partners) that can make people more likely to get and transmit HIV.

In people living with HIV, substance use can hasten disease progression, affect adherence to antiretroviral therapy (HIV medicine), and worsen the overall consequences of HIV.

Commonly Used Substances and HIV Risk

- **Alcohol.** Excessive alcohol consumption, notably binge drinking, can be an important risk factor for HIV because it is linked to risky sexual behaviors and, among people living with HIV, can hurt treatment outcomes.
- **Opioids.** Opioids, a class of drugs that reduce pain, include both prescription drugs and heroin. They are associated with HIV risk behaviors such as needle sharing when injected and risky sex, and have been linked to a recent HIV outbreak.
- **Methamphetamine.** "Meth" is linked to risky sexual behavior that places people at greater HIV risk. It can be injected, which also increases HIV risk if people share needles and other injection equipment.
- **Crack cocaine.** Crack cocaine is a stimulant that can create a cycle in which people quickly exhaust their resources and turn to other ways to get the drug, including trading sex for drugs or money, which increases HIV risk.
- **Inhalants.** Use of amyl nitrite ("poppers") has long been linked to risky sexual behaviors, illegal drug use, and sexually transmitted diseases among gay and bisexual men.

Prevention Challenges

A number of behavioral, structural, and environmental factors make it difficult to control the spread of HIV among people who use or misuse substances:

- **Complex health and social needs.** People who are alcohol dependent or use drugs often have other complex health and social needs. Research shows that people who use substances are more likely to be homeless, face unemployment, live in poverty, and experience multiple forms of violence, creating challenges for HIV prevention efforts.
- **Stigma and discrimination associated with substance use.** Often, illicit drug use is viewed as a criminal activity rather than a medical issue that requires counseling and rehabilitation. Fear of arrest, stigma, feelings of guilt, and low self-esteem may prevent people who use illicit drugs from seeking treatment services, which places them at greater risk for HIV.
- **Lack of access to the health care system.** Since HIV testing often involves questioning about substance use histories, those who use substances may feel uncomfortable getting tested. As a result, it may be harder to reach people who use substances with HIV prevention services.
- **Poor adherence to HIV treatment.** People living with HIV who use substances are less likely to take antiretroviral therapy (ART) as prescribed due to side effects from drug interaction. Not taking ART as prescribed can worsen the effects of HIV and increase the likelihood of spreading HIV to sex and drug-sharing partners.

What CDC Is Doing

CDC and its partners are pursuing a high-impact approach to advance the goals of the **National HIV/AIDS Strategy (NHAS)** (<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/>) to maximize the effectiveness of current HIV prevention methods and to improve what we know about the behaviors and risks faced by people who use substances. For example, CDC

- **Has awarded at least \$330 million each year since 2012** (<http://www.cdc.gov/hiv/funding/announcements/ps12-1201/index.html>) (\$343.7 million in 2015) to health departments to direct resources to the populations and geographic areas of greatest need, including gay and bisexual men, and prioritize the HIV prevention strategies that will have the greatest impact.
- **Supports intervention programs** that deliver services to people who inject drugs, such as *Community PROMISE* (<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/PROMISE.aspx>), a community-level HIV/STD prevention program that uses role-model stories and peer advocates to distribute prevention materials within social networks.
- **Supports responses for outbreaks of HIV** traced to injection drug use such as the 2015 outbreak in rural Indiana.
- **Supports programs to develop biomedical approaches to HIV prevention for people who use substances** such as pre-exposure prophylaxis (PrEP) (<http://www.cdc.gov/hiv/basics/prep.html>) for people at high risk, post-exposure prophylaxis (PEP) (<http://www.cdc.gov/hiv/basics/pep.html>) to lower the chances of becoming infected after an exposure, and antiretroviral therapy (ART) (<http://www.cdc.gov/actagainstaids/campaigns/hivtreatmentworks/stayincare/treatment.html>) or daily medicines to treat HIV.
- **Maintains the National HIV Surveillance System** (<http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>) to monitor and evaluate trends in HIV among various populations, including people who inject drugs. Data about HIV and AIDS cases are collected through state and local health departments and then reported to CDC after personal identifiers have been removed. The data may be used to determine who is most at-risk and to develop and implement interventions that reach people who inject drugs.
- **Conducts the National HIV Behavioral Surveillance** (<http://www.cdc.gov/hiv/statistics/systems/nhbs/>) survey to collect information about behaviors of populations at increased risk for HIV, including alcohol and drug use, testing behaviors, and use of HIV prevention services.
- **Provides culturally appropriate prevention messages through *Act Against AIDS*** (<http://www.cdc.gov/actagainstaids/index.html>), a national initiative that focuses on raising awareness, fighting stigma, and reducing the risk of HIV infection among at-risk populations.
- **Works with the White House and other partners** to support the objectives of the 2015 National Drug Control Strategy (<https://www.whitehouse.gov/ondcp/national-drug-control-strategy>), which aims to use evidence-based public health strategies to reduce illicit drug use.

Additional Resources

CDC-INFO

1-800-CDC-INFO (232-4636)
www.cdc.gov/info

CDC HIV Website

www.cdc.gov/hiv

CDC Act Against AIDS Campaign

www.cdc.gov/actagainstaids

SAMHSA Substance Abuse Treatment Locator

www.findtreatment.samhsa.gov

HEPATITIS C & INJECTION DRUG USE

What is Hepatitis C?

Hepatitis C is a serious liver disease caused by the Hepatitis C virus. Some people get only a short term, or acute, infection and are able to clear the virus without treatment. If someone clears the virus, this usually happens within 6 months after infection. However, about 80% of people who get infected develop a chronic, or lifelong, infection. Over time, chronic Hepatitis C can cause serious health problems including liver damage, liver failure, and even liver cancer.

What are the symptoms?

Symptoms of Hepatitis C can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes. However, many people who get Hepatitis C do not have symptoms and do not know they are infected. If symptoms occur with acute infection, they can appear anytime from 2 weeks to 6 months after infection. Symptoms of chronic Hepatitis C can take decades to develop, and when symptoms do appear, they often are a sign of advanced liver disease.

Should I get tested?

Yes. If you have ever injected drugs, you should get tested for Hepatitis C. If you are currently injecting, talk to your doctor about how often you should be tested.

The Hepatitis C Antibody Test is a blood test that looks for antibodies to the Hepatitis C virus. A reactive or positive Hepatitis C Antibody Test means that a person has been infected at some point in time. Unlike HIV, a reactive antibody test **does not** necessarily mean a person still has Hepatitis C. An additional blood test called a RNA test is needed to determine if a person is currently infected with Hepatitis C.



All equipment used to prepare and inject drugs can spread Hepatitis C when contaminated and shared.

How is Hepatitis C spread among people who inject drugs?

The Hepatitis C virus is very infectious and can easily spread when a person comes into contact with surfaces, equipment, or objects that are contaminated with infected blood, even in amounts too small to see. The virus can survive on dry surfaces and equipment for up to 6 weeks. People who inject drugs can get Hepatitis C from:

- **Needles & Syringes.** Sharing or reusing needles and syringes increases the chance of spreading the Hepatitis C virus. Syringes with detachable needles increase this risk even more because they can retain more blood after they are used than syringes with fixed-needles.
- **Preparation Equipment.** Any equipment, such as cookers, cottons, water, ties, and alcohol swabs, can easily become contaminated during the drug preparation process.
- **Fingers.** Fingers that come into contact with infected blood can spread Hepatitis C. Blood on fingers and hands can contaminate the injection site, cottons, cookers, ties, and swabs.
- **Surfaces.** Hepatitis C can spread when blood from an infected person contaminates a surface and then that surface is reused by another person to prepare injection equipment.

Continued on next page



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Are there other ways Hepatitis C can spread?

Hepatitis C can also spread when tattoo, piercing, or cutting equipment is contaminated with the Hepatitis C virus and used on another person. Although rare, Hepatitis C can be spread through sex. Hepatitis C seems to be more easily spread through sex when a person has HIV or a STD. People who have rough sex or numerous sex partners are at higher risk of getting Hepatitis C. Hepatitis C can also be spread from a pregnant woman to her baby.

Can Hepatitis C be prevented?

Yes. The best way to prevent Hepatitis C is to stop injecting. Drug treatment, including methadone or buprenorphine, can lower your risk for Hepatitis C since there will no longer be a need to inject.

However, if you are unable or unwilling to stop injecting drugs, there are steps you can take to reduce the risk of becoming infected.

- **Do not** share any equipment used to inject drugs with another person.
- **Always** use new, sterile needles, syringes and preparation equipment—cookers, cottons, water, ties, and alcohol swabs—for each injection.
- Set up a clean surface **before** placing down your injection equipment.
- **Do not** divide and share drug solution with equipment that has already been used.
- Avoid using syringes with detachable needles to reduce the amount of blood remaining in the syringe after injecting.
- Thoroughly wash hands with soap and water **before and after** injecting to remove blood or germs.
- Clean injection site with alcohol or soap and water **prior** to injecting.
- Apply pressure to injection site with a sterile pad to stop any bleeding after injecting.
- Only handle your own injection equipment. If you do inject with other people, separate your equipment from others to avoid accidental sharing.

Use new syringes and equipment with every injection.

The Hepatitis C virus is difficult to kill. The best way to prevent Hepatitis C is to use new, sterile syringes and equipment with every injection. If using a new syringe is not possible, bleach has been found to kill the Hepatitis C virus in syringes when used as a solution of one part bleach to 10 parts water for two minutes. Bleach, however, may not be effective when used to clean other types of equipment used to prepare or inject drugs. Although boiling, burning, or using common cleaning fluids, alcohol, or peroxide can reduce the amount of virus, this **may not** prevent you from getting infected. Cleaning previously used equipment and syringes should only be done if new, sterile equipment is not available.

Can Hepatitis C be treated?

Yes. New and improved treatments are available that can cure most people with Hepatitis C. Most of the new treatments are taken as pills and do not require interferon injections. However, treatment for Hepatitis C depends on many different factors, so it is important to talk to a doctor about options.

Can someone get re-infected with Hepatitis C?

Yes. Someone who clears the virus, either on their own or from successful treatment, can become infected again.

Does injecting put you at risk for other types of hepatitis?

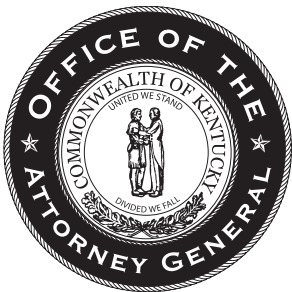
Yes. People who inject are more likely to get Hepatitis A and Hepatitis B. Getting vaccinated for Hepatitis A and B will prevent these types of hepatitis. There is currently no vaccine for Hepatitis C.

For More Information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.



KENTUCKY LIVING WILL PACKET



LIVING WILLS IN KENTUCKY

A Living Will gives you a voice in decisions about your medical care when you are unconscious or too ill to communicate. As long as you are able to express your own decisions, your Living Will will not be used and you can accept or refuse any medical treatment. But if you become seriously ill, you may lose the ability to participate in decisions about your own treatment.

You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

The Kentucky Living Will Directive Act of 1994 was passed to ensure that citizens have the right to make decisions regarding their own medical care, including the right to accept or refuse treatment. This right to decide — to say yes or no to proposed treatment — applies to treatments that extend life, like a breathing machine or a feeding tube.

In Kentucky a Living Will allows you to leave instructions in four critical areas. You can:

- Designate a Health Care Surrogate
- Refuse or request life prolonging treatment
- Refuse or request artificial feeding or hydration (tube feeding)
- Express your wishes regarding organ donation

Everyone age 18 or older can have a Living Will. The effectiveness of a Living Will is suspended during pregnancy.

It is not necessary that you have an attorney draw up your Living Will. Kentucky law (**KRS 311.625**) actually specifies the form you should fill out. You probably should see an attorney if you make changes to the Living Will form. The law also prohibits relatives, heirs, health care providers or guardians from witnessing the Will. You may wish to use a Notary Public in lieu of witnesses.

The Living Will form includes two sections. The first section is the Health Care Surrogate section which allows you to designate one or more persons, such as a family member or close friend, to make health care decisions for you if you lose the ability to decide for yourself. The second section is the Living Will section in which you may make your wishes known regarding life-prolonging treatment so your Health Care Surrogate or Doctor will know what you want them to do. You can also decide whether to donate any of your organs in the event of your death.

When choosing a surrogate, remember that the person you name will have the power to make important treatment decisions, even if other people close to you might urge a different decision. Choose the person best qualified to be your health care surrogate. Also, consider picking a back-up person, in case your first choice isn't available when needed. Be sure to tell the person that you have named them a surrogate and make sure that the person understands what's most important to you. Your wishes should be laid out specifically in the Living Will.

If you decide to make a Living Will, be sure to talk about it with your family and your doctor. The conversation is just as important as the document.

A copy of any Living Will should be put in your medical records. Each time you are admitted for an overnight stay in a hospital or nursing home, you will be asked whether you have a Living Will. You are responsible for telling your hospital or nursing home that you have a Living Will.

If there is anything you do not understand regarding the form, you might want to discuss it with an attorney. You can also ask your doctor to explain the medical issues. When completing the form, you may complete all of the form, or only the parts you want to use. You are not required by law to use these forms. Different forms, written the way you want, may also be used. You should consult with an attorney for advice on drafting your own forms.

You are not required to make a Living Will to receive healthcare or for any other reason. The decision to make a Living Will must be your own personal decision and should only be made after serious consideration.

For additional copies of this packet, you may download it from the Attorney General's website at <http://ag.ky.gov/family/consumerprotection/livingwills> or make photocopies of this packet.

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INSTRUCTIONS FOR COMPLETING THE KENTUCKY LIVING WILL FORM

The Living Will form should be used to let your physician and your family know what kind of life-sustaining treatments you want to receive if you become terminally ill or permanently unconscious and are unable to make your own decisions. This form should also be used if you would like to designate someone to make those healthcare decisions for you should you become unable to express your wishes.

NOTE: You may fill out all or part of the form according to your wishes. Keep in mind that filling out this form is not required for any type of healthcare or any other reason. Filling out this form should solely be a personal decision.

1. Read over all information carefully before filling out any part of the form.
2. At the top of the form in the designated area, print your full name and birth date.
3. The first section of the form on page one relates to designating a "Health Care Surrogate." Fill this section out if you would like to choose someone to make your healthcare decisions for you should you become unable to do so yourself. When choosing a surrogate, remember that the person you name will have the power to make important treatment decisions. Choose the person best qualified to be your health care surrogate. Also, consider picking a back-up person, in case your first choice isn't available when needed. Be sure to tell the person that you have named them a surrogate and make sure that the person understands what's most important to you. **Do not complete this section if you do not wish to name a surrogate.**
4. The next section of the form is the "Living Will Directive." Fill out this section to identify what kinds of life-sustaining treatments you want to receive should you become terminally ill or permanently unconscious.

Life Prolonging Treatment

Under this bolded section on page one, you may designate whether or not you wish to receive treatment (such as a life support machine), and be permitted to die naturally, with only the administration of medication or treatment deemed necessary to alleviate pain. If you do not want treatment, except for pain, and would like to die naturally, check and initial the first line. If you want life-sustaining treatment, check and initial the second line. Check and initial only one line.

Nourishment and/or Fluids

Under this bolded section on page two, you may designate whether or not you wish to receive artificially provided food, water, or other artificially provided nourishment or fluids (such as a feeding tube). If you do not want to receive artificial nourishment or fluids, check and initial the first line. If you want to receive nourishment and/or fluids, check and initial the second line. Check and initial only one line.

Surrogate Determination of Best Interest

Important: This section cannot be completed if you have completed the two previous bolded sections. Under this bolded section on page two, IF you have designated a person as your surrogate in the first section, you may allow that person to make decisions for you regarding life-sustaining treatments and/or nourishment. Check and initial this line ONLY if you wish to allow your surrogate to make decisions for you and if you do not want to detail your specific life-sustaining wishes on this form.

Organ/Tissue Donation

Under this bolded section on page two, you may designate whether or not to donate your all or any part of your body upon your death. If you wish to donate all or part of your body, check and initial the first line. If you do not want to donate all or part of your body, check and initial the second line. Check and initial only one line.

5. On page three, you will sign and date the form. Sign and date the form **in the presence of two witnesses over the age of 18 OR in the presence of a Notary Public.**

The following people CANNOT be a witness to or serve as a notary public:

- a) A blood relative of yours;
 - b) A person who is going to inherit your property under Kentucky law;
 - c) An employee of a health care facility in which you are a patient (unless the employee serves as a notary public);
 - d) Your attending physician; or
 - e) Any person directly financially responsible for your health care.
6. Once you have filled out the Living Will and either signed it in the presence of witnesses or in the presence of a notary public, give a copy to your personal physician and any contacts you have listed in the Living Will. A copy of any Living Will should be put in your medical records. Remember, you are responsible for telling your hospital or nursing home that you have a Living Will. Do not send your Living Will to the Office of the Attorney General.

KENTUCKY LIVING WILL DIRECTIVE AND HEALTH CARE SURROGATE DESIGNATION OF

(PRINTED NAME)

(DATE OF BIRTH)

My wishes regarding life-prolonging treatment and artificially provided nutrition and hydration to be provided to me if I no longer have decisional capacity, have a terminal condition, or become permanently unconscious have been indicated by checking and initialing the appropriate lines below.

HEALTH CARE SURROGATE DESIGNATION

By checking and initialing the line below, I specifically:

☐

_____ (check box and initial line, if you desire to name a surrogate)

Designate _____ as my health care surrogate(s) to make health care decisions for me in accordance with this directive when I no longer have decisional capacity. If _____ refuses or is not able to act for me, I designate _____ as my health care surrogate(s).

Any prior designation is revoked.

LIVING WILL DIRECTIVE

If I do not designate a surrogate, the following are my directions to my attending physician. If I have designated a surrogate, my surrogate shall comply with my wishes as indicated below. By checking and initialing the lines below, I specifically:

Life Prolonging Treatment (check and initial only one)

☐

_____ (check box and initial line, if you desire the option below)

Direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.

☐

_____ (check box and initial line, if you desire the option below)

DO NOT authorize that life-prolonging treatment be withheld or withdrawn.

Nourishment and/or Fluids (check and initial only one)

☐

_____ (check box and initial line, if you desire the option below)

Authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

LIVING WILL DIRECTIVE — CONTINUED

☐

(check box and initial line, if you desire the option below)
DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

Surrogate Determination of Best Interest

NOTE: If you desire this option, DO NOT choose any of the preceding options regarding Life Prolonging Treatment and Nourishment and/or Fluids

☐

(check box and initial line, if you desire the option below)
Authorize my surrogate, as designated on the previous page, to withhold or withdraw artificially provided nourishment or fluids, or other treatment if the surrogate determines that withholding or withdrawing is in my best interest; but I do not mandate that withholding or withdrawing.

Organ/Tissue/Eye Donation

I certify that I am eighteen (18) years of age or older and of sound mind, and that upon my death, I hereby give:

Check appropriate boxes and initial the line beside that box:

☐

Any needed organs, tissues, and eye/corneas

OR

The following organs or tissues only (check and initial all that apply):

☐

All needed organs

☐

All needed tissues

☐

Corneas

☐

Eyes

☐

Other

OR

☐

Only the specified organs/tissues as listed:

Organs that can be donated: heart, lungs, liver, pancreas, kidneys, and small bowel.

Tissues that can currently be donated: skin (outermost layer from lower trunk and abdomen), bone, heart valves, leg veins, pericardium, vertebral bodies.

Eye donation can be the corneas (outer most layer), the sclera (shell), or the entire eye.

In the absence of my ability to give directions regarding the use of life-prolonging treatment and artificially provided nutrition and hydration, it is my intention that this directive shall be honored by my attending physician, my family, and any surrogate designated pursuant to this directive as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of the refusal.

If I have been diagnosed as pregnant and that diagnosis is known to my attending physician, this directive shall have no force or effect during the course of my pregnancy.

I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

Signed this _____ day of _____, 20____

(signature and address of the grantor)

Have two adults witness your signature OR have signature notarized.*

In our joint presence, the grantor, who is of sound mind and eighteen (18) years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor.

(signature and address of witness)

(signature and address of witness)

OR

COMMONWEALTH OF KENTUCKY, _____ County

Before me, the undersigned authority, came the grantor who is of sound mind and eighteen (18) years of age or older, and acknowledged that he/she voluntarily dated and signed this writing or directed it to be signed and dated as above.

Done this _____ day of _____, 20____

Signature of Notary Public

Date commission expires

** None of the following shall be a witness to or serve as a notary public or other person authorized to administer oaths in regard to any advance directive made under this section:*

- a) A blood relative of the grantor;*
- b) A beneficiary of the grantor under descent and distribution statutes of the Commonwealth;*
- c) An employee of a health care facility in which the grantor is a patient, unless the employee serves as a notary public;*
- d) An attending physician of the grantor; or*
- e) Any person directly financially responsible for the grantor's health care.*

NOTICE: Execution of this document restricts withholding and withdrawing of some medical procedures. Consult Kentucky Revised Statutes or your attorney.

A person designated as a surrogate pursuant to an advance directive may resign at any time by giving written notice to the grantor; to the immediate successor surrogate, if any; to the attending physician; and to any health care facility which is then waiting for the surrogate to make a health care decision.