



## Indiana Physician Orders for Scope of Treatment (POST)

Information for Patients about POST

November 2016

The Indiana Physician Orders for Scope of Treatment (POST) form is a physician's order determined by the patient's goals and the treatment options available to a patient based on the individual's current health. The POST is intended to record a patient's wishes for medical treatment. The following is intended to provide you with general information about the POST form:

The POST form:

- The POST form is always voluntary. A health care provider or facility cannot require you to complete a POST form.
- The original POST form is the personal property of the patient. You are encouraged to keep the original POST form; however, photocopies, electronic copies, and faxes are also legal and valid. Your treating physician should retain a copy in your medical record.
- The State periodically updates the POST form. Previous completed versions of the form are still valid.
- HIPAA permits disclosure of the POST to health care professionals as necessary for treatment.
- The POST form may be printed on white paper. There is no requirement that a POST form be printed on a particular color of paper.

Completing the POST:

- A family member of an adult patient is not authorized to complete and sign a POST unless the family member has been appointed in writing as the legal representative for the patient.

Provisions of the Physician Orders for Scope of Treatment (POST):

- The POST should reflect your current treatment preferences.
- Any section of the form not completed implies authorization for full treatment for provisions described in that section.
- The POST is a medical order and requires the signature of the treating physician to be legally valid.

Changing Physician Orders for Scope of Treatment (POST):

- Once initial medical treatment is begun and the risks and benefits of further treatment are clear, your treatment wishes may change. You may change the POST at any time to reflect your current treatment wishes.

Reviewing Physician Orders for Scope of Treatment (POST): Your POST form should be reviewed in the following circumstances:

- There is a substantial change in your health status.
- You are transferred from one care setting or care level to another.
- Your treating physician changes.
- Your treatment preferences change.

Revoking Physician Orders for Scope of Treatment (POST):

- A person with capacity, or the valid representative of a person without capacity, can revoke the POST at any time by any of the following: a signed and dated writing; physical cancellation or destruction; by another individual at the direction of the declarant or representative; or an oral expression of an intent to revoke. The revocation is effective upon communication to a health care provider.

Advance Directives:

- No form can address all the medical treatment decisions that may need to be made. There are numerous types of advance directives. You are encouraged to discuss advance directives with your attorney, physician, or other qualified individual. Your physician can provide you with information about POST and whether it is appropriate for you.
- An advance directive, including appointing someone to speak on your behalf if you cannot speak for yourself, is recommended. The ISDH has an Advance Directive Resource Center at [www.in.gov/isdh/25880](http://www.in.gov/isdh/25880) that provides a brochure, forms, and information about advance directives.