

Revoking a POST Form

If the current POST is no longer valid due to a patient changing his/her treatment preferences or if a change in the patient's health status or medical condition warrants a change in the POST, the POST form is revoked by the creation of a new form.

To revoke a POST form:

Choose one:

- Patient or appointed healthcare representative revokes the POST form orally.
 - Healthcare provider should visibly mark the POST form "VOID" in the medical record and have patient or representative sign and date.
 - Patient revokes POST form in writing with signature and date.
 - Patient or appointed healthcare representative draws a line through all sections of the POST form and writes "VOID" in large letters. Patient or representative signs and dates the revoked form.
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After Revocation:

- Treating physician notified immediately upon notice of revocation.**
- The treating physician documents specifics regarding the revocation and when they were notified in the medical record, note should include:
 - Date
 - Time
 - Place
- Notify any pertinent medical personnel (i.e. patient's primary care physician, specialists, etc) responsible for the care of the patient.
- If possible, notify the physician who signed the original POST form that was voided.
- Document date, time, place of revocation in electronic medical record.
- Document notification of any medical personnel in the medical record.
- POST marked with "VOID" placed in patient's medical record behind the most current form or medical record overflow.

****NOTE:** If patient presents with two valid POST forms, the form with the most current date will be recognized after discussion with patient or appointed healthcare representative to determine if it is consistent with patient's most recently expressed wishes.