

(2) If a patient is unconscious, or unable to communicate by any means, the certification of a second physician is not required under paragraph (1) of this subsection.

(f) (1) It shall be the responsibility of the declarant to notify the attending physician that an advance directive has been made. In the event the declarant becomes comatose, incompetent, or otherwise incapable of communication, any other person may notify the physician of the existence of an advance directive.

(2) An attending physician who is notified of the existence of the advance directive shall promptly:

(i) If the advance directive is written, make the advance directive or a copy of the advance directive a part of the declarant's medical records; or

(ii) If the advance directive is oral, make the substance of the advance directive, including the date the advance directive was made and the name of the attending physician, a part of the declarant's medical records.

(3) IF THE CARE OF A DECLARANT IS TRANSFERRED FROM ONE HEALTH CARE PROVIDER TO ANOTHER, THE TRANSFERRING HEALTH CARE PROVIDER MAY PREPARE A "PATIENT'S PLAN OF CARE" FORM IN ACCORDANCE WITH § 5-608.1 OF THIS SUBTITLE.

(4) IF THE TRANSFERRING HEALTH CARE PROVIDER PREPARES A "PATIENT'S PLAN OF CARE" FORM IN ACCORDANCE WITH § 5-608.1 OF THIS SUBTITLE, THE TRANSFERRING HEALTH CARE PROVIDER SHALL:

(I) TAKE REASONABLE STEPS TO ENSURE THAT THE "PATIENT'S PLAN OF CARE" FORM IS CONSISTENT WITH ANY APPLICABLE DECISION STATED IN THE ADVANCE DIRECTIVE OF A DECLARANT; AND

(II) TRANSMIT THE "PATIENT'S PLAN OF CARE" FORM TO THE RECEIVING HEALTH CARE PROVIDER SIMULTANEOUSLY WITH THE TRANSFER OF THE DECLARANT.

(g) It shall be the responsibility of the declarant to notify a health care agent that the agent has been named in an advance directive to act on the declarant's behalf.

(h) Unless otherwise provided in the patient's advance directive, a patient's agent shall act in accordance with the provisions of § 5-605(c) of this subtitle.

(i) The absence of an advance directive creates no presumption as to the patient's intent to consent to or refuse life-sustaining procedures.

5-608.

(a) (1) Certified or licensed emergency medical services personnel shall be directed by protocol to follow emergency medical services "do not resuscitate orders" pertaining to adult patients in the outpatient setting in accordance with protocols established by the Maryland Institute for Emergency Medical Services Systems in conjunction with the State Board of Physicians.