



**Garfunkel Wild**

# **2024 National Health Care Decisions Day**

“Know Your Choices, Share Your Wishes.”

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# National Health Care Decisions Day

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- National Health Care Decisions Day was established to educate and empower the public and health care providers regarding important advance care planning.
- Its purpose is to ensure that the information, opportunity, and access needed to document health care decisions are available to all decision-making capable adult citizens of the United States.

# Appointing a Health Care Agent

- A “Health Care Agent” (sometimes called a surrogate) is an individual appointed to make health care decisions on your behalf in the event you are unable to make such decisions for yourself.
- Your Health Care Agent can make any and all decisions about your medical care, including decisions about life-sustaining treatment and organ donation, once you are determined to be incapacitated by your attending practitioner.
- The document to appoint an agent takes different forms, depending on your state of residence.

New York	New Jersey	Connecticut	Florida	Maryland	Virginia	Washington, D.C.
Health Care Proxy	Proxy Directive (Durable Power of Attorney for Health Care)	Advance Directive	Designation of Health Care Surrogate	Advance Directive (Selection of Health Care Agent)	Advance Directive	Advance Directive (Durable Power of Attorney for Health Care)

# Health Care Decision-Making Standards

- Decisions must be made in accordance with your wishes, and to the extent your wishes are not known, in accordance with your best interests.
- In the absence of the appointment of a health care agent or a court-appointed guardian or conservator, state statutes will direct who can make medical decisions for you if no agent is named by you.
- States may have different rules for what health care decisions may be made for you.

New York	New Jersey	Connecticut	Florida	Maryland	Virginia	Washington, D.C.
An agent may make decisions regarding artificial nutrition and hydration only if your wishes are known or can, with reasonable diligence, be ascertained.	The representative may make decisions if authorized by principal and in accordance with the terms of any instruction directive or, if none, may make the decision to withhold or withdraw medical treatment if physicians confirm that certain criteria are met.	A health care representative can make decisions in accordance with a principal's wish as stated to the health care representative verbally or in the principal's Living Will. A physician will consult with a health care representative regarding the removal of life support if not expressed in a principal's Living Will.	Similar to NY, a health care surrogate can make decisions regarding nutrition and hydration if not set forth in an advance directive such as a Designation of Health Care Surrogate or a Living Will. The Surrogate may also make decisions as to anatomical gifts if not set forth by principal.	Unless the advance directive provides otherwise, an agent appointed by the principal has authority to decide about life-sustaining procedures and may decide to forgo life-sustaining procedures.	An agent can make decisions regarding artificial nutrition and hydration in the absence of an advance directive.	An agent appointed by the principal has the power to grant, refuse, or withdraw consent on the principal's behalf for any health care service, treatment or procedure.

# What if I Do Not Appoint an Agent to Make Health Care Decisions?

- State law decides who your decision maker can be if you didn't appoint someone

New York	New Jersey	Connecticut	Florida	Maryland	Virginia	Washington, D.C.
<p>Family Health Care Decisions Act: individuals who can make health care decisions are listed in order of priority by relation, unless a court appointed guardian was previously appointed for health care decision making. When there are multiple members in a category, there is no priority within the group. Hospitals and nursing homes can make decisions for individuals who have no family or friends.</p>	<p>A court-appointed guardian can be appointed/is authorized to make medical decisions. Case law has established that a close family member (spouse, adult child, parent, or sibling) can make health care decisions if no guardian or health care representative has been appointed.</p>	<p>Physician looks to next of kin (i.e. spouse, adult child(ren), parents, sibling(s), or grandparents) or other people that know you to make medical decisions on your behalf.</p>	<p>Preference is given to a court appointed guardian or guardian advocate, or if none, by a spouse, adult child(ren), parent, or adult sibling(s), adult relative who is in a close relationship, a close friend (one who communicates regularly with principal, sees them often – think BFF), or a licensed clinical social worker selected by a provider's bioethics committee but who does not work for the provider. If multiple adult children or multiple adult siblings, decisions are by majority.</p>	<p>Surrogates are listed in priority order; individuals in a particular class may be consulted only if all individuals in the next higher class are unavailable: (1) a guardian of the patient, if one has been appointed; (2) the patient's spouse or domestic partner; (3) a child of the patient; (4) a parent of the patient; (5) an adult brother or sister of the patient; or (6) a friend or other relative of the patient who briefly describes, in an affidavit, enough regular contact with the patient so as to make the surrogate familiar with the patient's activities, health, and personal beliefs.</p>	<p>The Health Care Decisions Act allows the attending physician to act upon the authorization of a hierarchy of individuals, by relationship, to the principal (or a majority of a tier in the hierarchy if there is more than one potential decision maker).</p>	<p>Surrogates are listed in priority order: (1) a court-appointed guardian or conservator if the consent is within the scope of the guardianship or conservatorship; (2) a spouse or domestic partner; (3) an adult child; (4) a parent; (5) an adult sibling; (6) a close friend (i.e., any adult who has exhibited significant care and concern for the patient, and has maintained regular contact with the patient so as to be familiar with his or her activities, health, and religious and moral beliefs); or (7) the principal's nearest living relative.</p>

# Authorization to Release Patient Medical Information

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- A designated health care agent is allowed access to your medical information in order to make informed decisions regarding care if you are incapacitated.
- However, if you are not incapacitated, no one, including the appointed health care agent, has authority to act on your behalf or access medical records without appropriate written permission.
- It is advisable to allow your health care agent access to your medical records even if you are not incapacitated if you need assistance in arranging medical care. In order to allow such access, you must sign an authorization for release of patient information, also known as a HIPAA Form. (HIPAA - Health Insurance Portability and Accountability Act).

# Living Wills

- A Living Will is a document that allows you to express your wishes concerning medical treatment in the event you cannot make your own medical decisions (i.e., terminal condition, persistent vegetative state, and end-stage condition).
- You can specify medical treatments you do or do not want (e.g., cardiopulmonary resuscitation, intubation, antibiotics, artificial nutrition and hydration, pain relief), and under what circumstances your wishes apply.
- Should you have a Living Will?

New York	New Jersey	Connecticut	Florida	Maryland	Virginia	Washington, D.C.
A Living Will is not an official state sanctioned form. It is considered “clear and convincing evidence” of your wishes and may be honored by a hospital or nursing home in the absence of an appointed health care agent.	Instruction Directive may state general treatment philosophy and objectives or specific wishes regarding the provision, withholding, or withdrawal of any form of health care, including life-sustaining treatment, or both.	Living Will can be a part of Advance Directive or executed separately.	A simple form of Living Will is set forth by statute, but a Living Will may be made more expansive than the simple form. Wishes concerning medical treatment may be expressed in other advanced directives such as the Designation of Health Care Surrogate.	Living Will is part of Advance Directive and allows principal to state preferences about efforts to extend life in three situations: terminal condition, persistent vegetative state, and end-stage condition. Also includes an option to be an organ donor after death.	Advance Directives are sometimes referred to colloquially as Living Wills. There is no codified form but the bar association and various large health systems have similar suggested forms that serve multiple functions.	A Living Will is also known as a Declaration. Describes treatment wanted as near the end of life or if seriously hurt or ill. Also may include an option to be an organ donor after death.

# Do Not Resuscitate Order (DNR)

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- Individuals often think that designation of a health care agent or signing an advance directive form is a “DNR”. It is not.
- A DNR is a medical order directing no cardiopulmonary resuscitation in the event of cardiac or pulmonary arrest (no other treatment measures are addressed). A DNR is issued by a health care provider, not by an attorney.
- A DNR is generally considered in cases where a patient is near the end of their life or their condition will not improve. A patient decides whether or not to create a DNR.
- A DNR is signed by your doctor upon your consent and applies only if you are in a hospital or nursing home. A Non-Hospital DNR applies if you are in your residence or hospice.
- Individuals are presumed to consent to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest unless the individual has a DNR order.



# Do Not Resuscitate Order (DNR)-continued

New York	New Jersey	Connecticut	Florida	Maryland	Virginia	Washington, D.C.
Hospital and Non-Hospital DNR forms used in addition to the Medical Order for Life Sustaining Treatment (MOLST).	Institutional DNR form and Out-of-Hospital DNR form used in addition to Practitioner Order for Life Sustaining Treatment (POLST).	Do Not Resuscitate (DNR) Order is a separate form signed by a licensed physician. To transmit a DNR Order between health care institutions or during transport by an EMS provider between health care institutions, the DNR Order must be documented on a DNR Transfer form. To ensure your wishes are honored, residents can also obtain a DNR bracelet from their physician.	Do Not Resuscitate Order (DNRO) DH Form 1896 can apply even if EMTs come to your home. Allows for a patient identification device, which is a miniature version of Florida's DH Form 1896, and is incorporated by reference into that form. The device travels with the patient.	DNR is not a separate stand-alone document. It is included as part of the Medical Orders for Life Sustaining Treatment (MOLST) form.	DNR Order is a separate form signed by a physician. DNR instructions are not a separate document, but instructions can be included on the National Physician Orders for Life Sustaining Treatment (POLST) form or in the Advance Directive.	DNR is not a separate stand-alone document. It is included as part of Medical Orders for Scope of Treatment (MOST) form.

# Medical Orders for Life Sustaining Treatment (MOLST)

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- A relatively new form is gaining widespread use for end of life health care decision making.
- The MOLST (called a POLST/POST/MOST in some states) is a medical order which addresses a patient's goals and preferences for end-of-life care. It covers a broad range of life-prolonging interventions (cardiopulmonary resuscitation, antibiotics, intubation, dialysis, artificial nutrition and hydration, and transport to hospital). This is an order by a health care provider, is part of the patient's medical record, and is effective across health care settings. It is not prepared by an attorney. It is not something you can do without your health care provider.
- The patient must have a discussion with their health care provider about their wishes for treatment given their circumstances and the physician, nurse practitioner, or physician's assistant executes the order.
- It applies immediately, not upon incapacity. It is only appropriate for patients who are terminally ill, have advanced frailty, or are elderly.
- The form may be completed in stages as health declines.
- It should be reviewed and updated periodically.

# Medical Orders for Life Sustaining Treatment (cont'd)

- Use of state specific form is required for validity.

New York	New Jersey	Connecticut	Florida	Maryland	Virginia	Washington, D.C.
MOLST	Practitioner Orders for Life Sustaining Treatment (POLST)	MOLST	Does not have a MOLST document. You may include multiple optional instructions in a Designation of Health Care Surrogate or a Living Will.	MOLST	Traditionally the POST (Physician Orders for Scope of Treatment) was used but the National Practitioner Orders for Life Sustaining Treatment (POLST) Form is now approved and recommended.	MOST

# Organ/Tissue Donation

- You can indicate your wishes regarding organ and tissue donation on the forms we have described where you appoint an health care agent or express your decisions concerning treatment.

New York	New Jersey	Connecticut	Florida	Maryland	Virginia	Washington, D.C.
Your health care proxy agent is authorized to make such decisions unless you state to the contrary and you can state specific donation rules. You can also register to be a donee online at: <a href="https://www.ny.gov/services/become-organ-donor">https://www.ny.gov/services/become-organ-donor</a> , or when applying for a driver's license, government issued ID, health insurance with NYS Marketplace, or when registering to vote.	You can register to be an organ donor online at: <a href="https://www.nj.gov/mvc/drivertopics/organdonor.htm">https://www.nj.gov/mvc/drivertopics/organdonor.htm</a> . If you do not register, your health care representative is authorized to make decisions about organ and tissue donation.	You can register to be an organ donor online at: <a href="https://portal.ct.gov/dmv/licenses-permits-ids/become-organ-donor-ct?language=en_US">https://portal.ct.gov/dmv/licenses-permits-ids/become-organ-donor-ct?language=en_US</a>	Anatomical gifts can be set forth in advance directive documents. If not, then it is assumed the health care surrogate may make such decisions. Further, anatomical gifts may be set forth in a Will and even if the Will is not probated, the anatomical gift set forth in a Last Will and Testament shall be honored. Besides setting forth an anatomical gift in advance directive documents or a Will, a person may make a designation on their Florida driver's license, sign an organ and tissue donation card, register online with the donor registry, or express such intent in signed and witnessed writing other than a Will, advance directive or uniform donor card.	Residents can elect to become organ donors through the Department of Motor Vehicles or by executing a Living Will.	All applicants for a DMV issued photo ID can make the organ/tissue donor election to be listed on the ID, or individuals can give instructions on an Advance Directive or by registering at <a href="https://www.donate.lifevirginia.org/sign-me-up/">https://www.donate.lifevirginia.org/sign-me-up/</a> . In the absence of an Advance Directive, any written document expressing intent to be an organ donor is effective.	Residents can elect to become organ donors through the Department of Motor Vehicles or by executing a Living Will/Declaration.

# Disposition of Remains

- If you have specific funeral instructions, or wish to appoint certain persons as authorized to make such arrangements, it's best to spell them out in writing or make arrangements and pay for a funeral in advance.
- States allow you to designate an agent to handle the disposition of your remains. States may have a specific form you can use to do so.

New York	New Jersey	Connecticut	Florida	Maryland	Virginia	Washington, D.C.
Funeral directors require all family members of equal stature (spouse first, then adult children, then adult grandchildren, siblings, etc.) to make arrangements. If you do not want those persons to make such arrangements, you need to appoint an agent to make funeral arrangements on a Disposition of Remains form.	An agent to control disposition of remains can be designated in an Appointment of Agent to Control Disposition of Remains or in an individual's Will. In the absence of a designation, the individual's next of kin (spouse or registered domestic partner, then adult children, then parents, then siblings) is authorized to make these arrangements.	Your spouse has the legal right to decide how your remains are disposed of, even if you have a burial contract for a particular form of disposal. However, if you are not married, you can designate a person to have custody of your remains (and the right to dispose of them), and in that case you can select someone who will carry out your wishes.	A principal may appoint persons to make funeral arrangements in a Will or advanced directive. If there is no appointment, then priority of who may make such arrangements is a spouse, an adult child, parent, adult siblings, adult grandchild, grandparent, or any person in the next degree of kinship.	You can complete the state "After My Death" form. This designates an agent to make decisions about funeral arrangements and the disposition of your body. In the absence of instructions to the contrary, disposition is generally the responsibility of certain individuals in order of priority: spouse or domestic partner, adult children, surviving parent(s), surviving adult siblings, adult grandchildren, representative of the decedent under a signed authorization of the decedent, or appointed guardian. If none of the above, then any other person willing to assume the responsibility to act as the authorizing agent for purposes of arranging the final disposition of the decedent's body.	Any person may designate arrangements in writing, signed and notarized, which has been accepted in writing by the person so designated. Otherwise, the decedent's statutorily defined "next of kin" may make final decisions about a decedent's remains.	You can complete the "Designation of Agent for Body Disposition After Death" form. Disposition is generally the responsibility of the family in order of priority: spouse or domestic partner, surviving adult children, surviving parents, surviving "adult person in the next degrees of kindred", an adult friend, or volunteer. If none of the above, then public disposition (i.e., cremation by Office of Chief Medical Examiner).

# Power of Attorney

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- A Power of Attorney is a state-governed legal document allowing an individual (the “Principal”) to designate an “Agent” (or “Attorney in Fact”) for the purpose of managing financial affairs and making related financial decisions.
- Having a Power of Attorney avoids costly legal proceedings to appoint a guardian or conservator if you become incapacitated and cannot manage your own affairs.
- Your Power of Attorney allows your Agent to handle routine financial matters on your behalf and can also allow your Agent to engage in continued gift-giving, Medicaid planning, estate and tax planning despite your incapacity.

# Last Will and Testament (and Revocable Trust!)

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- Create a Last Will and Testament (“Will”) to customize your estate plan for your own family circumstances, assets, concerns, and wishes, rather than relying on the default provisions of your state’s law.
  - Direct how your property is distributed upon your death.
  - Appoint an Executor (called a Personal Representative in FL, DC, and MD) to administer your estate in accordance with the terms of your Will, and appoint a Guardian to care for minor children.
  - Include testamentary trusts for minor children, as well as trusts for other purposes such as creditor protection, estate tax planning and/or special needs planning, if appropriate.
  - Prevent or reduce family tension by expressing your wishes.
- Modern estate plans employ a “pour-over” Will together with a Revocable Trust and structure assets to avoid the “probate process” (the process of proving the validity of a Will in court). This planning can make administration of your estate less costly and time consuming and avoid the need for court intervention and oversight.

# Critical to Remember: Certain Assets Pass “Outside” a Will

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Even if you have a Will, many significant assets are not disposed of by a Will:

- Assets held as “tenants by the entirety” (“TBE”) by spouses, “jointly with rights of survivorship” (“JWROS”), “in trust for” (“ITF”), or that name a beneficiary (insurance, annuities, CDs, IRAs, and retirement plans) pass to the person named without the need for probate. A Will cannot override a beneficiary designation.
- You must make sure your designations coordinate with your Will. If you do not, it can cause family problems, unintended financial results, and possible litigation.



# Know Your Wishes, Share Your Choices!

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- Documents you should have to make sure your wishes and choices are known, respected, and effectuated:
  - Health Care Agent/Surrogate
  - Living Will
  - Medical Records Release (HIPAA)
  - MOLST/DNR
  - Disposition of Remains
  - Power of Attorney
  - Will
  - Beneficiary Designations / Joint Ownership

# Doris L. Martin

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Doris (“Dede”) L. Martin heads the Trusts, Estates, and Private Client Services Group. Dede advises clients on estate planning, administration, and litigation, charitable giving, elder law, tax-exempt organizations, and qualified retirement plans.

Since joining the firm in 1994, Dede’s practice has encompassed all aspects of estate planning, including wills, revocable trusts, charitable trusts, insurance trusts, qualified personal residence trusts, grantor retained annuity trusts, family limited partnerships, retirement plans, and asset protection; all aspects of estate and trust administration, including probate post-mortem planning, and estate tax returns; Medicaid and elder law planning, and the establishment and operation of tax-exempt organizations for individual clients and tax-exempt organizations. She also works with families of special needs individuals, establishing Supplemental Needs Trusts and advising families on Medicaid matters and other governmental benefits. She also has represented organizations devoted to working with special needs children. Dede has particular experience in estate planning for physicians. Dede frequently writes and lectures on estate planning. Prior to joining the firm, Dede was an associate in the trust and estates departments at New York City law firms.

Dede is a past secretary of the Trusts, Estates and Surrogate’s Court Committee of the New York City Bar Association and is a current member of its Estate and Gift Tax Committee. She also served as a member of the Board of Directors of North Shore Child and Family Guidance Center, a mental health services provider to children and families and served on the Board of Directors of the Tender Loving Care Foundation, a foundation devoted to improving the experience of parents with children in neonatal intensive care units. She currently serves on the Board of Trustees of the Douglaston-Little Neck Historical Society.

# David M. Traskey

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David Traskey, co-head of the Firm's Washington, DC Office, advises individuals and entities involved in government investigations, guides clients on corporate compliance and governance matters, and litigates civil and white-collar healthcare fraud cases. Prior to joining Garfunkel Wild, David served as Senior Counsel with the United States Department of Health and Human Services (HHS), Office of Inspector General (OIG).

David's unique expertise in health care enforcement and compliance provides clients with specialized insight into federal investigations and enforcement actions based on his knowledge of the government's case identification strategies, its legal theories, and its interpretation of the applicable laws, rules, and regulations. His HHS-OIG experience also allows him to share critical information with clients about the government's corporate governance expectations and compliance best practices. David routinely provides advice to clients on fraud and abuse issues, including matters arising under the False Claims Act, the Anti-Kickback Statute, the physician self-referral law (Stark Law), federal healthcare reimbursement, and other regulations promulgated by the Centers for Medicare & Medicaid Services, the Food and Drug Administration, and HHS-OIG. He also counsels clients about risk mitigation strategies, implementing compliance safeguards, responding to investigations or audits, identifying and returning overpayments, and submitting OIG self-disclosures.

In his role at HHS-OIG, David represented HHS-OIG in litigation and settlements under the Civil Monetary Penalties Law and False Claims Act, collaboratively recovering over \$118 million. He litigated appeals of provider exclusions before HHS's Departmental Appeals Board and served as an advisor in subsequent appeals to U.S. District Court. He expanded OIG's use of data analytics, and served as Litigation Hold Coordinator and the Affirmative Litigation Branch Component Liaison, where he provided related guidance and training to all OIG components on a variety of topics. David's government service roles span nearly two decades including time served as an attorney with the United States Department of Veterans Affairs (VA), OIG. There, he represented VAOIG before the Merit Systems Protection Board and Equal Employment Opportunity Commission, advised management on employee relations and human resources issues, and prepared referrals to VA's suspension and debarment committee. David also served as an Acting Veterans Law Judge at VA's Board of Veterans' Appeals where he supervised a team of attorneys, conducted administrative hearings with veterans, and adjudicated veterans' benefits appeals. Upon law school graduation, David clerked for Hon. Cheryl Johnson of the Court of Criminal Appeals of Texas, the court of last resort for all criminal matters in the state. David is a Certified Fraud Examiner (CFE), certified by the Association of Certified Fraud Examiners (ACFE).

# J. David Morrissy

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J. David Morrissy, co-head of the Firm's Washington, DC Office, is a member of the Litigation and Alternative Dispute Resolution Group and its Real Estate and Construction Group. David has a unique ability to specialize in two diverse areas of law: combining both complex business litigation and commercial real estate transactions. This dual ability allows David to craft efficient, innovative, and sophisticated solutions for clients to manage risk and pinpoint opportunities wherever their business intersects with legal challenges.

As a litigator and trial lawyer, David has achieved substantial success for clients in various business and personal disputes. His expertise has helped clients secure and enforce judgments, negotiate favorable settlements as plaintiffs and defendants in lawsuits of varying types and in obtaining emergency injunctive relief when faced with imminent threats. As a component to his litigation practice, David has a history of skillfully counseling employers through internal investigations regarding all aspects of their businesses and health care practices and operations, from issues relating to the physical plant of their buildings, to their websites, to their relationships with their employees and customers (including complaints relating to harassment and discrimination based on age, race, gender, national origin, and disability, as well as claims under the Americans With Disabilities Act).

At the same time, David is a tireless advocate for clients engaged in selling, purchasing, financing, developing, and leasing real estate, with a history of navigating transactions efficiently and effectively, delivering highly valued results. On many occasions, David's devotion to furthering his client's business objectives and collaborative approach resulted in the mutually profitable closing of even the most tense and tightly negotiated transactions.

Prior to joining the Firm, David was a partner and the managing attorney of the Washington, DC Office of a boutique law firm specializing in real estate finance and business litigation.

# Susan L. St. John

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Susan L. St. John is a partner at Garfunkel Wild based out of our Florida office. Having served as a health care financial consultant and Medicare Auditor prior to becoming a lawyer, Susan brings over 30 years of health care experience to clients on business planning, tax law, health care compliance, mergers and acquisitions, commercial transactions and health care regulatory matters. Susan combines sophisticated M&A negotiation skills, with a unique understanding of operations, financial and tax implications of transactional matters and structuring “the deal” to help her clients maximize value and minimize risk.

With a comprehensive understanding of the state and federal regulatory agencies, Susan has represented health care facilities and practitioners before the Florida Agency for Health Care Administration (AHCA) and the Centers for Medicare and Medicaid Services (CMS) concerning certification, billing, and audit issues relevant to the Medicare and Medicaid Programs. She has also provided practitioner and provider/facility representation in regards to licensing applications and licensing defense before Florida state agencies such as, Agency for Health Care Administration, Department of Health, Board of Medicine, Board of Osteopathic Medicine, Board of Nursing, Board of Podiatric Medicine, Board of Chiropractic Medicine, and Board of Optometry.

Susan has experience in health care litigation for physicians and other health care providers involved in disputes with various government agencies. She also has experience in litigation involving contract disputes and has defended clients before Florida courts, including the First District Court of Appeals, and administrative tribunals in various types of proceedings. Her clients include both for-profit and not-for-profit entities, physicians and physician group practices, home health agencies, nursing homes, behavioral health centers, hospitals and other providers.

Susan’s experience entails many years of advising clients on the Florida certificate of need (“CON”) process, including various hospital types, hospices, and specialty services. She has defended new applicants and existing providers opposing an application, and has a deep understanding of the criteria required for approval of a CON application.

# Eve Green Koopersmith

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Eve Green Koopersmith is Of Counsel at Garfunkel Wild, P.C. Eve's practice includes discharge planning, elder law, guardianship proceedings, Medicaid planning, litigation on behalf of hospitals and nursing homes, general health care and regulatory matters and compliance issues for nursing homes and home health agencies.

With particular experience in patient rights issues relating to hospitals, nursing homes, assisted living residences and home health agencies, Eve is frequently involved in matters concerning advance directives and life-sustaining treatment, discharge planning, retention and treatment issues for psychiatric patients, and assisted outpatient treatment matters. She also regularly advises hospitals and other providers regarding the confidentiality of specially protected records such as HIV, alcohol/substance abuse and mental health records. She also works with families of Special Needs individuals, establishing Supplemental Needs Trusts and advising families on Medicaid matters and other governmental benefits. She also has represented organizations devoted to working with special needs children.

Eve has lectured for the New York State Bar Association. She is also a contributing editor of the "Legal Manual for Physicians," published by the New York State Bar Association and Medical Society of the State of New York.



# Kristen M. Walsh

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Kristen Walsh concentrates her practice on complex estate planning, asset protection and wealth preservation, trust and estate administration, and elder law.

Kristen designs and implements estate plans that are specifically tailored for the needs and objectives of each of her clients. She drafts estate planning documents from the simple to the complex, including wills, revocable and irrevocable trusts, family agreements, and advance directives. Kristen's estate plans address estate and gift tax planning, elder care and special needs concerns, business succession planning, and lifetime and charitable giving.

In trust and estate administration matters, Kristen is involved in the preparation of gift and estate tax returns and the preparation of both informal and formal accountings. She advises executors and trustees on their fiduciary duties and advises beneficiaries on their rights. Kristen also represents clients in both contested and uncontested Surrogate's Court matters, including probate, administration, and accounting proceedings, and other trust and estate litigation matters.

Prior to joining the firm, Kristen was a Trusts & Estates associate at a prominent firm. She also previously served as a judicial intern for the Honorable Denis R. Hurley in the United States District Court for the Eastern District of New York.

# Bianca DeLeon

Associate

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Bianca DeLeon joined Garfunkel Wild, P.C. in 2023. Bianca drafts a variety of estate planning documents, including, but not limited to, living wills, health care proxies, durable power of attorneys, last will and testaments and trusts.

In trust and estate administration matters, Bianca is involved in the preparation and filing of probate and administration petitions as well as the preparation of estate tax returns. She also assists clients with the collection and distribution of estate assets.

Prior to joining the firm, Bianca was a trusts and estates associate in a boutique law firm in Westchester County.



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