Planning for Advance Care Together
Completing your Advance Directive

At OHSU, we strive to provide the best care possible. To meet this goal, it is important for us to know the level of care you desire and have a way to honor your wishes. One way to ensure that we do just that is by completing an Advance Directive. An Advance Directive is a document that helps communicate your health care wishes when you are not able to express them yourself. We encourage all of our patients, regardless of their health status or age, to have an Advance Directive. A copy of your Advance Directive should be in our health record because an unexpected injury or illness could happen to anybody at any time.
Goals of advance care planning

Advance care planning has two goals. One is to identify the kind of health care you want to receive, if you become unable to communicate your choices. The other goal is to name someone you trust to make health care decisions for you, in the event that you cannot do so yourself.

The Advance Directive, a State of Oregon legal document, communicates this information to your loved ones and to your health care providers.

The purpose of this packet is to help you complete your Advance Directive.

**THIS PACKET INCLUDES:**

1. The Conversation Starter Kit  
   (How to start the conversation with your family about your advance care planning)

2. How to complete your Advance Directive guide  
   (Step-by-step instructions on how to complete the Oregon Advance Directive form)

3. Oregon Advance Directive Form  
   (The actual legal document to complete)

If you have questions about any of the material in this packet, please ask your care providers.
Your Conversation Starter Kit

The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care.

We know that no guide and no single conversation can cover all the decisions that you and your family may face. What a conversation can do is provide a shared understanding of what matters most to you and your loved ones. This can make it easier to make decisions when the time comes.

Name: __________________________

Date: __________________________
This Starter Kit doesn’t answer every question, but it will help you get your thoughts together, and then have the conversation with your loved ones.

You can use it whether you are getting ready to tell someone else what you want, or you want to help someone else get ready to share their wishes.

Take your time. This kit is not meant to be completed in one sitting. It’s meant to be completed as you need it, throughout many conversations.

Step 1: Get Ready .......................... 7
Step 2: Get Set ............................... 9
Step 3: Go .................................. 12
Step 4: Keep Going ......................... 15
Step 1: Get Ready

There are a million reasons to avoid having the conversation. But it’s critically important. And you can do it.

Consider the facts.

More than 90% of the people think it’s important to talk about their loved ones’ and their own wishes for end-of-life care.

Less than 30% of people have discussed what they or their family wants when it comes to end-of-life care.

Source: National Survey by The Conversation Project 2013.

60% of people say that making sure their family is not burdened by tough decisions is “extremely important”

56% have not communicated their end-of-life wishes

Source: Survey of Californians by the California HealthCare Foundation (2012)

70% of people say they prefer to die at home

70% die in a hospital, nursing home, or long-term-care facility

Source: Centers for Disease Control (2005)

80% of people say that if seriously ill, they would want to talk to their doctor about end-of-life care

7% report having had an end-of-life conversation with their doctor

Source: Survey of Californians by the California HealthCare Foundation (2012)

82% of people say it’s important to put their wishes in writing

23% have actually done it

Source: Survey of Californians by the California HealthCare Foundation (2012)

One conversation can make all the difference.
Remember:

- You don’t need to talk about it just yet. Just think about it.
- You can start out by writing a letter—to yourself, a loved one, or a friend.
- Think about having a practice conversation with a friend.
- These conversations may reveal that you and your loved ones disagree. That’s okay. It’s important to simply know this, and to continue talking about it now—not during a medical crisis.

What do you need to think about or do before you feel ready to have the conversation?
Step 2: Get Set

Now, think about what you want for end-of-life care.

Start by thinking about what’s most important to you. What do you value most? What can you not imagine living without?

Now finish this sentence:
What matters to me at the end of life is

Sharing your “What matters to me” statement with your loved ones could be a big help down the road. It could help them communicate to your doctor what abilities are most important to you—what’s worth pursuing treatment for, and what isn’t.

Where I Stand scales
Use the scales below to figure out who you want your end-of-life care to be.

Select the number that best represents your feelings on the given scenario.

As a patient...

- 1 2 3 4 5

I only want to know the basics

I want to know as much as I can

Ignorance is bliss

I want to know how long I have to live

I want my doctors to do what they think is best

I want to have a say in every decision
Look at your answers.
What kind of role do you want to play in the decision-making process?

How long do you want to receive medical care?

- □ 1 I want to live as long as possible, no matter what
- □ 2 I’m worried that I won’t get enough care
- □ 3 I wouldn’t mind being cared for in a nursing facility
- □ 4 Quality of life is more important to me than quantity
- □ 5 I’m worried that I’ll get overly aggressive care
- □ 5 Living independently is a huge priority for me

Look at your answers.
What do you notice about the kind of care you want to receive?
How involved do you want your loved ones to be?

1. I want my loved ones to do exactly what I’ve said, even if it makes them a little uncomfortable at first.

2. I want to be alone.

3. I want my loved ones to do what brings them peace, even if it goes against what I’ve said.

4. I want to be surrounded by my loved ones.

5. I don’t want my loved ones to know everything about my health.

When the time comes, I want to be alone.

What role do you want your loved ones to play? Do you think that your loved ones know what you want or do you think they have no idea?

What do you feel are the three most important things that you want your friends, family and/or doctors to understand about your wishes for end-of-life care?

1. ____________________________________________________________________________________________

2. ____________________________________________________________________________________________

3. ____________________________________________________________________________________________
Step 3: Go

When you’re ready to have the conversation, think about the basics.

*Mark all that apply:*

**Who** do you want to talk to? Who do you trust to speak for you?

- [ ] Mom
- [ ] Dad
- [ ] Sibling
- [ ] Child/Children
- [ ] Partner/Spouse
- [ ] Minister/Priest/Rabbi
- [ ] Friend
- [ ] Doctor/Caregiver
- [ ] Other: ______________________

**When** would be a good time to talk?

- [ ] The next big holiday
- [ ] At Sunday dinner
- [ ] Before my kid goes to college
- [ ] Before my next big trip
- [ ] Before I get sick again
- [ ] Before the baby arrives
- [ ] Other: ______________________

**Where** would you feel comfortable talking?

- [ ] At the kitchen table
- [ ] At a cozy café or restaurant
- [ ] On a long drive
- [ ] On a walk or hike
- [ ] Sitting in a garden or park
- [ ] At my place of worship
- [ ] Other: ______________________

**What** do you want to be sure to say?

If you wrote down your three most important things at the end of Step 2, you can use those here.
How to start

Here are some ways you could break the ice:

- “I need your help with something.”
- Remember how someone in the family died—was it a “good” death or a “hard” death? How will yours be different?
- “I was thinking about what happened to (Uncle Joe), and it made me realize…”
- “Even though I’m okay right now, I’m worried that (I’ll get sick), and I want to be prepared.”
- “I need to think about the future. Will you help me?”
- “I just answered some questions about how I want the end of my life to be. I want you to see my answers. And I’m wondering what your answers would be.”

What to talk about

- When you think about the last phase of your life, what’s most important to you? How would you like this phase to be?
- Do you have any particular concerns about your health? About the last phase of your life?
- Who do you want (or not want) to be involved in your care? Who would you like to make decisions on your behalf if you’re not able to? (This person is your health care proxy.)
- Would you prefer to be actively involved in decisions about your care? Or would you rather have your doctors do what they think is best?
- Are there any disagreements or family tensions that you’re concerned about?
- Are there circumstances that you would consider worse than death? (Long-term need of a breathing machine or feeding tube, not being able to recognize your loved ones)
- Are there important milestones you’d like to meet if possible? (The birth of your grandchild, your 80th birthday)
Where do you want (or not want) to receive care? *(Home, nursing facility, hospital)*

What kinds of aggressive treatment would you want (or not want)? *(Resuscitation if your heart stops, breathing machine, feeding tube)*

When would it be okay to shift from a focus on curative care to a focus on comfort care alone?

What affairs do you need to get in order, to talk to your loved ones about? *(Personal finances, property, relationships)*

This list doesn’t cover everything you may need to think about, but it’s a good place to start. Talk to your doctor or nurse if you’re looking for more end-of-life care questions.

**Remember:**
- Be patient. Some people may need a little more time to think.
- You don’t have to steer the conversation; just let it happen.
- Don’t judge. A "good" death means different things to different people.
- Nothing is set in stone. You and your loved ones can always change your minds as circumstances shift.
- Every attempt at the conversation is valuable.
- This is the first of many conversations — you don’t have to cover everyone or everything right now

**Now, just go for it!**
Each conversation will empower you and your loved ones. You are getting ready to help each other live and die in a way that you choose.
Step 4: Keep Going

Congratulations!

Now that you have had the conversation, here are some legal and medical documents you should know about. Use them to record your wishes so they can be honored when the time comes.

- **Advance Care Planning (ACP):** the process of thinking about your wishes—exactly what you have been working on here.

- **Advance Directive (AD):** a document that describes your wishes.

- **Health Care Proxy (HCP):** identifies your health care agent (often called a "proxy"), the person you trust to act on your behalf if you are unable to make health care decisions or communicate your wishes. In some states, this is called the Durable Power of Attorney for Health Care. This is probably the most important document. Make sure you have many conversations with your proxy.

- **Living Will:** specifies which medical treatments you want or don’t want at the end of your life, or if you are no longer able to make decisions on your own (e.g. in a coma).

You can find more information about these documents from the link in the "Keep Going" section of the website Starter Kit at www.TheConversationProject.org.

Remember, this was the first of many conversations.

You can use the questions below to collect your thoughts about how your first talk went, and then look back to them when you prepare for future conversations.

Is there something you need to clarify that you feel was misunderstood or misinterpreted?
Who do you want to talk to next time? Are there people who should hear things at the same time (like siblings who disagree about everything)?

How did this conversation make you feel? What do you want to remember? What do you want your loved ones to remember?

What do you want to make sure to ask or talk about next time?

We hope you will share this Starter Kit with others. You have helped us get one conversation closer to our goal: that everyone’s end-of-life wishes are expressed and respected.
How to complete your Advance Directive — Part A

How to complete the Oregon Advance Directive Form, step by step

The Advance Directive doesn’t apply to any of your care right now. It only applies to care you would choose or refuse near the end of your life. It is designed to be filled out while you are healthy and capable. Hopefully, it won’t be needed for many years to come. It may never be needed. But if it is needed, you will be prepared.

An Advance Directive form is located at the end of this packet. The form has 5 parts (Parts A – E). Let’s start with Part A.

Part A begins with a general description of the Advance Directive.

1. Read this page. In summary, it says that:

   a. You have a choice to complete or not complete an Advance Directive.

   b. The Advance Directive allows you to designate someone to make health care decisions for you, if and when the time comes that you cannot make these decisions for yourself.

   c. The Advance Directive allows you to state what kind of health care you want to receive, if and when the time comes that you cannot communicate your health care choices.

   d. You can change your mind and change (or cancel) your Advance Directive at any time.
2. Print your name, birth date, and address on Page 2.

3. If you want this Advance Directive to remain in effect until and unless you alter it, place your initials next to “My entire life” (see box below). Most people choose this option.

If you want to set a time limit on your Advance Directive, place your initials next to “Other period” and write in how many years you want the Advance Directive to be in effect.

Remember:

• Your health care representative and health care providers will use the Advance Directive only when you are not able to make health care decisions for yourself.

• You can cancel or change the Advance Directive at any time.
How to complete your
Advance Directive — Part B

**Part B** is the section in which you name the person who will make your health care decisions for you if and when you are unable to do so. This person will be called your “health care representative” and is sometimes referred to as “surrogate decision maker” by health care providers.

A health care representative is someone who:

a. Is willing to accept the role of health care decision-maker for you

b. Understands what is important to you

c. You trust to honor your health care wishes

d. You trust to make the right decisions for you in a difficult or unclear situation

1. When you select someone, ask the person if he or she is willing to be your health care representative. Print the name, address, and telephone number of this person in the blank spaces.

2. If you want to name a second health care representative, print the name, address, and telephone number of that person in the next spaces.

3. The person(s) you selected should know that you chose him or her (or them) as your health care representative(s). He or she (or they) needs to sign on Part E of the document.

4. Because family members often have different opinions, it is important to let your entire family know who your health care representative is. That way, everyone will clearly understand who is going to make health care decisions for you in the event you cannot make them yourself.
You can place limits on the types of health care decisions your health care representative(s) can make for you.

1. Before filling out this section of the Advance Directive, you should carefully review Part C.

Part C is where you can specify whether you would want tube feeding and/or life support close to the end of your life.

You do not have to fill out Part C if you do not wish to make these choices in advance. You have the option of leaving these choices to your health care representative(s) and/or your care providers.

However, if you do fill out Part C, and you want to require your health care representative(s) to follow your instructions, write your initials in Part B in the space, under “Limits.”

(Note that the phrase “Health Care Instruction or Directive to Physicians” refers to Part C.)

On the blank lines after “Special Conditions or Instructions:” (as pictured), you can write in additional directions for your health care representative. This is in case you have wishes that you need your representative to honor, other than just those you have declared in Part C of the Advance Directive.

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Part B
Appointment of Health Care Representative
(Continued)

1. Limits

Special Conditions or Instructions:

INITIAL IF THIS APPLIES:

________________________
I have executed a Health Care Instruction or Directive to Physicians. My representative is to honor it.
2. If you want your health care representative(s) to make decisions regarding life support or tube feeding for you, place your initials in the spaces indicated by the arrows below under Life Support and Tube Feeding.

2. Life Support
"Life support" refers to any medical means for maintaining life, including procedures, devices and medications. If you refuse life support, you will still get routine measures to keep you clean and comfortable.

INITIAL IF THIS APPLIES:

My representative MAY decide about life support for me.
(If you don't initial this space, then your representative MAY NOT decide about life support.)

3. Tube Feeding
One sort of life support is food and water supplied artificially by medical device, known as tube feeding.

INITIAL IF THIS APPLIES:

My representative MAY decide about tube feeding for me.
(If you don't initial this space, then your representative MAY NOT decide about tube feeding.)

Tip: If you do not want your health care representative to make these decisions, he or she may not be the right person for this role.

3. Sign and date Part B at the bottom to confirm your choice of health care representative(s) and the decisions you are empowering them to make on your behalf.

Sign here to appoint a Health Care Representative

X

SIGNATURE OF PERSON MAKING APPOINTMENT

DATE
How to complete your
Advance Directive — Part C

In Part C, you can declare what kind of care you want to receive should you be unable to communicate your choices, and should you be in one of the following conditions:

• Close to death
• Permanently unconscious
• In the advanced stages of progressive illness
• Enduring extraordinary suffering

Note: These instructions are in case you are in any of these conditions. They do NOT apply to your current health care.

Tip: If you are not sure what life support and tube feeding are, or the medical conditions described here, talk to your health care provider about this.

1. Close to Death. Many people want life support and tube feeding if there is a chance they might get better. That is NOT what “close to death” means in this document. This document is asking if you want life support and tube feeding to prolong your dying process.

2. Permanently Unconscious. “Permanently unconscious” is a permanent coma or minimally conscious state. If you are permanently unconscious, you do not know where you are or who you are with. This document asks if you would want life support or tube feeding to keep you alive in this state.

3. Advanced Progressive Illness. This is a terminal illness in its late stages. Often, advanced progressive illness involves physical discomfort and a sharply reduced quality of life. Life support or tube feeding does not make the illness better but can prolong the time you are in this state.

4. Extraordinary Suffering. This is a situation in which you experience severe pain or discomfort, and nothing can significantly ease your suffering. Life support or tube feeding can prolong your life in this condition but not lessen your suffering.
By writing your initials next to your choices, you can select whether or not you would want to receive tube feeding and/or life support in any of the conditions described above.

A. INITIAL ONE:
   - I want to receive tube feeding.
   - I want tube feeding only as my physician recommends.
   - I DO NOT WANT tube feeding.

B. INITIAL ONE:
   - I want any other life support that may apply.
   - I want life support only as my physician recommends.
   - I want NO life support.

Tip: “My physician” (in the second choice) usually refers to the physicians who work in the intensive care unit, or to specialists who provide care when you are admitted to the hospital. It does not refer to your doctor who sees you regularly and knows you well. Your attending physician(s) at the hospital will probably not know how you think or what is important for you.
5. If you do not want life support or tube feeding under any circumstances, write your initials by Item 5 in Part C in the space provided.

6. If you have any additional instructions about the kind of care you want to receive in any specific condition, write them under Item 6.

Tip: It is hard to predict what may happen in the future. Your health care representative may have to make a decision that you have never talked about before. You could be in some type of critical condition other than those described above, requiring your representative to make choices for you. The following are examples of statements other patients have included to help guide their health care representatives in making decisions:

• “I trust my health care representative to make the decisions that she feels are best for me at that time, even if she is not sure what I would have chosen.”

• “I want my health care representative to do what he thinks I want, even if it makes him a little uncomfortable.”

• “If you have to decide between making me more comfortable or more awake, I would rather be more ____________________________.”
7. If you designate a health care representative(s) in this Advanced Directive (in Part B), but have also signed a different document in the past in which you named a health care representative(s), you must decide which document should be honored.

a. If you have NOT previously signed any documents appointing health care representative(s) for yourself, place your initials on the line next to the third option below Item 7, as indicated below.

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**7. Other Documents.** A “health care power of attorney” is any document you may have signed to appoint a representative to make health care decisions for you.

**INITIAL ONE:**

I have previously signed a health care power of attorney, and I want it to remain in effect unless I appointed a health care representative after signing the health care power of attorney.

I have a health care power of attorney, and I REVOKE IT.

I DO NOT have a health care power of attorney.

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**Tip:** States or health care institutions may use different names for a health care representative, such as Health Care Power of Attorney or Durable Power of Attorney for Health Care.
b. If you HAVE signed a document appointing a health care representative(s) prior to this Advance Directive, and you want that earlier document to remain in effect, place your initials on the line next to the first option under Item 7.

c. If you HAVE signed a document appointing a health care representative(s) prior to this Advance Directive, but want to replace that document with this one, place your initials on the line next to the second option under Item 7.

d. Sign and date this document to confirm your instructions.
How to complete your Advance Directive — Parts D and E

Part D must be signed by two witnesses for this Advance Directive to be a legal document.
Ask two persons to witness that you have completed and signed this Advance Directive. One witness must be neither your relative nor your health care provider. (A friend or workmate is fine.)

Tip: If you are at OHSU and do not have a witness available, volunteers may be found to witness and sign your Advance Directive. Ask your OHSU health care providers to call for volunteers.

NOTE: You do NOT need to have your Advance Directive notarized.

In Part E, the person(s) you selected in Part B needs to understand and accept the role of health care representative. Discuss your preferences and instructions with your health care representative(s). Make sure he or she (or they) knows what’s important to you. Then ask him or her (or them) to sign on Part E.

Congratulations, you now have a plan!
What are my next steps?

- Give a copy of your Advance Directive to all loved ones who are likely to show up when you get very ill.

- Talk about your Advance Directive with everyone in your family who is likely to show up when you get very ill. Make sure they know who you have designated to make your health care decisions when you are not able to make them yourself. If you did not name a health care representative in the Advanced Directive, make sure your family understands your wishes regarding the kind of care you want if you are not able to make decisions for yourself.

- Sometimes talking about what is important to you and what kind of care you want is difficult. You may find the “Your Conversation Starter Kit” included in this packet helpful for having this conversation with your family.

- Make sure that you give a copy of your Advance Directive to your health care providers and discuss the care that you want to receive. Ask your health care providers to upload your Advance Directive into your electronic medical record.
Part A
Important information about this Advance Directive

This is an important legal document. It can control critical decisions about your health care. Before signing, consider these important facts:

Facts about Part B (Appointing a Health Care Representative)

You have the right to name a person to direct your health care when you cannot do so. This person is called your “health care representative.” You can do this by using Part B of this form. Your representative must accept on Part E of this form.

In this document, you can write any restrictions you want on how your representative will make decisions for you. Your representative must follow your desires as stated in this document or otherwise made known. If your desires are unknown, your representative must try to act in your best interest. Your representative can resign at any time.

Facts about Part C (Giving Health Care Instruction)

You also have the right to give instructions for health care providers to follow if you become unable to direct your care. You can do this by using Part C of this form.

Facts about completing this form

- This form is valid only if you sign it voluntarily and when you are of sound mind. If you do not want an advance directive, you do not have to sign this form.

- Unless you have limited the duration of this directive, it will not expire. If you have set an expiration date, and you become unable to direct your health care before that date, this advance directive will not expire until you are able to make those decisions again.

- You may revoke this document at any time. To do so, notify your representative and your health care provider of the revocation.

- Despite this document, you have the right to decide your own health care as long as you are able to do so.

- If there is anything in this document that you do not understand, ask a lawyer to explain it to you.

- You may sign Part B, Part C, or both parts. You may cross out words that don’t express your wishes or add words that better express your wishes. Witnesses must sign Part D.
Part B
Appointment of Health Care Representative

I appoint ____________________________ as my health care representative.

My representative’s address is ____________________________

and telephone number is ____________________________.

I appoint ____________________________ as my alternate health care representative.

My alternate’s address is ____________________________

and telephone number is ____________________________.

I authorize my representative (or alternate) to direct my health care when I can’t do so.

NOTE: You may not appoint your doctor, an employee of your doctor, or an owner, operator or employee of your health care facility, unless that person is related to you by blood, marriage or adoption, or that person was appointed before your admission into the health care facility.
Part B
Appointment of Health Care Representative
(Continued)

1. Limits
Special Conditions or Instructions: ________________________________

INITIAL IF THIS APPLIES:

I have executed a Health Care Instruction or Directive to Physicians. My representative is to honor it.

2. Life Support
“Life support” refers to any medical means for maintaining life, including procedures, devices and medications. If you refuse life support, you will still get routine measures to keep you clean and comfortable.

INITIAL IF THIS APPLIES:

My representative MAY decide about life support for me.

(If you don’t initial this space, then your representative MAY NOT decide about life support.)

3. Tube Feeding
One sort of life support is food and water supplied artificially by medical device, known as tube feeding.

INITIAL IF THIS APPLIES:

My representative MAY decide about tube feeding for me.

(If you don’t initial this space, then your representative MAY NOT decide about tube feeding.)

Sign here to appoint a health care representative

X

SIGNATURE OF PERSON MAKING APPOINTMENT

DATE
NOTE: In filling out these instructions, keep the following in mind:

• The term “as my physician recommends” means that you want your physician to try life support if your physician believes it could be helpful and then discontinue it if it is not helping your health condition or symptoms.
• “Life support” and “tube feeding” are defined in Part B above.
• If you refuse tube feeding, you should understand that malnutrition, dehydration and death will probably result.
• You will get care for your comfort and cleanliness, no matter what choices you make.
• You may either give specific instructions by filling out Items 1 to 4 below, or you may use the general instruction provided by Item 5.

Here are my desires about my health care if my doctor and another knowledgeable doctor confirm that I am in a medical condition described below:

1. Close to Death. If I am close to death and life support would only postpone that moment of my death:

   A. INITIAL ONE:
   
   ________ I want to receive tube feeding.
   ________ I want tube feeding only as my physician recommends.
   ________ I DO NOT WANT tube feeding.

   B. INITIAL ONE:

   ________ I want any other life support that may apply.
   ________ I want life support only as my physician recommends.
   ________ I want NO life support.

2. Permanently Unconscious. If I am unconscious and it is very unlikely that I will ever become conscious again:

   A. INITIAL ONE:

   ________ I want to receive tube feeding.
   ________ I want tube feeding only as my physician recommends.
   ________ I DO NOT WANT tube feeding.

   B. INITIAL ONE:

   ________ I want any other life support that may apply.
   ________ I want life support only as my physician recommends.
   ________ I want NO life support.
Part C
Health Care Instructions
(Continued)

3. Advanced Progressive Illness. If I have a progressive illness that will be fatal and is in an advanced stage, and I am consistently and permanently unable to communicate by any means, swallow food and water safely, care for myself and recognize my family and other people, and it is very unlikely that my condition will substantially improve:

A. INITIAL ONE:

__________ I want to receive tube feeding.

__________ I want tube feeding only as my physician recommends.

__________ I DO NOT WANT tube feeding.

B. INITIAL ONE:

__________ I want any other life support that may apply.

__________ I want life support only as my physician recommends.

__________ I want NO life support.

4. Extraordinary Suffering. If life support would not help my medical condition and would make me suffer permanent and severe pain:

A. INITIAL ONE:

__________ I want to receive tube feeding.

__________ I want tube feeding only as my physician recommends.

__________ I DO NOT WANT tube feeding.

B. INITIAL ONE:

__________ I want any other life support that may apply.

__________ I want life support only as my physician recommends.

__________ I want NO life support.

5. General Instruction.

INITIAL IF THIS APPLIES:

__________ I do not want my life to be prolonged by life support. I also do not want tube feeding as life support.

I want my doctors to allow me to die naturally if my doctor and another knowledgeable doctor confirm I am in any of the medical conditions listed in Items 1 to 4 above.

6. Additional Conditions or Instructions. (Insert description of what you want done.)
Part C
Health Care Instructions
(Continued)

7. Other Documents. A “health care power of attorney” is any document you may have signed to appoint a representative to make health care decisions for you.

INITIAL ONE:

__________ I have previously signed a health care power of attorney. I want it to remain in effect unless I appointed a health care representative after signing the health care power of attorney.

__________ I have a health care power of attorney, and I REVOKE IT.

__________ I DO NOT have a health care power of attorney.

Sign here to give instructions

X

SIGNATURE OF PERSON MAKING APPOINTMENT

DATE

Part D
Declaration of Witnesses

We declare that the person signing this advance directive:

A Is personally known to us or has provided proof of identity;
B Signed or acknowledged that person's signature on the advance directive in our presence;
C Appears to be of sound mind and not under duress, fraud or undue influence;
D Has not appointed either of us as health care representative or alternative representative; and
E Is not a patient for whom either of us is attending physician.

Witnessed By:

X

SIGNATURE OF WITNESS / DATE

PRINTED NAME OF WITNESS

X

SIGNATURE OF WITNESS / DATE

PRINTED NAME OF WITNESS

NOTE: One witness must not be a relative (by blood, marriage or adoption) of the person signing this advance directive. That witness must also not be entitled to any portion of the person’s estate upon death. That witness must also not own, operate or be employed at a health care facility where the person is a patient or resident.
Part E
Acceptance by Health Care Representative

I accept this appointment and agree to serve as health care representative. I understand I must act consistently with the desires of the person I represent, as expressed in this advance directive or otherwise made known to me. If I do not know the desires of the person I represent, I have a duty to act in what I believe in good faith to be that person's best interest. I understand that this document allows me to decide about that person's health care only while that person cannot do so. I understand that the person who appointed me may revoke this appointment. If I learn that this document has been suspended or revoked, I will inform the person's current health care provider if known to me.

X
SIGNATURE OF HEALTH CARE REPRESENTATIVE / DATE

X
SIGNATURE OF ALTERNATE HEALTH CARE REPRESENTATIVE / DATE