

1           **Section 11. Optional Form**

2           The following form may be used to create an advance health-care directive.

3                           **ADVANCE HEALTH-CARE DIRECTIVE**

4                                   **HOW YOU USE THIS FORM**

5    You can use this form if you wish to name someone to make health-care decisions for you in case  
6    you cannot make them for yourself. This is called giving the person a Power of Attorney for  
7    Health Care. This person is called your Agent.

8  
9    You can also use this form to state your wishes, preferences, and goals for health care, and to say  
10   if you want to be an organ donor when you die.

11  
12                                   **YOUR NAME AND BIRTHDAY**

13  
14   Name:

15  
16   Date of birth:

17  
18                                   **PART A: NAMING AN AGENT**

19   This part lets you name someone else to make health-care decisions for you. You may leave any  
20   item blank.

21  
22   **1. NAMING AN AGENT**

23  
24       I want the following person to make health-care decisions for me if I cannot make decisions  
25       for myself:

26  
27       Name:

28  
29       Contact information including address, phone, and email (optional):

30  
31  
32   **2. NAMING AN ALTERNATE AGENT**

33  
34       I want the following person to make health-care decisions for me if I cannot and my Agent is  
35       not willing, able, or reasonably available to make them for me:

36  
37       Name:

38

1 Contact information including address, phone, and email (optional):  
2  
3

4 **3. LIMITING YOUR AGENT'S AUTHORITY**  
5

6 I give my Agent the power to make all health-care decisions for me if I cannot make those  
7 decisions for myself, except the following:  
8  
9

10  
11  
12 (If you do not add any limitations here, your Agent will be able make all health-care  
13 decisions that an Agent is permitted to make under state law.)  
14

15 **PART B: HEALTH CARE INSTRUCTION**  
16

17 This part lets you state your priorities for health care and the types of health care you do and do  
18 not want.  
19

20 **1. INSTRUCTIONS ABOUT LIFE-SUSTAINING TREATMENT**  
21

22 This section gives you the opportunity to say how you want your Agent to act while making  
23 decisions for you. You may mark or initial each item. You also may leave any item blank.  
24

25 Medical treatment needed to keep me alive but not needed for comfort or any other purpose  
26 should (mark all that apply):

- 27  Always be given to me.
- 28  Not be given to me if I have a condition that is not curable and is expected to  
29 cause my death soon, even if treated.
- 30  Not be given to me if I am unconscious and I am not expected to be conscious  
31 again.
- 32  Not be given to me if I have a medical condition from which I am not  
33 expected to recover that prevents me from communicating with people I care  
34 about, caring for myself, and recognizing family and friends.
- 35  Other (write what you want or do not want):  
36  
37

38 If I can't swallow and staying alive requires me to get liquid or food through a tube or other  
39 means for the rest of my life, liquid or food should (mark all that apply):

- 40  Always be given to me.
- 41  Not be given to me if I have a condition that is not curable and is expected to  
42 cause me to die soon even if treated.
- 43  Not be given to me if I am unconscious and am not expected to be conscious

- 1 again.  
2  Not be given to me if I have a medical condition from which I am not  
3 expected to recover that prevents me from communicating with people I care  
4 about, caring for myself, and recognizing family and friends.  
5  Other (write what you want or do not want):  
6  
7

8 If I am in significant pain, care that will keep me comfortable but is likely to shorten my life  
9 should (mark all that apply):

- 10  Always be given to me.  
11  Never be given to me.  
12  Be given to me if I have a condition that is not curable and is expected to  
13 cause me to die soon even if treated.  
14  Be given to me if I am unconscious and am not expected to be conscious  
15 again.  
16  Be given to me if I have a medical condition from which I am not  
17 expected to recover that prevents me from communicating with people I care  
18 about, caring for myself, and recognizing family and friends.  
19  Other (write what you want or do not want):  
20

## 21 2. INSTRUCTIONS ABOUT PRIORITIES

22  
23 You can use this section to indicate what is important to you, and what is not important to  
24 you. This information can help your Agent make decisions for you if you cannot. It also helps  
25 others understand your preferences.

26  
27 You may mark or initial each item. You also may leave any item blank.

28  
29 Staying alive as long as possible even if I have substantial physical limitations is:

- 30  Very important  
31  Somewhat important  
32  Not important  
33

34 Staying alive as long as possible even if I have substantial mental limitations is:

- 35  Very important  
36  Somewhat important  
37  Not important  
38

39 Being free from significant pain is:

- 40  Very important  
41  Somewhat important  
42  Not important  
43

1 Being independent is:

2  Very important

3  Somewhat important

4  Not important

5  
6 Having my Agent talk with my family before making decisions about my care is:

7  Very important

8  Somewhat important

9  Not important

10  
11 Having my Agent talk with my friends before making decisions about my care is:

12  Very important

13  Somewhat important

14  Not important

15  
16 **3. OTHER INSTRUCTIONS**

17  
18 You can use this section to provide more information about your goals, values, and  
19 preferences for treatment, including care you want or do not want.

20 You can also use this section to name anyone who you do not want to make decisions for you  
21 under any conditions.

22  
23 **PART C: OPTIONAL SPECIAL POWERS & GUIDANCE**

24  
25 This part allows you to give your Agent additional powers, and to provide more guidance about  
26 your wishes. You may mark or initial each item. You also may leave any item blank.

27  
28 **1. OPTIONAL SPECIAL POWERS**

29 My Agent can do the following things ONLY if I have initialed or marked them below:

30  Admit me as a voluntary patient to a facility for mental health treatment for up to  
31 7 days, or 14 days, or 30 days. (circle one)

32 (If I do not mark or initial this my Agent MAY NOT admit me as a voluntary  
33 patient to this type of facility.)

34  
35  Place me in a nursing home for more than 100 days even if my needs can be met  
36 somewhere else, I am not terminally ill, and I object.

37 (If I do not mark or initial this, my Agent may not do this.)

38  
39 **2. ACCESS TO MY HEALTH INFORMATION**

40  
41 My Agent may obtain, examine, and share information about my health needs and health care

1 if I am not able to make decisions for myself. If I initial or mark below, my agent may also  
2 do that at any time they think it will help me.  
3

4  My give my Agent permission to obtain, examine, and share information about  
5 my health needs and health care whenever they think it will help me  
6

### 7 **3. GUIDANCE FOR MY AGENT**

8

9 The instructions I stated in this document should guide my Agent in making decisions for me  
10 (initial or mark one of the below items to tell your Agent more about how to use these  
11 instructions):  
12

13  I give my Agent permission to be flexible in applying these instructions if they  
14 think it would be in my best interest based on what they know about me.

15  I want my Agent to follow these instructions exactly as written if possible, even if they  
16 think something else is better.  
17

### 18 **4. NOMINATION OF GUARDIAN**

19

20 Here you can say who you would want as your guardian if you needed one. A guardian is a  
21 person appointed by a court to make decisions for someone who cannot make decisions.  
22 Filling this out does NOT mean you want or need a guardian.  
23

24 If a court appoints a guardian to make personal decisions for me, I want the court to choose:

25  My Agent named in this form. If my Agent can't be a guardian, I want the  
26 Alternate Agent named in this form.

27  Other (write who you would want and their contact information):  
28

## 29 **PART D: ORGAN DONATION**

30

31 This part allows you to donate your organs when you die. You may mark or initial each item.  
32 You also may leave any item blank.  
33

34 Even if it requires maintaining treatments that could prolong my dying process, and may be in  
35 conflict with other instructions I have put in this form, upon my death:

36  I donate my organs, tissues, and other body parts.

37  I do not want my organs, tissues, or body parts donated to anybody for any reason.

38  I donate my organs, tissues, and other body part EXCEPT for those listed (list any  
39 body parts you do NOT want to donate):  
40  
41  
42  
43

- 1 My organs, tissues, and body parts may be used for:
- 2 ( ) Transplant
- 3 ( ) Therapy
- 4 ( ) Research
- 5 ( ) Education
- 6 ( ) All of the above

7

8 **PART E: SIGNATURES REQUIRED ON THIS FORM**

9

10 **YOUR SIGNATURE**

11

12 Sign your name:

13

14 Today's date:

15

16 **SIGNATURE OF A WITNESS**

17

18 You need a witness if you are using this form to name an Agent. The witness must be an adult  
19 and cannot be the person you are naming as Agent or the Agent's spouse, domestic partner, or  
20 someone the Agent lives with as a couple. If you live in a nursing home, the witness cannot be an  
21 employee of the home or someone who owns or runs the home.

22

23 Witness's name:

24

25 Witness's signature:

26

27 Date witness signed:

28 (Only sign as a witness if you think that the person signing above is doing it voluntarily).

29

30 **PART F: INFORMATION FOR AGENTS**

- 31
- 32 1. If this form appoints you as an Agent, you can make decisions about health care for the  
33 person who appointed you when they cannot make their own.
- 34
- 35 2. If you make a decision for the person, follow any instructions the person gave, including any  
36 in this form.
- 37
- 38 3. If you don't know what the person would want, make the decision that you think is in the  
39 person's best interest. To figure out what is in the person's best interest, consider the  
40 individual's values, preferences, and goals if you know them or can learn them. Some of  
41 these preferences may be in this form. You should also consider any behavior or  
42 communications from the person that indicate what they currently want.

- 1 4. If this form appoints you as an Agent, you can also get and share the individual's health
- 2 information. But unless the person has said so in this form, you can only get or share this
- 3 information when the person cannot make their own decisions about their health care.
- 4