



AN ADVANCE DIRECTIVE IS A LEGAL DOCUMENT.

YOU SHOULD KNOW THESE FACTS BEFORE SIGNING IT.

- This form allows you to choose who you want to make decisions about your health care when you cannot make decisions for yourself. This person is called your "agent." (In this document, the agent is referred to as the "healthcare proxy.") You should consider choosing an alternate in case your agent is unable to act.
- Agents must be 18 years old or older. They should be someone you know and trust. They cannot be anyone who is caring for you in a health care or residential care setting.
- This form is an "advance directive" that defines a way to make medical decisions in the future, when you are not able to make decisions for yourself. It is not a medical order (e.g., it is not in and of itself a DNR (do not resuscitate order or (POLST)).
- You will always make your own decisions until your medical practitioner examines you and certifies that you can no longer understand or make a decision for yourself. At that point, your "agent" becomes the person who can make decisions for you. If you get better, you will make your own healthcare decisions again.
- With few exceptions(*), when you are unable to make your own medical decisions, your agent will make them for you, unless you limit your agent's authority in this form. Your agent can agree to start or stop medical treatment, including near the end of your life. Some people do not want to allow their agent to make some decisions.

Examples of what you might write in include: "I do NOT want my agent ...

- to ask for or agree to stop life-sustaining treatment (such as breathing machines, medically-administered nutrition and/ or hydration (tube feeding), kidney dialysis, other mechanical devices, blood transfusions, and certain drugs).

- to ask for or to agree to a Do Not Resuscitate Order (DNR order)."

- to agree to treatment even if I object to it in the moment, after I have lost the ability to make health care decisions for myself."

- The law allows your agent to put you in a clinical trial (medical study) or to agree to new or experimental treatment that is meant to benefit you if you have a disease or condition that is immediately life-threatening or if untreated, may cause a serious disability or impairment (for example new treatment for a pandemic infection that is not yet proven). You may change this by writing in the durable power of attorney for health care form:

ordm "I want my agent to be able to agree to medical studies or experimental treatment in any situation." or

ordm "I don't want to participate in medical studies or experimental treatment even if the treatment may help me or I will likely die without it."

- Your agent must try to make the best decisions for you, based on what you have said or written in the past. Tell your agent that you have appointed them as your healthcare decision maker. Talk to your agent about your wishes.
- You may add a section to this form in which you can write down wishes, values, or goals as guidance for your agent, surrogate, and/or medical practitioners in making decisions about your medical treatment.

- You do not need a lawyer to complete this form, but feel free to talk to a lawyer if you have questions about it.
- You must sign this form in the physical presence of 2 witnesses or a notary or justice of the peace for it to be valid. The witnesses cannot be your agent, spouse, heir, or anyone named in your will, trust or who may otherwise receive your property at your death, or your attending medical practitioner or anyone who works directly under them. Only one witness can be employed by your health or residential care provider.
- Give copies of the completed form to your agent, your medical providers, and your lawyer.

* Exceptions: Your agent may not stop you from eating or drinking as you want. They also cannot agree to voluntary admission to a state institution; voluntary sterilization; withholding life-sustaining treatment if you are pregnant, unless it will severely harm you; or psychosurgery.