

ALTRU ADVANCED HEALTHCARE DIRECTIVE – SHORT FORM

Full Name: _____ Date of Birth: _____

Appointing Healthcare Agents

1. I appoint the following person to serve as my primary (main) healthcare agent. This person will make healthcare decisions for me if I cannot communicate or make these decisions myself.

Name _____ Relationship _____

Phone _____

2. I appoint the following person as my alternate healthcare agent in the event my primary (main) healthcare agent is not available.

Name _____ Relationship _____

Phone _____

3. I give the following instructions about my healthcare, such as my values and beliefs, what I do and do not want, views about specific medical treatments or situations: (If you need more space, consider using the long form.) _____

Explanation of Healthcare Agents' Powers and Responsibilities

Each person appointed by this document to serve as an agent for the principal's healthcare decisions is given power of attorney for healthcare only. Healthcare agents have a duty to act consistently with the desires of the principal as expressed in this appointment. This document gives appointed healthcare agents authority over healthcare decisions for the principal only if the principal becomes incapacitated. Healthcare agents must act in good faith in exercising authority under this power of attorney for healthcare. The principal may revoke this power of attorney at any time in any manner. If an appointed agent chooses to withdraw during the time the principal is competent, they must notify the principal of their decision. If an appointed agent chooses to withdraw when the principal is not able to make healthcare decisions, they must notify the principal's physician.

Principal's Statement

I have read and understand the above written explanation of the nature and effect of an appointment of a healthcare agent. This document revokes any prior advanced healthcare directive. I effect the appointment of my agent(s) and sign my name to this Advanced Healthcare Directive.

_____ Date _____
(Signature of Principal)

Notary Public

In my presence on _____ (date), _____ (name of principal) acknowledged the principal's signature on this document or acknowledged that the principal directed the person signing this document to sign on the principal's behalf.

Signature of Notary Public: _____

My commission expires _____, 20_____.

Hospital use only:

This document is complete.

COMMON QUESTIONS

Do I have to complete this Advanced Healthcare Directive?

No. It is completely voluntary and can be changed or revoked at any time. It is intended to express your wishes when you are unable to express them for yourself. You may complete it when you wish or decide you do not wish to complete it. However, completing this form will help make sure you get the care you want and make it easier for those who will make choices for you when you are unable to make them for yourself.

What is a healthcare agent?

A healthcare agent is someone that you choose to make healthcare decisions for you when you cannot. Typically, this would be a family member or close friend who knows you, understands your values, and with whom you have discussed your healthcare preferences. Showing this document to your agent and talking about what you want and do not want with your agent is an important part of this process.

What should I include in my instructions?

You may be as specific or general as you like. You may include:

- your goals, values, and preferences about medical care
- the types of medical treatment you would or would not want
- how you want your agent(s) to decide
- where you would like to receive care (such as at home or a hospital)
- whether you would prefer to die at home or the hospital
- whether or not you would like to donate your organs, tissue, and/or eyes
- whether you would want to be buried or cremated

Statements like “I do not want to be on a breathing machine” are different than “I do not want to be on a breathing machine long-term.” What if you needed to be on a machine for a short time and would recover? These are the types of questions you will want to consider.

DNR/DNI/DNH Orders

Do-Not-Resuscitate (no CPR), Do-Not-Intubate (no breathing machine), and Do-Not-Hospitalize orders can be a part of your care plan. Advanced Healthcare Directives can also address your preferences for pain management, having family present, and spiritual care needs.

Why does this document need to be notarized?

Advanced Healthcare Directives are legal documents that must be notarized to ensure your safety and to make sure these are your medical care preferences.

What about property and finances?

Advanced Healthcare Directives are intended only for medical care. Advanced Healthcare Directives should not include any additional information such as your will, any finances, or estate materials. For your own safety and privacy, do not include any of those documents.

Why is this called the short form?

There are different Advanced Healthcare Directive forms. This short form is used mainly to appoint healthcare agents and give simple directions. The long form goes into more details and situations.

Need help?

If you would like help completing this Advanced Healthcare Directive form, please contact Altru's Spiritual Care Office at (701) 780-5300.