

**Altru Health Systems**  
**Advanced Healthcare Directive – Short Form**

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Appointing Agents**

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell phone \_\_\_\_\_ Other contact \_\_\_\_\_

2. (Optional): I appoint the following person as my alternate health care agent in the event my primary health care agent is not available:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell phone \_\_\_\_\_ Other contact \_\_\_\_\_

3. (Optional): I give the following instructions about my health care (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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCEPTANCE OF APPOINTMENT OF HEALTH CARE AGENT**

I accept this appointment and agree to serve as agent for health care decisions. I understand I have a duty to act consistently with the desires of the principal as expressed in this appointment. I understand that this document gives me authority over health care decisions for the principal only if the principal becomes incapacitated. I understand that I must act in good faith in exercising my authority under this power of attorney. I understand that the principal may revoke this power of attorney at any time in any manner.

If I choose to withdraw during the time the principal is competent, I must notify the principal of my decision. If I choose to withdraw when the principal is not able to make health care decisions, I must notify the principal's physician.

I have read a written explanation of the nature and effect of an appointment of a health care agent that is attached to my health care directive.

\_\_\_\_\_  
(Signature of agent/date) (Signature of alternate agent/date)

This document revokes any prior Advanced Health Care Directive. I effect the appointment of my agents and sign my name to this Healthcare Directive

Signature \_\_\_\_\_ on date \_\_\_\_\_

**Notary Public**

In my presence on \_\_\_\_\_ (date), \_\_\_\_\_ (name of principal) acknowledged his/her signature on this document or acknowledged that he/she directed the person signing this document to sign on his/her behalf.

Signature of Notary Public: \_\_\_\_\_

My commission expires \_\_\_\_\_, 20\_\_\_\_.

## Common Questions

Do I have to complete this Health Care Directive?

No. A Healthcare Directive 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.

## What is a health care “agent?”

An agent is someone that you choose to make health care decisions for you when you cannot. A family member or close friend who knows you and you have talked to about what you would want and understands your values. Showing this document and talking about what you want and do not want with your agent is part of this process. North Dakota law requires the agent to sign the document.

## What should I include in my Instructions?

Think about what you want for your health care and other wishes you may have. 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 or agents to decide.
- where you would like to receive care (such as at home or a hospital).
- whether or not you would like to donate your organs, tissues, and eyes.
- being buried or cremated.
- would you like to die at home, or the hospital?

Try to be clear about what you want. Statements like “I do not want to be on a breathing machine” is 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?

## 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. Health Care directives can also include wishes for pain management, having family present, spiritual needs you may have.

## Why does this document need to be Notarized?

Advanced Healthcare Directives are legal documents and your agent agrees to abide by your wishes. Altru Health Systems requires the document to be notarized to ensure your safety and to make sure these are your wishes. You may have this document notarized by any Notary Public.

## What about property and finances?

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

## Why is this the short form?

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

## Need help?

If you would like help completing this document, please contact Altru Health Systems Pastoral Services Office at 701-780-5300.

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## Hospital use only:

- This document is complete       Not a North Dakota Resident
- Agents are unable to sign but have agreed verbally.      Acknowledged by: \_\_\_\_\_
- The agents will sign copies of this document and will return them to  
Altru Pastoral Services Box 6002      Grand Forks, ND 58206-6002
- This document is being done in good faith in an urgent/emergent time and will be completed or revoked

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