

**Shape Your  
Health Care Future  
with**

**HEALTH CARE  
ADVANCE  
DIRECTIVES**

**Caution:**

This booklet presents general information about the law and does not necessarily apply to your individual situation or constitute legal advice. Every person's circumstances are different. Also, laws vary from state to state, particularly about the formalities for completion such as witnesses and notaries. For example, as of January 1995, California, Ohio, Texas and Vermont require the use of its state statutory forms and Michigan requires the agent's signature on the advance directive. Therefore, it is important to seek advice about your own state's law and how it applies to your situation.

You can get information about your state's law from AARP's Legal Counsel for the Elderly and other organizations listed on page 6.

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# **INTRODUCTION TO HEALTH CARE ADVANCE DIRECTIVES**

## **What Is A Health Care Advance Directive?**

A health care advance directive is a document in which you give instructions about your health care if, in the future, you cannot speak for yourself. You can give someone you name (your "agent" or "proxy") the power to make health care decisions for you. You also can give instructions about the kind of health care you do or do not want.

In a traditional Living Will, you state your wishes about life-sustaining medical treatments if you are terminally ill. In a Health Care Power of Attorney, you appoint someone else to make medical treatment decisions for you if you cannot make them for yourself.

The Health Care Advance Directive in this booklet combines and expands the traditional Living Will and Health Care Power of Attorney into a single, comprehensive document.

## **Why Is It Useful?**

Unlike most Living Wills, a Health Care Advance Directive is not limited to cases of terminal illness. If you cannot make or communicate decisions because of a temporary or permanent illness or injury, a Health Care Advance Directive helps you keep control over health care decisions that are important to you. In your Health Care Advance Directive, you state your wishes about any aspect of your health care, including decisions about life-sustaining treatment, and choose a person to make and communicate these decisions for you.

Appointing an agent is particularly important. At the time a decision needs to be made, your agent can participate in discussions and weigh the pros and cons of treatment decisions based on your wishes. Your agent can decide for you wherever you cannot decide for yourself, even if your decision-making ability is only temporarily affected.

Unless you formally appoint someone to decide for you, many health care providers and institutions will make critical decisions for you that might not be based on your wishes. In some situations, a court may have to appoint a guardian unless you have an advance directive.

An advance directive also can relieve family stress. By expressing your wishes in advance, you help family or friends who might otherwise struggle to decide on their own what you would want done.

## **Are Health Care Advance Directives Legally Valid In Every State?**

Yes. Every state and the District of Columbia has laws that permit individuals to sign documents stating their wishes about health care decisions when they cannot speak for themselves. The specifics of these laws vary, but the basic principle of listening to the patient's wishes is the same everywhere. The law gives great weight to any form of written directive. If the courts become involved, they usually try to follow the patient's stated values and preferences, especially if they are in written form. A Health Care Advance Directive may be the most convincing evidence of your wishes you can create.

## **What Does A Health Care Advance Directive Say?**

There are two parts to the Health Care Advance Directive in this booklet.

The most important part of the advance directive is the appointment of someone (your agent) to make health care decisions for you if you cannot decide for yourself. You can define how much or how little authority you want your agent to have. You also can name persons to act as alternate agents if your primary agent cannot act for you, and disqualify specific persons whom you do not want to make decision for you.

If there is no one whom you trust fully to serve as your agent, then you should not name an agent. Instead, you can rely on the second part of the Advance Directive to make your wishes known.

In the second part of the Advance Directive, you can provide specific instructions about your health care treatment. You also can include a statement about donating your organs. Your instructions in the second part provide evidence of your wishes that your agent, or anyone providing you with medical care, should follow.

**You can complete either or both parts of the Health Care Advance Directive.**

## **How Do I Make A Health Care Advance Directive?**

The process for creating a Health Care Advance Directive depends on where you live. Most states have laws that provide special forms and signing procedures.

Most states also have special witnessing requirements and restrictions on whom you can appoint as your agent (such as prohibiting a health care provider from being your agent). Follow these rules carefully.

Typically, states require two witnesses. Some require or permit a notarized signature. Some have special witnessing requirements if you live in a nursing home or similar facility. Even where witnesses are not required, consider using them anyway to reinforce the deliberate nature of your act and to increase the likelihood that care providers in other states will accept the document.

If you use the form included here, you should be able to meet most states' requirements. However, you may want to check the rules in your state.

In formulating your goals of treatment, it is often

## **If I Change My Mind, Can I Cancel Or Change A Health Care Advance Directive?**

Yes, you can cancel or change your Health Care Advance Directive by telling your agent or health care provider in writing of your decision to do so. Destroying all copies of the old one and creating a new one is the best way. Make sure you give a copy of the new one to your physician and anyone else who received the old one.

## **What Do I Need To Consider Before Making A Health Care Advance Directive?**

There are at least four important questions to ask yourself:

**First — What Are My Goals for Medical Treatment?** The Health Care Advance Directive may determine what happens to you over a period of disability or at the very final stage of your life. You can help others respect your wishes if you take some steps now to make your treatment preferences clear.

While it is impossible to anticipate all of the different medical decisions that may come up, you can make your preferences clear by stating your goals for medical treatment. What do you want treatment to accomplish? Is it enough that treatment could prolong your life, whatever your quality of life? Or, if life-sustaining treatment could not restore consciousness or your ability to communicate with family members or friends, would you rather stop treatment?

Once you have stated your goals of treatment, your family and physicians can make medical decisions for you on the basis of your goals. If treatment would help achieve one of your goals, the treatment would be provided. If treatment would not help achieve one of your goals, the treatment would not be provided. helpful to consider your wishes about different

end-of-life treatments and then asking yourself why do you feel that way. If you would not want to be kept alive by a ventilator, what is it about being on a ventilator that troubles you? Is it the loss of mobility, the lack of independence, or some other factor? Would it matter if you needed a ventilator for only a few days rather than many months? The answers to these kinds of questions will reflect important values that you hold and that will help you shape your goals of treatment.

Another way to become clear about your goals of treatment is to create a "Values History." In doing a Values History, you examine your values and attitudes, discuss them with loved ones or advisors and write down your responses to questions such as:

- How do you feel about your current health?
- How important is independence and self-sufficiency in your life?
- How do you imagine handling illness, disability, dying, and death?
- How might your personal relationships affect medical decision-making, especially near the end of life?
- What role should doctors and other health professionals play in such decisions?
- What kind of living environment is important to you if you become seriously ill or disabled?
- How much should the cost to your family be a part of the decision-making process?
- What role do religious beliefs play in decisions about your health care?
- What are your thoughts about life in general in its final stages: your hopes and fears, enjoyments and sorrows?

Once you have identified your values, you can use them to decide what you want medical treatment to accomplish.

**Second — Who Should Be My Agent?** Choosing your agent is the most important part of this process. Your agent will have great power over your health and personal care if you cannot make your own decisions. Normally, no one oversees or monitors your agent's decisions.

Choose one person to serve as your agent to avoid disagreements. If you appoint two or more agents to serve together and they disagree, your medical caregivers will have no clear direction. If possible, appoint at least one alternate agent in case your primary agent is not available.

Speak to the person (and alternate agents) you wish to appoint beforehand to explain your desires. Confirm their willingness to act for you and their understanding of your wishes. Also be aware that some states will not let certain persons (such as your doctor) act as your agent. **If you can think of no one you trust to carry out this responsibility, then do not name an agent.** Make sure, however, that you provide instructions that will guide your doctor or a court-appointed decision-maker.

**Third — How Specific Should I Be?** A Health Care Advance Directive does not have to give directions or guidelines for your agent. However, if you have specific wishes or preferences, it is important to spell them out in the document itself. Also discuss them with your agent and health care providers. These discussions will help ensure that your wishes, values and preferences will be respected. Make sure to think about your wishes about artificial feeding (nutrition and hydration), since people sometimes have very different views on this topic.

At the same time, be aware that you cannot cover all the bases. It is impossible to predict all the circumstances you may face. Simple statements like "I never want to be placed on a ventilator" may not reflect your true wishes. You might want ventilator assistance if it were temporary and you then could resume your normal activities. No matter how much direction you provide, your agent will still need considerable discretion and flexibility. **Write instructions carefully so they do not restrict the authority of your agent in ways you did not intend.**

**Fourth — How Can I Make Sure That Health Care Providers Will Follow My Advance Directive?** Regardless of the laws about advance directives in your state, some physicians, hospitals or other health care providers may have personal views or values that do not agree with your stated desires. As a result, they may not want to follow your Health Care Advance Directive.

Most state laws give doctors the right to refuse to honor your advance directive on conscience grounds. However, they generally must help you find a doctor or hospital that will honor your directive. The best way to avoid this problem is to talk to your physician and other health care providers ahead of time. Make sure they understand the document and your wishes, and they have no objections. If there are objections, work them out, or change physicians.

Once you sign a Health Care Advance Directive, be sure to give a copy of it to your doctor and to your agent, close relatives, and anyone else who may be involved in your care.

## **What Happens If I Do Not Have An Advance Directive?**

If you do not have an advance directive and you cannot make health care decisions, some state laws give decision-making power to default decision-makers or "surrogates." These surrogates, who are usually family members in order of kinship, can make some or all health care decisions. Some states authorize a "close friend" to make decisions, but usually only when family members are unavailable.

Even without such statutes, most doctors and health facilities routinely consult family, as long as there are close family members available and there is no disagreement. However, problems can arise because family members may not know what the patient would want in a given situation. They also may disagree about the best course of action. Disagreement can easily undermine family consent. A hospital physician or specialist who does not know you well may become your decision-maker, or a court proceeding may be necessary to resolve a disagreement.

In these situations, decisions about your health care may not reflect your wishes or may be made by persons you would not choose. Family members and persons close to you may go through needless agony in making life and death decisions without your guidance. It is far better to make your wishes known and appoint an agent ahead of time through a Health Care Advance Directive.

## Who Can Help Me Create A Health Care Advance Directive?

You do not need a lawyer to make a Health Care Advance Directive. However, a lawyer can be helpful if your family situation is uncertain or complex, or you expect problems to arise. Start by talking to someone who knows you well and can help you state your values and wishes considering your family and medical history.

Your doctor is an important participant in creating your Health Care Advance Directive. Discuss the kinds of medical problems you may face, based on your current health and health history. Your doctor can help you understand the treatment choices your agent may face. Share your ideas for instructions with your doctor to make sure medical care providers can understand them.

You can obtain up-to-date state-by-state information about advance directives, along with statutory forms, if they exist in your state, from:

- **Legal Counsel for the Elderly (LCE)**  
American Association of Retired Persons  
P.O. Box 96474  
Washington, DC 20090-6474

LCE has state-specific guidebooks about advance directives. If you want to order a booklet, send \$5 per booklet (for shipping and handling) to the above address.

- **Choice In Dying, Inc.**, a non-profit educational organization located at 200 Varick Street, New York, NY 10014-4810. Telephone: 1-800-989-WILL.
- Hospital associations, medical societies or bar associations in your state or county, or your local area agency on aging (AAA) may provide forms for your state.

If your state has a statutory form, remember that preprinted forms — including the one contained in this booklet — may not meet all your needs. Take the time to consider all possibilities and seek advice so that the document you develop meets your special needs.

If you want legal help, contact your state or local Office on Aging. These offices usually are quite familiar with health care issues and local resources for legal assistance. You also can contact the bar association for your state or locality. Its lawyer referral service may be able to refer you to an attorney who handles this type of matter. Finally, organizations that deal with planning for incapacity, such as your local Alzheimer's Association chapter, may be able to provide advice or referrals.

**HEALTH CARE  
ADVANCE  
DIRECTIVE**

**FORM AND  
INSTRUCTIONS**

# Health Care Advance Directive

## INSTRUCTIONS

**CAUTION: This Health Care Advance Directive is a general form provided for your convenience. While it meets the legal requirements of most states, it may or may not fit the requirements of your particular state. Many states have special forms or special procedures for creating Health Care Advance Directives. Even if your state's law does not clearly recognize this document, it may still provide an effective statement of your wishes if you cannot speak for yourself.**

### Section 1- HEALTH CARE AGENT

Print your full name here as the "principal" or creator of the health care advance directive.

Print the full name, address and telephone number of the person (age 18 or older) you appoint as your health care agent. Appoint *only* a person with whom you have talked and whom you trust to understand and carry out your values and wishes.

Many states limit the persons who can serve as your agent. If you want to meet all existing state restrictions *do not* name any of the following as your agent, since some states will not let them act in that role:

- your health care providers, including physicians;
- staff of health care facilities or nursing care facilities providing your care;
- guardians of your finances (also called conservators);
- employees of government agencies financially responsible for your care
- any person serving as agent for 10 or more persons.

### Section 2 - ALTERNATE AGENTS

It is a good idea to name alternate agents in case your first agent is not available. Of course, only appoint alternates if you fully trust them to act faithfully as your agent and you have talked to them about serving as your agent. Print the appropriate information in this paragraph. You can name as many alternate agents as you wish, but place them in the order you wish them to serve.

### Section 3 - EFFECTIVE DATE AND DURABILITY

This sample document is effective if and when you cannot make health care decisions. Your agent and your doctor determine if you are in this condition. Some state laws include specific procedures for determining your decision-making ability. If you wish, you can include other effective dates or other criteria for determining that you cannot make health care decisions (such as requiring two physicians to evaluate your decision-making ability). You also can state that the power will end at some later date or event before death.

In any case, you have the *right to revoke* or take away the agent's authority at any time. To revoke, notify your agent or health care provider orally or in writing. If you revoke, it is best to notify in writing both your agent and physician and anyone else who has a copy of the directive. Also destroy the health care advance directive document itself.

**Health Care  
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**INSTRUCTIONS**  
*continued*

**Section 4 — AGENT'S POWERS**

This grant of power is intended to be as broad as possible. Unless you set limits, your agent will have authority to make any decision you could make to obtain or stop any type of health care.

Even under this broad grant of authority, your agent still must follow your wishes and directions, communicated by you in any manner now or in the future.

**To specifically limit or direct your agent's power, you must complete Section 6 in Part II of the advance directive.**

**Section 5 — MY INSTRUCTIONS ABOUT END-OF-LIFE TREATMENT**

The subject of end-of-life treatment is particularly important to many people. In this paragraph, you can give general or specific instructions on the subject. The different paragraphs are options — *choose only one*, or write your desires or instructions in your own words (in the last option). If you are satisfied with your agent's knowledge of your values and wishes and you do not want to include instructions in the form, initial the first option and do not give instructions in the form.

Any instructions you give here will guide your agent. If you do not appoint an agent, they will guide any health care providers or surrogate decision-makers who must make a decision for you if you cannot do so yourself. The instruction choices in the form describe different treatment goals you may prefer, depending on your condition.

**Directive In Your Own Words.** If you would like to state your wishes about end-of-life treatment in your own words instead of choosing one of the options provided, you can do so in this section. Since people sometimes have different opinions on whether nutrition and hydration should be refused or stopped under certain circumstances, be sure to address this issue clearly in your directive. Nutrition and hydration means food and fluids given through a nasogastric tube or tube into your stomach, intestines, or veins, and *does not include* non-intrusive methods such as spoon feeding or moistening of lips and mouth.

Some states allow the stopping of nutrition and hydration only if you expressly authorize it. If you are creating your own directive, and you do not want nutrition and hydration, state so clearly.

**Section 6 — ANY OTHER HEALTH CARE INSTRUCTIONS OR LIMITATIONS OR MODIFICATIONS OF MY AGENT'S POWERS**

In this section, you can provide instructions about other health care issues that are

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**INSTRUCTIONS**

*continued*

not end-of-life treatment or nutrition and hydration. For example, you might want to include your wishes about issues like non-emergency surgery, elective medical treatments or admission to a nursing home. Again, be careful in these instructions not to place limitations on your agent that you do not intend. For example, while you may not want to be admitted to a nursing home, placing such a restriction may make things impossible for your agent if other options are not available.

You also may limit your agent's powers in any way you wish. For example, you can instruct your agent to refuse any specific types of treatment that are against your religious beliefs or unacceptable to you for any other reasons. These might include blood transfusions, electro-convulsive therapy, sterilization, abortion, amputation, psychosurgery, or admission to a mental institution, etc. Some states limit your agent's authority to consent to or refuse some of these procedures, regardless of your health care advance directive.

Be very careful about stating limitations, because the specific circumstances surrounding future health care decisions are impossible to predict. If you do not want any limitations, simply write in "*No limitations.*"

**Section 7 — PROTECTION OF THIRD PARTIES WHO RELY ON MY AGENT**

In most states, health care providers cannot be forced to follow the directions of your agent if they object. However most states also require providers to help transfer you to another provider who is willing to honor your instructions. To encourage compliance with the health care advance directive, this paragraph states that providers who rely in good faith on the agent's statements and decisions will not be held civilly liable for their actions.

**Section 8 — DONATION OF ORGANS AT DEATH**

In this section you can state your intention to donate bodily organs and tissues at death. If you do not wish to be an organ donor, initial the first option. The second option is a donation of any or all organs or parts. The third option allows you to donate only those organs or tissues you specify. Consider mentioning the heart, liver, lung, kidney, pancreas, intestine, cornea, bone, skin, heart valves, tendons, ligaments, and saphenous vein in the leg. Finally, you may limit the use of your organs by *crossing out* any of the four purposes listed that you do not want (transplant, therapy, research or education). If you do not cross out any of these options, your organs may be used for any of these purposes.

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**INSTRUCTIONS**  
*continued*

**Section 9 — NOMINATION OF GUARDIAN**

Appointing a health care agent helps to avoid a court-appointed guardian for health care decision-making. However, if a court becomes involved for any reason, this paragraph expressly names your agent to serve as guardian. A court does not have to follow your nomination, but normally it will honor your wishes unless there is good reason to override your choice.

**Section 10 — ADMINISTRATIVE PROVISIONS**

These items address miscellaneous matters that could affect the implementation of your health care advance directive.

**SIGNING THE DOCUMENT**

Required state procedures for signing this kind of document vary. Some require only a signature, while others have very detailed witnessing requirements. Some states simply require notarization.

The procedure in this booklet is likely to be far more complex than your state law requires because it combines the formal requirements from virtually every state. Follow it if you do not know your state's requirements and you want to meet the signature requirements of virtually every state.

First, sign and date the document in the presence of two witnesses and a notary.

Your witnesses should know your identity personally and be able to declare that you appear to be of sound mind and under no duress or undue influence.

In order to meet the different witnessing requirements of most states, do **not** have the following people witness your signature:

- Anyone you have chosen to make health care decisions on your behalf (agent or alternate agents).
- Your treating physician, health care provider, health facility operator, or an employee of any of these.
- Insurers or employees of your life/health insurance provider.
- Anyone financially responsible for your health care costs.
- Anyone related to you by blood, marriage, or adoption.

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- Anyone entitled to any part of your estate under an existing will or by operation of law, or anyone who will benefit financially from your death. Your creditors should not serve as witnesses.

**INSTRUCTIONS**

*continued*

*If you are in a nursing home or other institution,* a few states have additional witnessing requirements. This form does not include witnessing language for this situation. Contact a patient advocate or an ombudsman to find out about the state's requirements in these cases.

Second, have your signature notarized. Some states permit notarization as an alternative to witnessing. Doing both witnessing and notarization is more than most states require, but doing both will meet the execution requirements of most states. This form includes a typical notary statement, but it is wise to check state law in case it requires a special form of notary acknowledgment.

**Health Care Advance Directive**  
**Part I Appointment of Health Care Agent**

**1. HEALTH CARE AGENT**

I, \_\_\_\_\_ hereby appoint:  
PRINCIPAL

\_\_\_\_\_  
AGENT'S NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME PHONE# WORK PHONE#

as my agent to make health and personal care decisions for me as authorized in this document.

**2. ALTERNATE AGENTS**

- IF
- I revoke my Agent's authority; or
  - my Agent becomes unwilling or unavailable to act; or
  - if my agent is my spouse and I become legally separated or divorced,

I name the following (each to act alone and successively, in the order named) as alternates to my Agent:

A. First Alternate Agent \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

B. Second Alternate Agent \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

### **3. EFFECTIVE DATE AND DURABILITY**

By this document I intend to create a health care advance directive. It is effective upon, and only during, any period in which I cannot make or communicate a choice regarding a particular health care decision. My agent, attending physician and any other necessary experts should determine that I am unable to make choices about health care.

### **4. AGENT'S POWERS**

I give my Agent full authority to make health care decisions for me. My Agent shall follow my wishes as known to my Agent either through this document or through other means. When my agent interprets my wishes, I intend my Agent's authority to be as broad as possible, except for any limitations I state in this form. In making any decision, my Agent shall try to discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my Agent cannot determine the choice I would want, then my Agent shall make a choice for me based upon what my Agent believes to be in my best interests.

Unless specifically limited by Section 6, below, my Agent is authorized as follows:

- A.** To consent, refuse, or withdraw consent to any and all types of health care. Health care means any care, treatment, service or procedure to maintain, diagnose or otherwise affect an individual's physical or mental condition. It includes, but is not limited to, artificial respiration, nutritional support and hydration, medication and cardiopulmonary resuscitation;
- B.** To have access to medical records and information to the same extent that I am entitled, including the right to disclose the contents to others as appropriate for my health care;
- C.** To authorize my admission to or discharge (even against medical advice) from any hospital, nursing home, residential care, assisted living or similar facility or service;
- D.** To contract on my behalf for any health care related service or facility on my behalf, without my Agent incurring personal financial liability for such contracts;
- E.** To hire and fire medical, social service, and other support personnel responsible for my care;
- F.** To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of (but not intentionally cause) my death;
- G.** To make anatomical gifts of part or all of my body for medical purposes, authorize an autopsy, and direct the disposition of my remains, to the extent permitted by law;
- H.** To take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice; and pursuing any legal action in my name at the expense of my estate to force compliance with my wishes as determined by my Agent, or to seek actual or punitive damages for the failure to comply.

**Health Care Advance Directive**  
**Part II**      *Instructions About Health Care*

**5. MY INSTRUCTIONS ABOUT END-OF-LIFE TREATMENT**

*(Initial only ONE of the following statements)*

\_\_\_\_\_ **NO SPECIFIC INSTRUCTIONS.** My agent knows my values and wishes, so I do not wish to include any specific instructions here.

**DIRECTIVE TO WITHHOLD OR WITHDRAW TREATMENT.** Although I greatly value life, I also believe that at some point, life has such diminished value that medical treatment should be stopped, and I should be allowed to die. Therefore, I do not want to receive treatment, including nutrition and hydration, when the treatment will not give me a meaningful quality of life. I do not want my life prolonged...

\_\_\_\_\_ ... if the treatment will leave me in a condition of permanent unconsciousness, such as with an irreversible coma or a persistent vegetative state.

\_\_\_\_\_ ... if the treatment will leave me with no more than some consciousness and in an irreversible condition of complete, or nearly complete, loss of ability to think or communicate with others.

\_\_\_\_\_ ... if the treatment will leave me with no more than some ability to think or communicate with others, and the likely risks and burdens of treatment outweigh the expected benefits. Risks, burdens and benefits include consideration of length of life, quality of life, financial costs, and my personal dignity and privacy.

\_\_\_\_\_ **DIRECTIVE TO RECEIVE TREATMENT.** I want my life to be prolonged as long as possible, no matter what my quality of life.

\_\_\_\_\_ **DIRECTIVE ABOUT END-OF-LIFE TREATMENT IN MY OWN WORDS:**

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**6. ANY OTHER HEALTH CARE INSTRUCTIONS OR LIMITATIONS OR MODIFICATIONS OF MY AGENTS POWERS**

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**7. PROTECTION OF THIRD PARTIES WHO RELY ON MY AGENT**

No person who relies in good faith upon any representations by my Agent or Alternate Agent(s) shall be liable to me, my estate, my heirs or assigns, for recognizing the Agent's authority.

**8. DONATION OF ORGANS AT DEATH**

Upon my death:  
*(Initial one)*

- I do *not* wish to donate any organs or tissue, OR
- I give *any* needed organs, tissues, or parts, OR
- I give *only* the following organs, tissues, or parts:  
*(please specify)*

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My gift (if any) is for the following purposes:  
*(Cross out any of the following you do not want)*

- Transplant
- Research
- Therapy
- Education

**9. NOMINATION OF GUARDIAN**

If a guardian of my person should for any reason need to be appointed, I nominate my Agent (or his or her alternate then authorized to act), named above.

**10. ADMINISTRATIVE PROVISIONS**

*(All apply)*

- I revoke any prior health care advance directive.
- This health care advance directive is intended to be valid in any jurisdiction in which it is presented.
- A copy of this advance directive is intended to have the same effect as the original.

**SIGNING THE DOCUMENT**

**BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY AGENT.**

I sign my name to this Health Care Advance Directive on this

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

My Signature\_\_\_\_\_

My Name\_\_\_\_\_

My current home address is\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WITNESS STATEMENT**

I declare that the person who signed or acknowledged this document is personally known to me, that he/she signed or acknowledged this health care advance directive in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence.

*I am not:*

- the person appointed as agent by this document,
- the principal's health care provider,
- an employee of the principal's health care provider,
- financially responsible for the principal's health care,
- related to the principal by blood, marriage, or adoption, and,
- to the best of my knowledge, a creditor of the principal/or entitled to any part of his/her estate under a will now existing or by operation of law.

**Witness #1:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Residence Address

**Witness #2:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Residence Address

**NOTARIZATION**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,

the said \_\_\_\_\_, known to me (or satisfactorily proven) to be the person named in the foregoing instrument, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that he or she freely and voluntarily executed the same for the purposes stated therein.

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC