

Advance Directive Completion Instructions

Please assure that your advance directive is completed correctly or it may not be valid.

INFORMATIONAL PAGES:

Page 1: Information about Advance Care Planning & a Table of Contents

Page 2: Frequently Asked Questions.

Page 3: Knowing the Medical Terminology.

ADVANCE DIRECTIVE PAGES:

Page 4: Advance Directive Introduction

- Enter the information at the bottom of the page identifying who the advance directive is for.

➤ **PART 1: CHOOSING MY PATIENT ADVOCATE**

Page 5: Information regarding your patient advocate(s) responsibilities.

- Fill out the top portion as indicated.

Page 6: My Patient Advocate

- If you have a religious belief that prohibits examination by a physician or other medical professional, check the first box.
- Write in the names of the individual(s) you trust most to carry out your wishes during times when you are unable to do so for yourself. These people are referred to as your *Patient Advocate*, your *First alternate/Successor Patient Advocate* and your *Second Alternate/Successor Patient Advocate*.
- It is strongly advised to choose a first alternate patient advocate; in case we are unable to contact the primary patient advocate.
- These individuals should be listed in ranking order such that if the primary person is unwilling or unable to speak on your behalf, we would move to the next individual.

➤ **PART 2: YOUR SIGNATURE**

Page 7: Signature Page

- Read the information in the top box. Indicate whether you agree or disagree with giving your patient advocate permission to withhold or withdraw care that doing so could or would allow your death.
- You sign your name on the signature line in the middle of the page in front of TWO witnesses.
 - The bullets above the witness signatures indicates witness requirements.
 - Assure both witnesses have checked the box indicating they have meet the requirements.

➤ **PART 3: YOUR PATIENT ADVOCATE(S) SIGNATURE:**

Page 8: Accepting the Role of Patient Advocate

- Information regarding your patient advocate(s) agreement to take reasonable steps to follow your medical decisions and instructions written in the document or spoken by you.

Page 9: Patient Advocate(s) Signature and Contact Information

- All persons listed on page 6 must sign acceptance to the patient advocate role on page 9.

➤ **PART 4- MAKE YOUR OWN HEALTHCARE CHOICES**

Page 10: Preferences for Spiritual/Religious & End of Life Care

- Indicate your spiritual/religious preference, if any, in the top box
- Indicate your end of life preferences, if any, in the bottom box.

Page 11: Preferences for Anatomical Gifts- Organ/Tissue/Body Donation

- Indicate your preferences for organ donation, if any.

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➤ **PART 4- MAKE YOUR OWN CHOICES KNOWN TO OTHERS (cont.)**

Page 12: Autopsy Preference

- Indicate your preferences for autopsy, if any.

Page 13: Treatment Preference (Goals of Care)

- Read the bold sentence in the box and imagine if you were in that situation.
- Indicate what treatments to prolong your life that you would want, if any.

Page 14: Cardiopulmonary Resuscitation (CPR)

- Information at the top about DNR orders.
- Read the bold sentence in the box and imagine if you were in that situation.
- Indicate what your decision would be about CPR, if any.
- If you have additional specific instructions, please written them in the space provide or include additional pages that would outline additional specific instructions.
- Sign your name and date at the bottom of the page.

➤ **PART 5- MAKE YOUR OWN MENTAL HEALTH CHOICES**

Page 15: Preferences for Mental Health Examination and Treatment

- If you have a preference physician or psychiatrist, enter the information in the top box.
- In the second box, indicate which mental health treatment decisions you'd authorize your patient advocate to make, if any.

Congratulations on completing your advance directive!

We strongly encourage you to make copies and provide one to your patient advocates(s), your doctors, and the hospital you would most likely receive care. We also encourage you to complete the Wallet Card and place it in your wallet.

ONCE YOUR ADVANCE DIRECTIVE IS COMPLETE AND ALL SIGNATURES ARE OBTAINED:

1. You keep the original
2. Make a copy of the original and provide one to:
 - i. your primary care physician
 - ii. the local hospital for which you would receive care, if needed
 - iii. your patient's advocate(s).

To provide a copy to one of the Munson Healthcare Hospitals, chose from one of the following:

- Drop a copy off in the main lobby of the hospital nearest you.
 - They may make a copy for you if needed. Make sure the original is returned to you.
- Mail a copy to the hospital nearest you. Addresses are listed on the back of the Advance Directive booklet.
- Scan and email a copy to: MMC-HIM-AMD@mhc.net
- Fax all pages to 231-935-6615