

You may either name an agent or multiple agents to make health care decisions for you when you cannot, leave written instructions to guide others in making health care decisions for you or do both. You should discuss your health care treatment wishes with all potential agents to be sure he/she/they will follow your instructions before you name that person on your health care directive.

If you do not wish to appoint an agent, you may leave Part I blank and go to Part II. In either case, you must complete Part III for the document to be valid.

You cannot appoint a health care provider or employee of a provider giving direct care to you when you complete this form or when decisions are made unless:

- *he or she is related by blood or marriage*
- *you state why you want him or her.*

The law allows you to name an alternative agent(s). You should discuss your health care wishes with all agents or potential alternative agent(s) to be sure he/she/they will follow your instructions. Your alternative agent(s) can be one of your health care providers.

Minnesota Health Care Directive

I, _____,
(print name)

understand this document allows me to do **one or both** of the following:

PART I: Name another person (called the health care agent) to make health care decisions for me if I am unable to decide or speak for myself. My health care agent can: make health care decisions for me if I am unable to make and communicate decisions for myself, make decisions based on any instruction in Part II of this document or in other documents, make decisions based on what he or she knows about my wishes and act in my best interest if instructions are not available.

and/or

PART II: Give health care instructions to guide others making health care decisions for me. If I have named a health care agent, these instructions are to be used by the agent. These instructions may also be used by my health care providers, others assisting with my health care and my family, in the event I cannot make decisions for myself.

PART I: APPOINTMENT OF HEALTH CARE AGENT

This is who I want to make health care decisions for me if I am unable to decide or speak for myself. (I know I can change my agent or alternate agent at any time and I know I do not *have* to appoint an agent or an alternate agent.)

When I am unable to decide or speak for myself, I trust and appoint _____ to make health care decisions for me.

This person is called my health care agent.

Relationship of my health care agent to me: _____

Telephone number of my health care agent: _____

Address of my health care agent: _____

(Optional) APPOINTMENT OF ALTERNATE HEALTH CARE AGENT:

If my health care agent is not reasonably available, I trust and appoint _____ to be my health care agent instead.

Relationship of my alternate health care agent to me: _____

Telephone number of my alternate health care agent: _____

Address of my alternate health care agent: _____

Your health care agent is automatically given the powers listed in A through D. Your health care agent must follow your health care instructions in this document or any other instructions you have given to your agent. If you have not given health care instructions, then your agent must act in your best interest.

Intrusive mental health treatment can include electroshock therapy and neuroleptic medication.

Your health care agent is **not** automatically given the powers listed in 1 through 4

Complete this Part II if you wish to give health care instructions. If you appointed an agent in Part I, completing this Part II is optional but would be very helpful to your agent. However, if you choose not to appoint an agent in Part I, you

This is what I want my health care agent to be able to do if I am unable to decide or speak for myself. (I know I can change these choices.)

Whenever I am unable to or choose not to decide or speak for myself, my health care agent has the power to:

A) Make any health care decision for me. This includes the power to give, refuse or withdraw consent to any care, treatment, service or procedures. This includes deciding whether to stop or not start health care which is keeping me or might keep me alive.

Regarding mental health treatment, my agent and any alternative agents have the power to make decisions relating to intrusive mental health treatment.

B) Choose my health care providers.

C) Choose where I live and receive care and support when those choices relate to my health care needs.

D) Review my medical records and have the same rights that I would have to give my medical records to other people.

If I **do not** want my health care agent to have a power listed above in A through D or if I want to **limit** any power in A through D, I **must** say that here: _____

Additional Powers

If I **want** my agent to have any of the powers listed in 1 through 4, I must **initial** the line in front of the power; then my agent **will have** that power.

- _____ 1) To decide whether to donate my organs when I die.
- _____ 2) To decide what will happen with my body when I die (burial, cremation).
- _____ 3) In the event I am pregnant, to determine whether all efforts should be made to continue my pregnancy to delivery based upon understanding of my values, preferences or instructions.
- _____ 4) For my spouse to continue as health care agent even in the event of marriage dissolution or annulment.

If I want to say anything more about my health care agent's powers or limits on the powers, I can say it here: _____

PART II: HEALTH CARE INSTRUCTIONS

These are instructions for my health care when I am unable to decide or speak for myself. These instructions must be followed (so long as they address my needs).

These are my beliefs and values about my health care (I know I can change these choices or leave any of them blank.)

I want you to know these things about me to help you make decisions about my

must complete some or all of this Part II if you wish to make a valid health care directive.

health care:

My goals for health care: _____

My fears about my health care: _____

My spiritual or religious beliefs or traditions: _____

My beliefs about when life would no longer be worth living: _____

My thoughts about how my medical condition might affect my family: _____

This is what I want and do not want for my health care (I know I can change these choices or leave any of them blank)

Many medical treatments may be used to try to improve my medical condition or to prolong my life. Examples include artificial breathing by a machine connected to a tube in the lungs, artificial feeding or fluids through tubes, attempts to start a stopped heart, surgeries, dialysis, antibiotics and blood transfusions. Most medical treatments can be tried for a while and then stopped if they do not help.

You can discuss general feelings, specific treatments or leave any of them blank.

If I had a reasonable chance of recovery and were temporarily unable to decide or speak for myself, I would want: _____

You may wish to state your preferences regarding cardiopulmonary resuscitation (CPR), mechanical respiration, comfort care, pain control, artificial hydration and nutrition (IV or tube feeding) dialysis, antibiotics, surgery or other treatments.

If I were dying and unable to decide or speak for myself, I would want:

If I were permanently unconscious and unable to decide or speak for myself, I would want: _____

If I were completely dependent on others for my care and unable to decide or speak for myself, I would want: _____

In most cases, you may also choose a trial period of treatment which can be stopped if the treatment does not help you recover or restore function, or if the treatment becomes burdensome or causes too much suffering.

In all circumstances, my doctors will try to keep me comfortable and reduce my pain. This is how I feel about pain relief if it would affect my alertness or if it could shorten my life: _____

Keep in mind that some of these directives may be governed by your health plan.

There are other things that I want or do not want for my health care, if possible:

Who I would like to be my doctor: _____

Where I would like to receive health care: _____

Where I would like to die and other wishes I have about dying: _____

My wishes about donating parts of my body when I die: _____

My wishes about what happens to my body when I die: _____

Any other things: _____

PART III: MAKING THE DOCUMENT LEGAL

You must sign and date your health care directive. A signature can be any mark you choose (such as an "X"). If you are unable to write, the document can be signed for you by someone you ask.

This document must be signed by me. It also must either be verified by a notary public (Option 1) OR witnessed by two witnesses (Option 2). It must be dated when it is verified or witnessed.

I am thinking clearly, I agree with everything that is written in this document and I have made this document willingly.

(My signature) (Date)

Date of birth: _____

Address: _____

Phone: Home) _____ Work) _____

Social Security Number: _____

If I cannot sign my name, I can ask someone to sign this document for me.

(Signature of the person whom I asked to sign this document for me)

(Printed name of the person whom I asked to sign this document for me.)

*You must sign and date your health care directive **in the presence of** a notary public (Option 1) or two witnesses (Option 2).*

In my presence on _____(date), _____(name) acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf. I am not named as a health care agent or alternate health care agent in this document.

(Notary seal)

*You must sign and date your health care directive **in the presence of** two witnesses (Option 2) or a*

Witness one:

(i) In my presence on _____(date), _____(name)

notary public (Option 1).

acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf.

(ii) I am at least 18 years of age.

(iii) I am not named as a health care agent or an alternate health care agent in this document.

(iv) If I am a health care provider or an employee of a health care provider giving direct care to the person listed at the beginning of this document, I must initial this box.

I certify that the information in (i) through (iv) is true and correct.

(Signature of witness one)

Address: _____

Witness two:

(i) In my presence on _____(date), _____(name) acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf.

(ii) I am at least 18 years of age.

(iii) I am not named as a health care agent or an alternate health care agent in this document.

(iv) If I am a health care provider or an employee of a health care provider giving direct care to the person listed at the beginning of this document, I must initial this box.

I certify that the information in (i) through (iv) is true and correct.

(Signature of witness two)

Address: _____

REMINDER: Keep this document with your personal papers in a safe place (not in a safe deposit box). Give signed copies to your doctors, family, close friends, health care agent and alternate health care agent. Make sure your doctor is willing to follow your wishes. This document should be part of your medical record at your physician's office and at the hospital, home care agency, hospice or nursing facility where you receive your care. For hard copies of this form, call Fairview at 612-672-7272. Outside the metro area, call 800-824-1953.

Fairview Policy

We will honor your health care directive or advance directive to the fullest extent possible, consistent with reasonable medical practice, availability of treatments requested and applicable law. If you would like further information, contact any staff member.

Information provided through a collaborative effort of
Fairview Health Services and HealthEast.



Minnesota Advance Health Care Directive - Frequently Asked Questions

What is a health care directive?

A health care directive is a form of authorization you give in advance about the kinds of health care you would or would not want if, for any reason, you cannot or choose not to communicate for yourself. In it you can either name an agent(s) to make health care decisions for you, leave written instructions to guide others in making health care decisions for you or do both. Health care providers are obligated to follow these directions. In Minnesota as of August 1, 1998, there is a new form for making a health care directive. This form replaces the living will and durable power of attorney for health care. However, each of those forms will still be honored if it complies with the law in effect at the time you completed it or if it meets the following six criteria:

- it is in writing
- it is dated
- it states the principal's name
 - it is executed by the principal with the capacity to do so
 - its execution is verified by a notary or two witnesses
 - it includes either a health care instruction or a named health care agent (health care power of attorney) or both.

Who can make a health care directive?

Any person 18 or older with the capacity to execute a health care directive.

How long does a health care directive last?

Health care directives or other advance directives do not expire, but you should review them periodically to make sure they continue to fit your needs. You should also check with your provider about whether you have to renew your health care directive under their policies.

What kinds of health care decisions should I consider when I write my health care directive?

You should consider your thoughts and feelings on what you would like to achieve through health care treatment and your beliefs and values related to health care and related issues.

What if my health care provider refuses to follow the instructions of my health care agent?

Your agent has the same ability as you do to make decisions about health care. Health care providers must follow the health care agent's directions to the extent allowed by reasonable medical practice. This does not mean the health care agent can demand treatment that will not help you or that the provider is not able to provide. If the provider is not able to comply with the agent's directions for life-sustaining treatment, the provider must promptly transfer you to

another provider who is able to do so.

Who should know about my health care directive?

You decide who may see your health care directive. It is a good idea to tell your health care agent, family, close friends, health care provider, and attorney and give them copies of it. Do not keep it in a safe deposit box where it would be inaccessible when needed.

Will I still be treated if I do not make a health care directive?

Yes. Making a health care directive is your choice. A provider can't discriminate against you based on whether or not you have a health care directive.

If I have other questions, whom should I ask?

If you have any other questions about health care directives, your own unique situation or your options, contact your doctor, other health care provider, attorney or other qualified advisor. These people should be able to answer most of your questions.

Information provided through a collaborative effort of Fairview Health Services and HealthEast.

Minnesota Advance Health Care Directive - Common Terms

Advance Directive: A written tool used to guide health care decisions when an individual is unable to do so because of incapacity. Most people are familiar with the terms “living will” or “durable power of attorney for health care” as types of advance directives.

Health Care Directive: As of August 1, 1998, Minnesota law was changed to make it easier and less confusing to complete an advance directive. The new advance directive is called a “health care directive.” It combines the general purposes of the living will and durable power of attorney for health care.

Health Care Agent: One or more persons legally authorized to make health care decisions for another who is not able to communicate.

Beware! Don't confuse an advance directive with other estate planning tools.

Will: A legal document written to have control over what happens to one's property and assets when one dies. It does not involve health care decisions.

Power of Attorney: A legal document in which one person gives another the authority to make specific **financial** decisions. Unless specifically written to do so, it does not cover health care decisions.

Did You Know?

- ◆ Once a health care directive is written, it can be changed or revoked as long as you have capacity. You can draft a statement, in writing and dated, stating your intent to cancel your health care directive. You can also cancel it by stating your intent to do so in the presence of two witnesses who do not have to be present at the same time. To change your health care directive you should make a new one. Any previous directives will be revoked if they are different. You should tell others who know about your health care directive that you have changed or canceled it.
- ◆ A health care directive does not require an attorney to complete. A suggested form and suggestions for completing it are included here.
- ◆ It is illegal for a health care provider to require you to complete an advance directive. Health care providers *are* required to tell you about advance directive laws in Minnesota and note whether or not you have an advance directive in your medical file.
- ◆ It is unlawful for anyone to withhold knowledge of the existence of an advance directive.
- ◆ Laws regarding advance directives are not the same in all fifty states in the U.S. If you spend a great deal of time in another state, or move to another state, be sure you understand the laws. An advance directive document executed in another state can be used in Minnesota if the document complies with the law of the other state and is consistent with the laws of Minnesota.
- ◆ You may indicate you have a health care directive on your Minnesota driver's license or other sources of identification in your wallet or billfold.
- ◆ If you do not have a health care directive and can't make your own health care choices, your providers will probably talk to your family about what treatment is best for you. If there is disagreement, someone may seek appointment of a guardian or conservator. If this happens, you have no control over who will be named, and you can't be sure your wishes will be followed.

- ◆ It is just as important for individuals who want to initiate or continue medical treatment to leave written instructions as it is for individuals who have other preferences.
- ◆ Your health care directive can state that you wish to donate your organs when you die. You can state any limits or special wishes concerning your organ donation. Your next of kin may be asked for permission to donate your organs even if you do not mention a donation in your health care directive. You can also state in your health care directive that you do not wish to donate your organs. Your health care directive does not have to say anything about organ donation.
- ◆ A pregnant woman can state in her health care directive what type of care she does and does not want for herself as well as her unborn child. However, if a pregnant woman does not indicate her wishes on her directive, the law will assume the woman wants all care possible to preserve the life of her unborn child.

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