

Please read everything on the document carefully. Some of the highlights for completing an Advanced Directive are as follows:

Page 1: Remove page one for your information.

Page 2: Under “Designation of Agent” name the person that you would want to be your decision-maker if you were ever unable to make health care decisions for yourself. This person should be someone you most trust to carryout your wishes regarding medical treatment. This person will be considered your “surrogate”.

The “Optional” section should only be filled in if you choose to name an alternate decision-maker.

“Agent’s Authority” is filled out if you have any special wishes to be made known.

Page 3: Page 3 should be initialed to indicate when you want your agents' authority to take effect.

Page 4: Page 4 allows you to express your wishes.

Page 5: Reflects your wishes about organ donation. Leave blank if not interested.

Page 6: “Part 4” – Optional to list your primary care physician. Optional to list a secondary primary physician if your first choice is not available.

Page 7: "Part 5" - If you are not using a notary public, two witnesses are necessary. Please read carefully the “Statement of Witnesses” which explains the criteria for those you are using as your witnesses. REMEMBER: Only ONE of your witnesses can be related to you by blood, marriage or adoption. Your second witness must also sign the very bottom line; “Additional Statement of Witnesses” stating that he or she is NOT related to you.

Page 8: The top of page 8 is if you choose to use a notary public instead of two witnesses. “Part 6” is to be signed if you are a patient in a skilled nursing facility.

After it is all signed and witnessed, you should make copies for: 1) anyone named as your decision maker; 2) your primary care physician; 3) the hospital(s) you are most likely to use. The original document should be kept by you in a safe, but ACCESSIBLE, place. If you wish you might send a copy to the hospital Attention: Medical Records.

Please call if we can help with any part of the completion of the form, or if you have any questions or concerns about its contents.

### *Clinical Services*

Social Worker	848-5335
Case Manager	848-4136