



Health Care Directive

Informing others about your wishes for your health care

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury.

Information in this booklet tells about health care directives and how to prepare them. Refer to the *Health Care Directive Questions and Answers* on page 9 of this document. Please note the content of this document does not give every detail of the law.

Introduction

I have completed this Health Care Directive with much thought. This document gives my treatment choices and preferences, and/or appoints a Health Care Agent to speak for me if I cannot communicate or make my own health care decisions. My Health Care Agent, if named, is able to make medical decisions for me, including the decision to refuse treatments that I do not want.

NOTE: *This document does not apply to intrusive mental health treatments, de ined as electroconvulsive therapy or neuroleptic medications*

Any advance directive document created before this is no longer legal or valid.

My Name: _____

My date of birth: _____

My address: _____

My telephone numbers: (home): _____ (cell): _____

My initials here indicate a professional medical interpreter helped me complete this document: _____

This is the directive of (name): _____ **Date Completed:** _____

Part 1; My Health Care Agent

If I cannot communicate my wishes and health care decisions due to illness or injury, or if my health care team determines that I cannot make my own health care decisions, I choose the following person to communicate my wishes and make my health care decisions. My Health Care Agent must:

- Follow my health care instructions in this document.
- Follow any other health care instructions I have given to him or her.
- Make decisions in my best interest.

My Primary (main) Health Care Agent is:

Name: _____ Relationship: _____

Telephone numbers: (H) _____ (C) _____ (W) _____

Full Address: _____

If I cancel my primary agent's authority, or if my primary agent is not willing, able, or reasonably available to make health care decisions for me, I choose an alternate Health Care Agent.

My Alternate Health Care Agent is:

Name: _____ Relationship: _____

Telephone numbers: (H) _____ (C) _____ (W) _____

Full Address: _____

I understand my Health Care Agent (primary or alternate) cannot be a health care provider or employee of a health care provider giving me direct care to me unless I:

- Am related to that person by blood or marriage, registered domestic partnership, or adoption
- Provide a clear reason why I want that person to serve as my agent:

Powers of my Health Care Agent:

My Health Care Agent automatically has all the following powers when I am unable to communicate for myself:

- Agree to, refuse, or cancel decisions about my health care. This includes tests, medications, surgery, taking out or not putting in tube feedings, and other decisions related to treatments. If treatment has already begun, my agent can continue it or stop it based on my instructions.
- Interpret any instruction in this document based on his or her understanding of my wishes, values and beliefs.
- Review and release my medical records and personal files as needed for my health care, as stated in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Minnesota Health Records Act.
- Arrange for my health care and treatment in Minnesota or other state or location he or she thinks is appropriate.
- Decide which health care providers and organizations provide my health care.
- Make decisions about organ and tissue donation and autopsy according to my instructions in Part 2 of this document.

This is the directive of (name): _____ ***Date Completed:*** _____

Comments or limits on the powers of my health care agent:

Additional powers of my Health Care Agent:

My initials below indicate I also authorize my Health Care Agent to:

- Make decisions about the care of my body after death.
- Continue as my Health Care Agent even if our marriage or domestic partnership is legally ending or has been ended.
- Make health care decisions for me even if I am able to decide or speak for myself, if I so choose.
- In the event I am pregnant, decide whether to try to continue my pregnancy to delivery based upon my agent's understanding of my values, preferences and/or instructions.

Part 2: My Health Care Instructions

My choices and preferences for health care are as follows. I ask my Health Care Agent to communicate these choices, and my health care team to honor them, if I cannot communicate or make my own choices. I have initialed a box below for the option I prefer for each situation.

NOTE: *You do not need to write instructions about treatments to extend your life, but it is helpful to do so. If you do not have written instructions, your agent will make decisions based on your spoken wishes, or in your best interest if your wishes are unknown.*

1. Cardiopulmonary Resuscitation: A Decision for the Present

This decision refers to a treatment choice I am making today based on my current health. Item 3 below (**Treatments to Prolong My Life: A Decision for the Future**) indicates treatment choices I want if my health changes in the future and I cannot communicate for myself.

CPR is a treatment used to attempt to restore heart rhythm and breathing when they have stopped. CPR may include chest compressions (forceful pushing on the chest to make the blood circulate), medications, electrical shocks, a breathing tube, and hospitalization. I understand that CPR can save a life but does not always work. I also understand that CPR does not work as well for people who have chronic (long-term) diseases or impaired functioning, or both. I understand that recovery from CPR can be painful and difficult.

Therefore:

- I want CPR attempted if my heart or breathing stops. **OR**
- I want CPR attempted if my heart or breathing stops based on my current state of health. However, in the future if my health has changed; for example:
 - I have an incurable illness or injury and am dying
 - I have no reasonable chance of survival if my heart or breathing stops
 - I have little chance of long-term survival if my heart or breathing stops and CPR would cause significant sufferingthen my agent or I (if I am able) should discuss CPR with my health care team. My choices in **Section 2: Treatment Preferences** and **Section 3: Treatments to Prolong My Life below** should be considered when making this decision. **OR**
- I do not want CPR attempted if my heart or breathing stops. I want to allow a natural death. I understand if I choose this option I should see my health care provider about writing a Do Not Resuscitate (DNR) order.

This is the directive of (name): _____ **Date Completed:** _____

Part 3: My Hopes and Wishes (Optional)

I want my loved ones to know my following thoughts and feelings:

The things that make life most worth living to me are:

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

My thoughts about specific medical treatments, if any:

My thoughts and feelings about how and where I would like to die:

If I am nearing my death, I want my loved ones to know that I would appreciate the following for comfort and support (rituals, prayers, music, etc.):

Religious affiliation: I am of the _____ faith, and am a member of _____ faith community in (city) _____.

Please notify them of my death and arrange for them to provide my funeral/memorial/burial. I would like my funeral to include, if possible, the following (people, music, rituals, etc.):

Other wishes and instructions:

My initials here indicate additional documents are attached: _____

This is the directive of (name): _____ **Date Completed:** _____

Part 4: Legal Authority

NOTE: Under Minnesota law, 2 witnesses **or** a notary public must verify your signature and the date. Your witnesses or notary public cannot be named as your primary or alternate Health Care Agent.

I have made this document willingly. I am thinking clearly. This document states my wishes about my future health care decisions:

Signature: _____ **Date:** _____

If I cannot sign my name, I ask the following person to sign for me:

Printed Name

Signature (of person asked to sign)

Date

Statement of Witnesses:

This document was signed or verified in my presence. I certify that I am at least 18 years of age, and I am not appointed as a primary or alternate Health Care Agent in this document.

If I am a health care provider or an employee of a health care provider giving direct care to the person listed above, I must initial this line: _____. One witness cannot be a provider or an employee of the provider giving direct care on the date this document is signed.

Witness 1:

Signature: _____

Date: _____

Print Name: _____

Address (optional):

Witness 2:

Signature: _____

Date: _____

Print Name: _____

Address (optional):

OR

Notary Public:

In the state of Minnesota, County of _____ .

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

Signature of notary: _____

Notary stamp: _____

My commission expires (date): _____

This is the directive of (name): _____ **Date Completed:** _____

Part 5: Next Steps

Now that I have completed my Health Care Directive, I will also:

- Tell my primary and alternate Health Care Agents and make sure they feel able to do this important job for me in the future.
- Give my primary and alternate Health Care Agents a copy of this completed Health Care Directive.
- Talk to the rest of my family and close friends who might be involved if I have a serious illness or injury, making sure they know who my Health Care Agent is, and what my wishes are.
- Give a copy of this completed Health Care Directive to my doctor and other health care providers, and make sure they understand and will follow my wishes.
- Keep a copy of my Health Care Directive where it can be easily found.
- Take a copy of my Health Care Directive any time I am admitted to a health care facility, and ask that it be placed in my medical record.
- **Review my health care wishes every time I have a physical exam or whenever any of the “Five D’s” occur:**

Decade when I start each new decade of my life.

Death whenever I experience the death of a loved one.

Divorce when I experience a divorce or other major family change.

Diagnosis when I am diagnosed with a serious health condition.

Decline when I experience a significant decline or deterioration of an existing health condition, especially when I am unable to live on my own.

Copies of this document have been given to:

Primary (main) Health Care Agent (listed on page 1 of this document):

Name: _____ Telephone: _____

Alternate Health Care Agent (listed on page 1 of this document):

Name: _____ Telephone: _____

Health Care Provider/Clinic:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

If my wishes change, I will fill out a new Health Care Directive. I will give copies of the new document to everyone who has copies of my previous Health Care Directive. I will tell them to destroy the previous version.

This is the directive of (name): _____ ***Date Completed:*** _____

Health Care Directive Questions and Answers

What is a health care directive?

A health care directive is a written document that informs others of your wishes about your health care. It allows you to name a person (“agent”) to decide for you if you are unable to make that decision. Health care directives are not just for the elderly. Anyone 18 years or older who wants to direct their medical care for the future should complete a health care directive.

Why should I have a health care directive?

A health care directive is a way for you to specify your wishes about health care treatment if you are unable to make decisions for yourself. It lets you communicate your wishes to provide guidance to your family, friends, and health care professionals. You can appoint a person called an “agent” who will communicate your health care wishes if you can’t because of illness or injury. Health care decisions include:

- The use of breathing machines
- Resuscitation if breathing or heartbeat stops
- Tube feeding
- Organ or tissue donation
- Pain medications and other comfort treatments

What if I don’t have a health care directive?

Health care providers will listen to what people close to you say about your treatment preferences. The best way to be sure your wishes are followed is to have a health care directive, but you will still receive medical treatment if you don’t.

Where can I find a health care directive form? What information is required?

There is a health care directive form beginning on page 1 of this document. You don’t have to use this form, but your health care directive must meet the following requirements to be legal:

- Be in writing and dated
- State your name
- Be signed by you, or someone you authorize to sign for you, when you can understand and communicate your health care wishes
- Have your signature verified by a notary public or two witnesses
- Include the appointment of an agent to make health care decisions for you and/or instructions

about the health care choices you wish to make

Before you prepare or revise your health care directive, you should discuss your health care wishes with your doctor or other health care provider.

What can I put in a health care directive?

You have many choices of what to put in your health care directive. Here are some examples:

- The person you trust as your agent to make health care decisions for you. You can name joint agents or alternative agents in case the first agent is unavailable
- Your goals, values, and preferences about health care
- The types of medical treatment you would want or not want
- How you want your agent or agents to decide
- Where you want to receive care
- Instructions about artificial nutrition/hydration
- Mental health treatments that use electroshock therapy or neuroleptic medications
- Instructions if you are pregnant
- Donation of organs, tissues, and eyes
- Funeral arrangements
- Who you would like as your guardian or conservator if there is a court action

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

Are there any limits to what I can put in my health care directive?

There are some limits about what you can put in your health care directive. For example:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for naming a provider as an agent in your directive.
- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

How long does a health care directive last? Can I change it?

Your health care directive lasts until you cancel or change it. As long as the changes meet the health care directive requirements above, you may do any of the following:

- Completing a written statement saying you want to cancel it; or
- Destroying *all* copies of it; or
- Telling at least two other people you want to cancel it; or
- Writing a new health care directive

What if my health care provider refuses to follow my health care directive?

Your health care provider will generally follow your health care directive or any instructions from your agent, as long as the health care follows reasonable medical practice. But you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

What if I've already prepared a health care document? Is it still good?

Before August 1, 1998, Minnesota law provided for several other types of health care documents, including living wills, durable powers of attorney for health care, and mental health declarations.

The law changed so people can use one form for all their health care instructions.

Forms created before August 1, 1998, are still legal if they follow the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

I prepared my health care directive in another state. Is it still good?

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. However, requests for assisted suicide will not be followed.

What should I do with my health care directive after I have signed it?

You should inform others of your health care directive and give copies to your family members, agent(s), and health care providers. Review and update your directive as your needs change. Keep it in a safe place where it is easily found. Some suggest keeping a copy in your freezer for emergency personnel to locate.

South Country Policies for health care directives

Members have the right to make decisions about their medical care. Members have the right to implement a living will, durable power of attorney for health care, or other advance health care directives. If a member has implemented a health care directive, there will be no condition on treatment or other discrimination by South Country or the provider. South Country has written contracts with providers that require providers to document whether or not a member patient has implemented a health care directive, and to follow the advance health care directives as specified in the member's health care directive document.

What if I believe a health care provider or South Country has not followed health care directive requirements?

Complaints of this type can be filed with the Office of Health Facility Complaints at 1-651-201-4200 (Metro area) or toll-free at 1-800-369-7994.

File health plan complaints with the Department of Health, Clearing House at 1-651-201-5178 (Metro area) or toll-free at 1-800-657-3793.

How to obtain additional information and forms

If you want more information about health care directives or additional forms, contact Member Services at 1-866-567-7242 (TTY users call 1-800-627-3529 or 711).

You may also contact the following:

- **Minnesota Aging Pathways, 1-800-333-2433**
- **Disability LinkAge Line, 1-866-333-2466**
- **Veterans Linkage Line, 1-888-546-5838**

Another resource is the Minnesota based Light the Legacy website: www.lightthelegacy.org for support in advance care planning. Click on "Download forms" under "Healthcare Directive" to locate forms in a variety of languages.

Your attorney may also have health care directive forms.

NO ENGLISH



1-866-567-7242

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ:- አማርኛ ተናጋሪ ከሆኑ ፤ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለዎንም ክፍያ እና ካለአላስፈላጊ መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ အချိန်မ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

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យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ) សេវាកម្មជំនួយភាសាភាគីតិចមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយគ្មានការពន្យារពេលមិនចាំបាច់ឡើយ។ លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុង ទម្រង់ដែលអាចចូលប្រើបានគឺអាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរស័ព្ទទៅលេខខាងលើ ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。 Cantonese (Traditional Chinese)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntauw kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

NO ENGLISH



1-866-567-7242

TRS: 711

ဟ်သုဉ်ဟ်သး- နမ့ၢ်ကတိၤကညီကိၣ်အဃိ, နမၤန့ၢ် ကိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢကညီလၢကတိၤ ဒီးတအိၣ်ဒီး တၢ်မၤယံာ်မၤနီၢ်သးဘၣ်န့ၣ်လီၤ. အါန့ၢ်အန့ၣ်, တၢ်အိၣ်စ့ၢ်ကိးဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟူဒီး တၢ်မၤစၢၤတၢ်မၤတဖၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢပုၤအါဂၤန့ၢ်ပၢၢ်အီၤသ့ လၢတအိၣ်ဒီးအဘူးအလဲ ဒီးချူးဆါချူးကတိၤန့ၣ်လီၤ. ဝံသးစူၤ ကိးနီၣ်ဂံၢ်လၢထး မ့တမ့ၢ် တဲသကိးတၢ်ဒီး ပုၤလၢအဟ့ၣ်န့ၢ်တၢ်မၤစၢၤ တက့ၢ်. ကညီကိၣ် Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 지체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ທຸກຢາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີກຽນຊັກຊ້າ ທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທິດໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົາເຈົ້າໄດ້ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

HUBADHAA: Yoo Afaan Oromoo dubbattu ta’e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda’u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda’an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta’an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проводов. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqqigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese