



Greetings from Secretary Jan Brewer:

The Arizona State Legislature created the Arizona Advance Health Care Directive Registry in May 2004. The Registry is a database for the storage of advance directives and the Arizona Secretary of State oversees its security and operations. The Arizona Secretary of State's Office is pleased to provide you with this safe and confidential place to store your advance directive (Living Will, Medical Power of Attorney and Mental Health Power of Attorney).

Less than 25 percent of Americans have expressed their thoughts in writing about how they wish to be cared for at the end of life. Most people avoid the subject. Planning ahead by completing an advance directive helps you make thoughtful choices about your future care and will ease the stress on your family and loved ones. Congratulations on taking the first step by completing an advance directive document.

In order to honor an advance directive, your physician and healthcare institution must be aware of it and what it says. Arizona's Advance Health Care Directive Registry is a way for your advance directive to be available where and when it is needed. Through your password, you decide who can read your directive that is stored in the Registry.

The most important thing you can do to ensure that the health care decisions you have made in advance are followed is to talk about them. Talk to your family, friends, neighbors, clergy, doctors and other health care providers. Let them know what you have decided, what your values and preferences are and what you do and do not want when you cannot speak for yourself. Store a copy of your advance directive in Arizona's Advance Health Care Directive Registry so it is available in an emergency.

Thank you for your interest in Arizona's Advance Health Care Directive Registry. If you have further questions, please refer to the Office of the Arizona Secretary of State's Web site at www.azsos.gov under the Advance Directive section or call (602) 542-6187 or toll-free 1-800-458-5842 at your convenience.

Best Wishes,

Jan Brewer
Secretary of State



HealthCare
Decisions

About our partnership with Secretary of State Jan Brewer

Since Health Care Decisions specializes in providing professional education about advance directives we are participating in the first public-private partnership in the nation that allows citizens to record their health care directives in a secure and safe registry at the Arizona Secretary of State's Office. The Secretary of State's Advance Directive Registry is a joint venture maintained and operated by Secretary of State Jan Brewer with financial support arranged for the registry by the Health Care Decisions, a project of non-profit Hospice of the Valley. Once you have made your health care decisions known to your family, friends and loved ones and prepared an Advance Directive, we encourage you to file it with the Secretary of State. More information about their program and how to file an Advance Directive can be found with this literature.

ABOUT HEALTH CARE DECISIONS

Purpose: Health Care Decisions is a project of Hospice of the Valley devoted to educating the community about advance directives, which state individuals' wishes about their health care treatment. We urge people to think about their options, discuss their wishes with family and friends, and put their choices in writing.

Services: Our staff and volunteer speakers address community groups ranging from businesses to faith groups to civic organizations about advance care planning. The hour-long presentations are interactive, incorporating videos of families struggling with difficult decisions. We lead discussions and distribute forms for advance directives. We offer education and guidance to health care providers and help them set up systems to honor patients' wishes. The staff also is available for consultations with families and health-care providers.

Need: Less than 25 percent of Americans have expressed their thoughts in writing about how they wish to be cared for at the end of life. Most people avoid the subject. We want to encourage discussion so individuals can make reasoned choices in advance, easing the stress on them and their families.

Health Care Decisions
is a project of
Hospice of the Valley.

602.222.2229

www.hcdecisions.org



HealthCare Decisions

Frequently Asked

Advance Directives can be short, simple statements expressing your values and choices.

“Legal documents that express our wishes are not enough to prepare us for our final days. We must talk honestly with our loved ones, our clergy and our doctors and nurses about the choices we would make if confronted with a chronic or terminal illness.”

- Rosalynn Carter

ABOUT HEALTH CARE DECISIONS

1. What is an Advance Directive?

An Advance Directive is a document in which you give instructions about your health care, what you want done or not done, if you can't speak for yourself.

2. What is a Health Care Directive?

A Health Care Directive is a type of Advance Directive that tells your doctor and your family members what kind of care you would like to have if you become unable to make medical decisions. It's called an “advance directive” because you choose your medical care before you become seriously ill.

3. What is a Living Will?

A Living Will is one form of Advance Directive. It usually only comes into effect if you are terminally ill. Being terminally ill generally means that you have less than six months to live.

4. What is a Health Care (Medical) Power of Attorney?

A Health Care (Medical) Power of Attorney lets you name someone to make medical decisions for you if

you are unconscious or unable to make medical decisions for yourself for any reason. A Health Care (Medical) Power of Attorney can be part of another advance directive form, such as a Health Care Directive or Living Will, or may be a separate document. The person you appoint to make decisions for you when you cannot is called an “agent.”

5. Does an agent appointed in a Health Care (Medical) Power of Attorney need to be a resident of the state in which you live?

No, but they need to be available if a medical crisis occurs.

6. What training does a person need to become a Health Care (Medical) Power of Attorney?

None. Your Health Care (Medical) Power of Attorney is not a medically trained person. The person you appoint as your Health Care (Medical) Power of Attorney is a person close to you that you can talk to about your values and feelings. Make sure that the person you appoint is willing to assume the responsibility of being your representative.

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Frequently Asked *Continued from page 2***ABOUT HEALTH CARE DECISIONS**

7. Can an Advance Directive and a Health Care (Medical) Power of Attorney be combined into one document?

Yes, they often are.

8. What authority does a Financial or Durable Power of Attorney have to make health care decisions?

None.

9. When does an Advance Directive or Health Care (Medical) Power of Attorney become effective?

An Advance Directive, including a Health Care (Medical) Power of Attorney, has no legal effect unless and until you lack the capacity to make health care decisions or to give consent for care. Neither the appointed Health Care (Medical) Power of Attorney, nor a written instruction can override your currently expressed choice.

10. Must physicians honor Living Wills, Advance Directives, and a health care surrogate's decisions?

Yes, doctors and other health care providers are legally obligated to follow your Advance Directive.

11. 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, Arizona law gives decision-making power to default decision-makers or "surrogates." These surrogates, who are primarily family members, can make most health care decisions.

The order of people authorized to make health care decisions is:

1. Guardian
2. Health Care (Medical) Power of Attorney
3. Surrogate
 - a. The patient's spouse, unless legally separated
 - b. An adult child of the patient, or a majority of adult children
 - c. A parent of the patient
 - d. The patient's domestic partner if the patient is unmarried
 - e. A brother or sister of the patient
 - f. A close friend of the patient.
 - g. If none of the above can be located, the attending physician, after consulting with an ethics committee. If unavailable, the physician may make these decisions after consulting with a second physician.

12. Is a "surrogate" decision-maker the same as a Health Care (Medical) Power of Attorney?

In Arizona, if you do not appoint a Health Care (Medical) Power of Attorney, a surrogate decision-maker can make most medical decisions for you. However, a surrogate decision-maker cannot decide to remove artificial nutrition that has been started. Legally, only the person, a Health Care (Medical) Power of Attorney or a Guardian can authorize stopping artificial nutrition. The decision to withhold or withdraw any other treatment can be made by any surrogate.

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Frequently Asked *Continued from page 3*

ABOUT HEALTH CARE DECISIONS

13. What is a Pre-Hospital Directive (sometimes called an Orange Form)?

Emergency medical service personnel (or “911” responders) are generally required to resuscitate and stabilize patients until they are brought safely to a hospital. If needed, you may receive cardiopulmonary resuscitation (CPR), which is treatment to try to restart a person’s breathing or heartbeat. CPR may be done by pushing on the chest, by putting a tube down the throat or by shocking the heart in an attempt to restart it.

If you do not wish to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing, you must complete a special Advance Directive document called a “Pre-Hospital Directive.”

14. What is special about a Pre-Hospital Directive (Orange Form)?

This document must be printed on bright orange paper and states that you do not want cardiopulmonary resuscitation (CPR) to restart your heart or breathing. The Pre-Hospital Directive must be signed by you and must be signed by either your physician or other health care provider.

15. If I complete a Pre-Hospital Directive do I need any other Advance Directive?

Yes. The Pre-Hospital Directive has a limited role.

The Pre-Hospital Directive is only effective outside of a health care institution (at home and in the community); it is not effective in the hospital or other health care institution.

16. Do I need a lawyer to complete an Advance Directive?

No. You do not need a lawyer to make an Advance Directive.

17. Do I need to use a special form?

You do not have to use a specific form. Although there is a sample form in Arizona law, you may use any form, as long as it conforms to the law and is properly witnessed.

If you have completed an Advance Directive, you still remain in control of your health care decisions as long as you are able to communicate your wishes.

By expressing your wishes in advance, you help family and friends who might otherwise struggle to decide on their own what you want done.

18. Must a Health Care (Medical) Power of Attorney or Advance Directive be notarized?

In Arizona these documents may be either witnessed or notarized. The witness must know that you signed freely and had the capacity to understand what you were doing. The witness may not be the individual you have named as your agent, someone related to you by blood marriage or adoption, someone who will benefit from your estate, or your healthcare provider. Some states require notarization. If you plan to travel out of Arizona, it is recommended that you have these documents notarized when you sign them.

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Frequently Asked *Continued from page 4*

ABOUT HEALTH CARE DECISIONS

19. Are Advance Directives written in other states valid in Arizona?

Yes, if they conform to the law of the state in which they were prepared and to Arizona law. Witnessing requirements may vary from state to state.

20. Who should get a copy of my Advance Directive and Health Care (Medical) Power of Attorney?

You or your agent should keep the original documents at home (not in a safe deposit box). Give copies to your physician(s), family members and anyone else you want to know about your wishes. Give a copy to other health care personnel, at the Emergency Room, Outpatient Clinic, or Hospital.

21. What if I change my mind, or want to change my Directive?

You can cancel or change any 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. The most recent directive is the legally binding one.

22. What if I don't have time to change my Directive in writing?

If you do not have time to put your changes in writing, you can make them known verbally. Tell your doctor and any family or friends present exactly what

Talk to your family, friends, neighbors, clergy, and doctors. Let them know what you have decided, what your values and preferences are, and what you do and do not want when you cannot speak for yourself.

you want to happen. Wishes that are made in person will be followed in place of the ones made earlier in writing. Be sure your instructions are clearly understood by everyone you have told.

23. What is a Mental Health Care Power of Attorney?

A Mental Health Care Power of Attorney is a document that lets you name someone to make decisions for you related to your mental health if you are unable to make those decisions for yourself.

24. What is special about a Mental Health Care Power of Attorney?

Only a Mental Health Care Power of Attorney, or a guardian appointed by the court, can authorize your admission to a mental health care facility for treatment of mental illness (including dementia with behavioral problems) without your consent.



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Whether you are in good health or experiencing a chronic medical condition, your doctor should be a partner in developing an Advance Directive. Your doctor is a key part of your future health care plans.

TO YOUR FAMILY & FRIENDS

You can help others respect your wishes if you take some steps now to make your treatment preferences clear.

Since you cannot predict every possible future medical situation, discuss the values and beliefs about life's quality that help you make your decisions.

What do you want treatment to accomplish? Would you want to receive treatment to prolong your life, whatever your quality of life?

Or, if life-sustaining treatment could not restore you to a level of quality of life you find acceptable, would you want to stop treatment?

Once you have identified the quality of life you find acceptable, your family and physicians can make medical decisions for you on the basis of these values.

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.

TALK TO YOUR DOCTORS

Your doctor is an important participant in creating an 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.

Your Advance Directive should be part of a continuing conversation between you, your physician, family, and close friends. Discuss the kinds of care you want, the kinds of care you don't want, and your values related to an acceptable quality of life.

www.hcdecisions.org



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For more, visit us online at www.hcdecisions.org. The web site offers free advance directive and medical power of attorney forms, as well as instructions and tips for their completion. It is designed to assist the community, doctors, and health care professionals with advance care planning.

This web site was designed by and donated by Sitenwire and Curtis Design Group.

ADDITIONAL INFORMATION

COMMUNITY PRESENTATIONS

- An hour-long interactive session presenting videos of real families struggling with difficult decisions
- Presentations available to businesses, faith groups, civic organizations, and others
- Advance directive forms provided

CONSULTATIONS

- Confusion over a person's treatment choices?
- Unclear advance directives?
- Conflict between family members?

The Health Care Decisions staff offers professional consultations and facilitates solutions to conflicts with health care treatment choices.

Available by phone or on-site at no charge.

Call 602.222.2229

to schedule a presentation or consultation.



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Are Available from Health Care Decisions

Instructions are included with these forms. Please make sure to read the instructions carefully. If you have any questions, give us a call at 602.222.6229.

FORMS AND INSTRUCTIONS

These forms and instructions are available from Health Care Decisions in English, Spanish and Chinese.

Instructions for Completing the Health Care Directive

1. Print your name on the first blank line. "I, MY NAME, want everyone who cares for me to know what health care I want when I cannot let others know what I want."
2. Think about the statement, "A quality of life that is unacceptable to me means" and check each item from the list below that applies.

This means that if you are in the condition described, you would want your family and doctors to stop or withdraw treatment. You would not want to continue to live in that condition.

You may add any words you want on the blank lines to further describe the conditions when you would not want to continue to receive treatment. You may cross out anything on this form that you do not want or do not agree with.

3. Think about the statement, "There are some procedures that I do not want under any circumstances."

If you have decided that you would never want a treatment listed, check that box. If you have not decided yet, or if you would want your doctor to try these treatments, leave the box blank.

4. Think about the statement, "When I am near death, it is important to me that." You can write anything you like on these lines. Some people say, "I want hospice care.", "I want to die at home.", or "I want my family near me." You may leave these lines blank if you wish.
5. You must sign this form on the reverse side and you must have your signature witnessed.

The witness cannot be related to you by blood, marriage or adoption, cannot be a beneficiary to your estate, and cannot be directly involved in your healthcare.

In Arizona, it is not necessary to have this form notarized, but there is a space for a notary if you desire.

6. Give a copy of your Health Care Directive to your Health Care (Medical) Power of Attorney, to your family and close friends, and to your doctor. Keep a copy to take to the hospital or clinic if you become ill and need treatment.

Instructions for Completing the Health Care (Medical) Power of Attorney with Mental Health Authority

1. Print your name in the first blank line.

"I, MY NAME, as principal, designate . . . "

2. Print the name of the person you have chosen to be your Health Care (Medical) Power of Attorney on the next blank line.

"OTHER PERSON'S NAME, as my agent for all matters relating to my health care ... "

3. Print the address and phone number of the person you have chosen to be your Health Care (Medical) Power of Attorney on the next blank line.

"Print agent ADDRESS and PHONE"

4. You may name an alternate person to be your Health Care (Medical) Power of Attorney. This second person would take over if the first person you named is not available or is unable to make decisions for you.

"If my agent is unwilling or unable to serve or continue to serve, I hereby appoint SECOND PERSON'S NAME as my agent."

5. If you choose a second person as an alternate, complete the next blank line with the second person's address and phone number. If you do not choose a second person as an alternate, leave this last line blank.

6. You must sign this form in front of a witness.

The witness cannot be related to you by blood, marriage or adoption, cannot be a beneficiary to your estate, and cannot be directly involved in your healthcare.

In Arizona, it is not necessary to have this form notarized, but there is a space for a notary. If you travel out of state with these documents, you may want to have your signature notarized.

7. Give a copy of this form to your Health Care (Medical) Power of Attorney, to your family and close friends, and to your doctor. Keep a copy to take to the hospital or clinic if you become ill and need treatment.

HEALTH CARE DIRECTIVE (LIVING WILL)

I, _____ want everyone who cares for me to know what health care I want, when I cannot let others know what I want.

SECTION 1:

I want my doctor to try treatments that may get me back to an acceptable quality of life. However, if my quality of life becomes unacceptable to me and my condition will not improve (is irreversible), I direct that all treatments that extend my life be withdrawn.

A quality of life that is unacceptable to me means (check all that apply):

- Unconscious (chronic coma or persistent vegetative state)
- Unable to communicate my needs
- Unable to recognize family or friends
- Total or near total dependence on others for care
- Other: _____

Check only one:

- Even if I have the quality of life described above, I still wish to be treated with food and water by tube or intravenously (IV).
- If I have the quality of life described above, I do NOT wish to be treated with food and water by tube or intravenously (IV).

SECTION 2: (You may leave this section blank.)

Some people do not want certain treatments under any circumstance, even if they might recover.

Check the treatments below that you do not want under any circumstances:

- Cardiopulmonary Resuscitation (CPR)
- Ventilation (breathing machine)
- Feeding tube
- Dialysis
- Other: _____

SECTION 3:

When I am near death, it is important to me that: _____

(Such as hospice care, place of death, funeral arrangements, cremation or burial preferences.)

BE SURE TO SIGN PAGE TWO OF THIS FORM

- If you only want a Health Care (Medical) Power of Attorney, draw a large X through this page.
- Talk about this form with the person you have chosen to make decisions for you, your doctor(s), your family and friends. Give each of them a copy of this form.
- Take a copy of this with you whenever you go to the hospital or on a trip.
- You should review this form often.
- You can cancel or change this form at any time.

FOR MORE INFORMATION CONTACT HEALTH CARE DECISIONS, (602) 222-2229 OR WWW.HCDECISIONS.ORG

**HEALTH CARE (MEDICAL) POWER OF ATTORNEY
WITH MENTAL HEALTH AUTHORITY**

It is important to choose someone to make healthcare decisions for you when you cannot. **Tell the person (agent) you choose what you would want.** The person you choose has the right to make any decision to ensure that your wishes are honored. If you **DO NOT** choose someone to make decisions for you, write **NONE** in the line for the agent's name.

I, _____, as principal, designate
_____ as my agent for all matters relating to my health (including mental health) and including, without limitation, full power to give or refuse consent to all medical, surgical, hospital and related health care. This power of attorney is effective on my inability to make or communicate health care decisions. All of my agent's actions under this power during any period when I am unable to make or communicate health care decisions or when there is uncertainty whether I am dead or alive have the same effect on my heirs, devisees and personal representatives as if I were alive, competent and acting for myself.

_____ By initialing here, I specifically consent to giving my agent the power to admit me to an inpatient or partial psychiatric hospitalization program if ordered by my physician.

_____ By initialing here, this Health Care Directive including Mental Health Care Power of Attorney may not be revoked if I am incapacitated.

Print agent ADDRESS and PHONE:

If my agent is unwilling or unable to serve or continue to serve, I hereby appoint:

_____ as my agent.

Print alternate agent ADDRESS and PHONE:

I intend for my agent to be treated as I would regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1420D and 45 CFR 160-164.

SIGN HERE for the Health Care (Medical) Power of Attorney and/or the Health Care Directive forms

Please ask one person to witness your signature who is not related to you or financially connected to you or your estate.

Signature _____ Date _____

The above named person is personally known to me, and I believe him/her to be of sound mind and to have completed this document voluntarily. I am at least 18 years old, not related to him/her by blood, marriage or adoption, and not an agent named in this document. I am not to my knowledge a beneficiary of his/her will or any codicil, and I have no claim against his/her estate. I am not directly involved in his/her health care.

Witness _____ Date _____

This document may be notarized instead of witnessed.

On this _____ day of _____, in the year of _____, personally appeared before me the person signing, known by me to be the person who completed this document and acknowledged it as his/her free act and deed. IN WITNESS THEREOF, I have set my hand and affixed my official seal in the County of _____, State of _____, on the date written above.

Notary Public _____

FOR MORE INFORMATION CONTACT HEALTH CARE DECISIONS, (602) 222-2229 OR WWW.HCDECISIONS.ORG

About our partnership with Health Care Decisions



Secretary of State
Jan Brewer's
Arizona Advance
Directive Registry

Arizonans can now record their health care directives in the secure and confidential Advance Directive Registry at the Arizona Secretary of State's Office thanks to a new public/private partnership with Health Care Decisions a project of Hospice of the Valley. The joint venture is funded by Health Care Decisions and maintained by our office. In order to file an advance

directive you first need to prepare a directive. That's where Health Care Decisions come in. Review their information included with this literature about advance directives. Most importantly make your choice, prepare a directive, sign it, and get it notarized or witnessed. Once you've got an advance directive prepared file a copy of the directive with us. Why? So it will be readily available and accessible to those who'll need it the most in an emergency.

ABOUT THE ARIZONA ADVANCE DIRECTIVE REGISTRY

Purpose: The Arizona Advance Directive Registry is a place to store a copy of your advance directive. The Directory is a way for your advance directive to be available where and when it is needed. Access to a central database via computer will expedite patient's health requests. The Secretary of State's Registry is maintained and operated by the Secretary of State's Office under Arizona law.

Services: Our staff is available 8 a.m. to 5 p.m. Monday through Friday except state holidays to answer questions about filing your advance directive with our office. Call 602.542.6187 or visit www.azsos.gov. Instructions on how to file and a form are included with this information. If you have questions about how to prepare an advance directive, please contact Health Care Decisions at 602.222.2229.

Need: In order to honor an advance directive, your agent, physician, hospital or nursing home must be aware of it and what it says. The Arizona Advance Directive Registry empowers *you* and lets *you* decide who will be able to review your advance directive.

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**The Arizona Advance
 Directive Registry is
 maintained by
 the Arizona Secretary of State's Office.**

**602.542.6187
www.azsos.gov**

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ABOUT THE ARIZONA ADVANCE DIRECTIVE REGISTRY

Funder: Health Care Decisions, a project of Hospice of the Valley, financially supports the Registry under the first public/private partnership in the nation to allow citizens to record their health care directives.

The annual operating cost of the registry is approximately \$60,000. No taxpayer money is being used to fund the Registry. Operating costs are supported through community donations and grants to Health Care Decisions.

Frequently Asked



Secretary of State Jan Brewer's Arizona Advance Directive Registry

You have put your wishes in writing and have a health care directive. So why file a copy with the Secretary of State's Office? When you file with us no matter where you are, where your agent

is, or where your health care providers are they can have access to your wishes online. You choose who can access the information, at anytime, day or night – peace of mind for your family, friends and loved ones.

ABOUT THE ADVANCE DIRECTIVE REGISTRY

1. What is the Advance Directive Registry?

The Arizona Advance Directive Registry is a place to store your advance directive – a virtual file cabinet – so that your advance directive is available when needed.

2. Why keep an Advance Directive in the Registry?

When you complete an advance directive, and register it in the Registry, you will receive a membership card containing a member number and a password. You should give this information to your family and friends and to your doctor. If you are in an accident or very ill, and unable to speak for yourself, your advance directive will speak for you.

If a copy of your advance directive is not readily available when needed, the doctors or hospital caring for you can look up your directive in the Registry and then follow your instructions.

3. Who has access to the Registry?

You decide who has access to your advance directives. You will have a password and you decide when to share your password. You might want to give the password to your health care (medical) power of

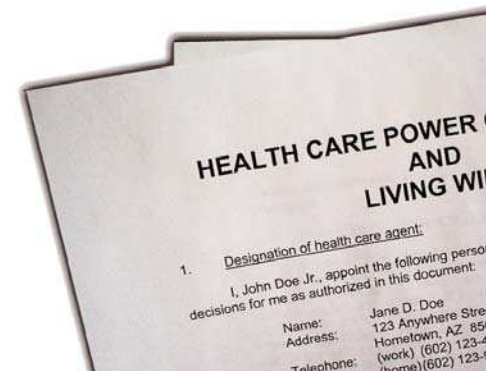
attorney, to your close family and friends, and to your doctor. No one can look at your advance directive without your password.

4. What if I am unable to communicate?

If you are unable to communicate, your doctor or health care provider may use the password on your wallet card to access the registry and review your advance directive.

5. What Advance Directives are included in the Registry?

The Arizona State Legislature has defined several advance directives and these can be included in the Registry:



File a copy of your Advance Directive with us as soon as possible to ensure piece of mind.

Frequently Asked *Continued from page 3*

ABOUT THE ADVANCE DIRECTIVE REGISTRY

1. Health Care (Medical) Power of Attorney
2. Mental Health Care Power of Attorney
3. Living Will

6. Why are only these directives acceptable?

These directives are defined by specific Arizona laws and have special legal status. With a Health Care (Medical) Power of Attorney and the Mental Health Care Power of Attorney forms, you appoint someone to make decisions for you if you are incapacitated. The Living Will form lets you choose health care that you would want to accept or refuse if you are unable to speak for yourself. Financial documents, such as a Last Will & Testament, or a Living Trust, are not accepted into the Arizona Advance Directive Registry. Only directives that concern your future health care and health care choices are included. Advance directives may be combined into one large document, or you may have a separate Living Will, Health Care (Medical) Power of Attorney, and Mental Health Care Power of Attorney. Many different forms of these documents are available, and each can be entered into the registry.

7. What about the Pre-hospital Medical Care Directive (Orange Form)?

The Pre-Hospital Medical Care Directive, also known as the Orange form or Orange card, is a special advance directive. This form says that, if your heart stops beating or if you stop breathing, that you do NOT want to receive cardiopulmonary resuscitation (CPR). This special form, which is bright orange in color, notifies the paramedics and emergency medical

services people that this choice has been made.

Because the paramedics respond quickly to an emergency medical situation, the Pre-Hospital Medical Care Directive (Orange form) must be immediately available for them to see. Pre-Hospital Medical Care Directives (Orange forms) will not be stored in the Registry, but should be kept “on-hand” in a person’s home or wallet.

8. What if an Advance Directive gets filed wrong?

After your advance directive has been stored in the Registry, you will be asked to “double-check” the filed information to be sure it has been entered completely and accurately. You will be asked to notify the Secretary of State’s office that your advance directive has been stored correctly before the process is final.

9. What if I change my mind?

You can always change your mind. You just need to say so to your doctor or to the medical team taking care of you. As long as you can speak for yourself, you are in charge of your decisions.

If you wish to change your advance directive, you just need to complete a new one. When you complete a new advance directive, it becomes the valid one. The advance directive with the most recent date is the one that will be followed. You must send the new one into the Registry as soon as you can, so that it can replace the old one on file.

10. What does it cost?

There is no fee for storing your advance directive in the Registry.

To your agent



Let your family, friends and loved ones know about your advance directive and that it's filed with the Secretary of State's Office. Just as your wishes are confidential, so is the information stored in the Arizona Advance Directive Registry.

Secretary of State
Jan Brewer's

Arizona Advance Directive Registry

TO YOUR FAMILY & FRIENDS

1. I've got a password and wallet card after filing my directive with you now what?

Keep the wallet card with your file number and password handy. It's up to you who you want to share your password with.

You can share your password with your appointed medical power of attorney (agent), with your doctor and the hospital or clinic where you receive medical care.

2. I've changed my mind about my filed directive, what do I do?

Always let your loved ones, close friends and physicians know about your health care decisions. You can always register your revised advance directive with the Secretary of State. No fees are required to update your advance directive in our system.

3. How can my health care provider or agent view my advance directive online?

You will have to contact your health care provider or agent and give them your member number and password.

Remember, it's your decision who you want to share your password with. Trust it to only close family members, friends and physicians.

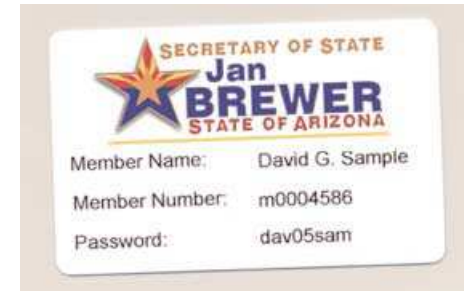
4. A relative or close friend has designated me as an agent. What do I need to know about the Arizona Advance Directive Registry?

If someone has shared with you that they have an advance directive on file at the Secretary of State that identifies you as the agent make sure you have a copy of the information provided on their wallet card. If you need to access their advance directive online follow the web site instructions included with this information.

5. I want to designate someone out-of-state as an agent. Can they still access the system if they aren't a citizen of the state of Arizona?

Anyone in *any* state *or* country can have access to your advance directive.

That's what makes the Arizona Advance Directive Registry so special, no matter where you, where your agent is, or where your health care provider is – the information is available 24/7.



www.azsos.gov



Our Web Site offers information and useful links about advance directives. Visit us to learn more about the Arizona Advance Directive Registry or for links to Arizona law, online forms and more!

Secretary of State
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Arizona Advance Directive Registry

WWW.AZSOS.GOV

1. I've got a wallet card, registration number and password, how can I or others view my advance directive?

When you visit our web site click on the Arizona Advance Directive Registry link located under Business Services. You will be directed to the Arizona Advance Directive Registry web page. Click on the "Search the Registry" navigation button on the left. You will be re-directed to the log-in page.

2. Is the log-in page safe and secure?

This page is encrypted and is VeriSign Secured. The web site can secure your private information using a VeriSign SSL Certificate. Information exchanged with any address beginning with https is encrypted using SSL before transmission.

3. I've logged in now what?

You will be at the "Welcome" page. In this area you will be able to view a copy of your directive and view your contact information. Simply choose a button and click on it.

4. I don't have a computer. How can I view my information in the online directory?

You are always welcome to use the public computers at the Secretary of State's Office located at 1700 W. Washington

Street, 7th Floor in Phoenix; or at our Tucson location, 400 W. Congress, 2nd Floor, Room 252. Not computer savvy? Our staff is available to show you how the system works. Computers are also available at your local library. Remember your health care provider, physician and agent will have access to a computer and will be able to access your advance directive when they need to.



5. Can I register or re-register my advance directive online? Can I change my information online?

Our office is only accepting paper copies of advance directives. You can mail or drop-off your advance directive with your completed registration form to our office at 1700 W. Washington Street, 7th Floor, Phoenix, Arizona 85007.



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Arizona Advance Directive Registry

▶ LIVING WILL
▶ MENTAL Power of Attorney
▶ MEDICAL Power of Attorney

How to register in Registry



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Arizona Advance Directive Registry

The Secretary of State has a two-sided form that you need to fill out that is included with this literature if you want to file your directive in the Arizona Advance Directive Registry. If you have any questions about how to register your advance directive with us, call Business Services at 602.542.6187.

e-mail: ad@azsos.gov

Phone: 602.542.6187 Toll Free: 800.458.5842

INSTRUCTIONS - HOW TO GET STARTED

1. I don't have an advance directive? How do I get one?

You need to choose and prepare an advance directive to file. The directives that can be filed in our office are: a Living Will, Medical Power of Attorney, or Mental Health Power of Attorney or a combination of the three. Our office cannot answer questions about how to prepare directives. Review the information included in this literature from Health Care Decisions. Staff at Health Care Decisions is available to assist you and answer any questions you have about health care directives.

2. Already have an Advance Directive?

Read the Registration Agreement carefully included with this literature, and fill in all the blank spaces. Attach a *copy* of your witnessed or notarized advance directive to the Registration Agreement. The copy of your advance directive forms must be legible and clearly readable.

Do not send your original advance directive forms.

4. Sign and date the Registration Agreement and return in person or by mail to:

Arizona Advance Directive Registry
Arizona Secretary of State
1700 W. Washington Street, 7th Floor
Phoenix, AZ 85007

5. When the printed record of the registration is returned by mail, review it for accuracy.

Depending on the accuracy of the record, check the appropriate box marking either "no corrections required" or "the information is not correct". Sign the form and return it to the Secretary of State's Office.

6. Activation

The Secretary of State's Office will not activate your registration until a verification form marked "no corrections required" is received back from you. This verification form will be sent after you file your advance directive.

7. Issuance of wallet card and password

A wallet card and password will be issued once you verify the information in our system is correct. Keep the wallet card with your file number and password handy. Share your password with your appointed medical power of attorney, with your doctor and the hospital or clinic where you receive medical care.



Arizona Health Care Directives Registry Registration Agreement

Instructions

- Read this Agreement carefully, and fill in all the blank spaces.
- Attach a copy of your witnessed or notarized Health Care Directive to this Agreement (**DO NOT** send your original Health Care Directive Form)
- Sign and date this Agreement and return in person or by mail to:
 Arizona Health Care Directives Registry
 Arizona Secretary of State
 1700 W. Washington, 7th Floor
 Phoenix, AZ 85007

Last Name	First Name	Middle Name or Initial
Address		Phone
City	State	Zip
Birth Date (Month/Day/Year)	Social Security Number (Last 4 digits is acceptable or Driver's Lic. #)	
Printed name as you want it listed on your membership card		
Address to return documents and wallet card (IF DIFFERENT FROM ADDRESS ABOVE)		
Name		
Address		
City	State	Zip
Your registration form will be processed within three (3) weeks. You will receive further information in the mail. In order to complete the registration of your health care directive(s) you are required to reply to the letter that you will receive.		
For further assistance please contact the Arizona Secretary of State at (602) 542-6187 or visit us online at: <p style="text-align: center;">www.azsos.gov</p>		

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Registration Agreement

I am providing this personal information, along with a copy of my advance directive, with the understanding that this information will be stored in the Arizona Health Care Directive Registry. I certify that the advance directive that accompanies this Agreement is my currently effective advance directive, and was duly executed, witnessed and acknowledged in accordance with the laws of the State of Arizona.

I want to:

- Store a health care directive(s) in the Registry
- Replace a health care directive(s) now in the Registry with a new one
- Add an additional document to my currently stored directive(s)
- Remove my health care directive(s) from the Registry
- Request a replacement wallet card (no change to health care directive(s) in Registry)
- Change Registration Agreement Information

New Address: _____

Other: _____

I understand that the Arizona Health Care Directive Registry is hosted by MyHealthDirective.com and is the responsibility of the Arizona Secretary of State. I authorize the Arizona Secretary of State, or designated agent, to share my personal information with MyHealthDirective.com for the purpose of storing my health care directive in the Registry and receiving payment for this service.

I understand this authorization is voluntary. This authorization to store my advance directive in the Arizona Health Care Directives Registry will remain in force until revoked by me. I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Contact Office listed below. I understand that revocation of this authorization will NOT affect any action you took in reliance on this authorization before you received my written notice of revocation.

Contact Office: Office of the Arizona Secretary of State
Telephone: 602-542-6187 **Fax:** 602-542-4366 **E-mail:** AD@azsos.gov
Address: 1700 W. Washington Street, 7th Floor, Phoenix, AZ, 85007

Signature of person completing this Agreement

Date

Printed Name

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