ADVANCE DIRECTIVES
Information for Patients & Their Families

Advance Directives help people communicate their treatment preferences when they would otherwise be unable to do so.

In 2004, Tennessee added a new law regarding the creation of Advance Directives.

Under the new law, there are two types of Advance Directives:

- Advance Care Plan
  (previously called a “Living Will”)
- Appointment of Health Care Agent
  (previously called a “Durable Health Care Power of Attorney” or “Medical Power of Attorney”)

MOUNTAIN STATES HEALTH ALLIANCE
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Advance Care Plan

What is an Advance Care Plan?
An Advance Care Plan is a document that tells your doctor how you want to be treated if you are unable to make health care decisions for yourself.

You can use an Advance Care Plan to:

- tell your doctor whether or not you want life-prolonging medical treatment such as cardiopulmonary resuscitation (CPR), breathing machines, or tube feeding;
- add special instructions, such as burial arrangements;
- donate your organs;
- name a person to make health care decisions for you if you are unable to make those decisions yourself.

Who can create an Advance Care Plan?
Competent adults and emancipated minors may create Advance Care Plans.

When does an Advance Care Plan go into effect?
An Advance Care Plan only goes into effect if you are terminally ill or permanently unconscious and unable to make decisions for yourself.

How is an Advance Care Plan different from a Living Will?
In 2004, a new law went into effect that changed the name of the Living Will form to Advance Care Plan. Not only does the Advance Care Plan include Living Will information, but allows you to name a Health Care Agent as well. A Health Care Agent can make decisions about your care if you are unable to do so.

What if I already have a Living Will? Do I need an Advance Care Plan?
Your Living Will is still valid, so you do not have to create an Advance Care Plan. However, the new Advance Care Plan form has more detailed instructions than the old Living Will form, so you may want to consider creating an Advance Care Plan even if you already have a Living Will. If you create an Advance Care Plan, it will replace your old Living Will.

Appointment of Health Care Agent

What is an Appointment of Health Care Agent?
An Appointment of Health Care Agent is a type of Advance Directive that allows you to name a person to make health care decisions for you if you are unable to make them yourself. This person is known as your Agent.

What can my Agent decide for me?
Your Agent can make any decision about your health care that you could have made yourself if you were able, such as consent to treatment or refusal of treatment.

An Appointment of Health Care Agent does not allow your Agent to make any financial decisions for you.

When does the Appointment of Health Care Agent become effective?
The Appointment of Health Care Agent only becomes effective if you are unable to make decisions for yourself. When you recover and are able to make decisions for yourself, your Agent no longer has the authority to make decisions for you.

Whom should I choose to be my Agent?
You should choose someone that knows your personal values and wishes. You should talk to your Agent about your choices and make sure he or she knows what is important to you.

You should also choose a person to serve as your Alternate Agent in the event that your Agent is unable or unwilling to make health care decisions for you.

Your doctor cannot serve as your Agent.

How is an Appointment of Health Care Agent different from an Advance Care Plan?
An Appointment of Health Care Agent allows you to choose someone else to make health care decisions for you if you are unable to make them yourself.

An Advance Care Plan is a written record of decisions that you have made yourself. As part of your Advance Care Plan, you can appoint an Agent to make health care decisions for you if you are unable to make them yourself.

What if I already have a Durable Power of Attorney for Health Care? Do I need an Appointment of Health Care Agent?
Your Durable Power of Attorney for Health Care is still valid. You do not have to create an Appointment of Health Care Agent.

Creating Advance Directives

How do I create an Advance Directive?
An Advance Care Plan form and an Appointment of Health Care Agent form are included in this booklet. You can use these forms, but you are not required to do so. These forms can be completed without the assistance of an attorney. However, the information in this booklet is not intended to be legal advice. If you need legal advice, you should contact a lawyer.

Does my Advanced Directive have to be witnessed or notarized?
Your Advance Directive must either be witnessed by two competent adults OR notarized.

If you choose to have your Advance Directive witnessed, one of the witnesses must be a person who will not benefit from your estate and is not related to you by blood, marriage or adoption.

People who are named to serve as your Agent or Alternate Agent cannot serve as witnesses.

What if I change my mind about my Advance Directive?
The best way to change your Advance Directive is to create a new one. The new Advance Directive will cancel the old one. Be sure to notify all people who have copies of your old Advance Directive and collect and destroy those copies.

If you name your spouse as your Agent and then get a divorce, the appointment of your spouse as your Agent is cancelled. If you want your ex-spouse to remain your Agent, you should create a new Advance Directive.

Do I have to create an Advance Directive to receive health care treatment?
No. Health care providers cannot require you to create an Advance Directive as a condition of receiving treatment.

What should I do with my Advance Directive after I sign it?
After your Advance Directive is signed and witnessed or notarized, you should give a copy to your Agent, your Alternate Agent, your doctor, your hospital. You should keep the original in a safe place where it can easily be found; however, a copy is legally valid.

Where To Get More Information

What if I need more information or have questions about Advance Directives?
If you need more information or have questions about Advance Directives, please call The Professionals at 423-431-5551 or toll-free at 1-800-888-5551.

NOTE: THE INFORMATION IN THIS BOOKLET PERTAINS ONLY TO TENNESSEE LAW CONCERNING ADVANCE DIRECTIVES AND MAY NOT BE USEFUL IN OTHER STATES. ALSO, THE ABOVE INFORMATION IS NOT INTENDED TO BE LEGAL ADVICE. IF YOU NEED LEGAL ADVICE, YOU SHOULD CONTACT A LAWYER.

ADVANCE CARE PLAN

> *Instructions: Competent adults and emancipated minors may give advance instructions using this form or any form of their own choosing. To be legally binding, the Advance Care Plan must be signed and either witnessed or notarized.*

I, ___________________________________, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself, as determined by a qualified physician.

Agent: I want the following person to make health care decisions for me:

Name: ______________________________ Phone #: _____________ Relation: _____________________
Address: ____

Alternate Agent: If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate:

Name: ______________________________ Phone #: _____________ Relation: _____________________
Address: ____

Quality of Life:

I want my doctors to help me maintain an acceptable (clean, comfortable and pain-free) quality of life. A quality of life that is unacceptable to me means when I have any of the following conditions **(you can check as many of these items as you want):**

- ❑ **Unconscious Condition:** I become totally unaware of people or surroundings with little chance of ever waking up from the coma, as determined by my physician.
- ❑ **Permanent Confusion:** I become unable to remember, understand or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.
- ❑ **Dependent in all Activities of Daily Living:** I am no longer able to talk clearly or move by myself. I depend on others for feeding, bathing, dressing and walking. Rehabilitation or any other restorative treatment will not help.
- ❑ **End-Stage Illnesses:** I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that does not respond anymore to treatment; chronic and/or damaged heart and lungs, where oxygen needed most of the time and activities are limited due to the feeling of suffocation.

Treatment:

If my quality of life becomes unacceptable to me and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. **Checking "yes" means I WANT the treatment. Checking "no" means I DO NOT want the treatment.**

Yes	No	Treatment
❑ Yes	❑ No	**CPR (Cardiopulmonary Resuscitation):** To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.
❑ Yes	❑ No	**Life Support / Other Artificial Support:** Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys and other organs to continue to work.
❑ Yes	❑ No	**Treatment of New Conditions:** Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.
❑ Yes	❑ No	**Tube feeding/IV fluids**: Use of tubes to deliver food and water to patient's stomach or use of IV fluids into a vein which would include artificially delivered nutrition and hydration.

Other instructions, such as burial arrangements, hospice care, etc.: ____________________________________
____
____
____
____
____

(Attach additional pages if necessary)

<u>Organ donation:</u> Upon my death, I wish to make the following anatomical gift (please mark one):

❑ Any organ/tissue ❑ My entire body ❑ Only the following organs/tissues: _______________
____

❑ I do not wish to donate any organs/tissues.

<u>SIGNATURE</u>

Your signature should either be witnessed by two competent adults or notarized. If witnessed, neither witness should be the person you appointed as your agent, and at least one of the witnesses should be someone who is not related to you or entitled to any part of your estate.

Signature: ____ DATE: _____________________
(Patient)

Witnesses:

1. I am a competent adult who is not named as the agent. I witnessed the patient's signature on this form.

   ____
   Signature of witness number 1

2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

   ____
   Signature of witness number 2

This document may be notarized instead of witnessed:

STATE OF TENNESSEE
COUNTY OF ____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who signed as the "patient". The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: ________________________ ______________________________________
Signature of Notary Public

<u>WHAT TO DO WITH THIS ADVANCE DIRECTIVE</u>

- Keep the original copy in your personal files where it is accessible to others
- Provide a copy to your physician(s)
- Tell your closest relatives and friends what is in the document
- Provide a copy to the person(s) you named as your health care agent

APPOINTMENT OF HEALTH CARE AGENT
(Tennessee)

I, ________________________________, give my agent named below permission to make health care decisions for me if I cannot make decisions for myself, including any health care decision that I could have made for myself if able. If my agent is unavailable or is unable or unwilling to serve, the alternate named below will take the agent's place.

Agent:

____
Name

____
Address

____
City State Zip Code

( ) ____
Area Code Home Phone Number

( ) ____
Area Code Work Phone Number

( ) ____
Area Code Mobile Phone Number

Alternate:

____
Name

____
Address

____
City State Zip Code

( ) ____
Area Code Home Phone Number

( ) ____
Area Code Work Phone Number

( ) ____
Area Code Mobile Phone Number

____
Patient's name (please print or type) Date

____
Signature of patient (must be at least 18 or emancipated minor)

To be legally valid, **either** Block A **or** Block B must be properly completed and signed.

Block A Witnesses (2 witnesses required)

1. I am a competent adult who is not named as the agent.
   I witnessed the patient's signature on this form.

   ____
   Signature of witness number 1

2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

   ____
   Signature of witness number 2

Block B Notarization

STATE OF TENNESSEE
COUNTY OF ________________________________

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who signed as the "patient". The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: ________________________

____
Signature of Notary Public