



Communicate YOUR treatment choices even when YOU are UNABLE to do so.

If you need more information or have any questions about Advance Directives, HERE is our website address WHERE you can find additional information: www.advancedirectivesTN.org

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CREATING AN ADVANCE DIRECTIVE

HOW do I create an Advance Directive? This form contains

all the information necessary to create an Advance Directive. In completing this form you create an Advance Care Plan and

appoint a Health Care Agent to make medical decisions for you if you are not able. If you only wish to appoint a Health

Care Agent, you should draw a line through the Advance Care Plan section. This form can be completed without the

assistance of an attorney. However, the information in this pamphlet is not intended to be legal advice. If you need legal

advice, you should contact a lawyer.

DOES my Advance Directive need to be witnessed or

notarized? Your Advance Directive must either be witnessed by two competent adults or notarized by a Notary Public. 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

Alternative 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

Practically speaking, WHAT does an Advance

Directive do? It tells your doctor whether you

want life-prolonging medical treatment such as

cardiopulmonary resuscitation (CPR), breathing

machine or tube feeding. It also will allow you to add

special instructions, such as burial arrangements,

donating your organs. And it will name a person to

make health care decisions for you if you are unable

to make those decisions yourself.

ADVANCE DIRECTIVE FOR HEALTHCARE

WHO can create an Advance Directive? Competent adults and emancipated minors may create an advance directive. WHEN does an Advance Care Plan go into effect? An Advance Care Plan goes into effect when you are unable to make decisions for yourself. Your agent will make decisions for you. If you completed the quality of life and treat sections and they apply to your condition, your wishes must be followed by your agent and your physicians. HOW is an Advance Directive different from a living will or Advance Care Plan? In 2004, a new law went into effect that changed the name of the Living Will form to Advance Care Plan and in 2016 the term Advance Care Plan was changed to Advance Directive. The Advance Directive includes Living Will information and allows you to name a Health Care Agent who can make decisions about your care if you are unable to do so.

WHAT if I already have a Living Will or Durable Power of Attorney for Health Care? Do I need an Advance Directive? Your Living Will or Durable Power of Attorney for Health Care is still valid, so you do not have to create an Advance Directive. If you create an Advance Directive, it will replace your old Living Will and Durable Power of Attorney for Health Care. WHOM should I choose to be my Health Care Agent? If you are unable to make your health care decisions your Health Care Agent is responsible for making health care decisions that are consistent with your wishes. You should talk to your Agent about your choices and make sure he or she knows what is important to you. The Appointment of Health Care Agent does not allow your Agent to make any financial decisions for you. WHO can create an Advance Directive? Competent adults and emancipated minors may create an 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.

ADVANCE DIRECTIVE FOR HEALTH CARE*
(Tennessee)

Instructions: Parts 1 and 2 may be used together or independently. Please mark out/void any unused part(s). Part 5, Block A or Block B must be completed for all uses.

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.

Part 1

Agent: I want the following person to make health care decisions for me. This includes any health care decisions I could have made for myself if able, except that my agent must follow my instructions below:

Name: _____ Relation: _____

Address: _____

Zip Code: _____ Home Phone: _____

Mobile vs. Work Phone: _____ Other Phone: _____

Alternate Agent: If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: _____ Relation: _____

Address: _____

Zip Code: _____ Home Phone: _____

Mobile vs. Work Phone: _____ Other Phone: _____

My agent is also my personal representative for purposes of federal and state privacy laws, including HIPAA.

When Effective (mark one):

I give my agent permission to make health care decisions for me at any time, even if I have capacity to make decisions for myself.

I do not give such permission (this form applies only when I no longer have capacity).

Part 2

Indicate Your Wishes for Quality of Life: By marking "yes" below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management. By marking "no" below, I have indicated conditions I would not be willing to live with (that to me would create an **unacceptable** quality of life).

Yes No

Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance of ever waking up from the coma.

Yes No

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.

Yes No

Dependent in all Activities of Daily Living: I am no longer able to talk or communicate clearly or move by myself. I depend on others for feeding, bathing, dressing, and walking. Rehabilitation or any other restorative treatment will not help.

Yes No

End-Stage Illness: I have an illness that has reached its final stages in spite of all treatment. Examples: Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where oxygen is needed most of the time and activities are limited due to the feeling of suffocation.

Indicate Your Wishes for Treatment: If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked "no" above) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking "yes" below, I have indicated treatment I want. By marking "no" below, I have indicated treatment I **do not want**.

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 a patient's stomach or use of IV fluids into a vein, which would include artificially delivered nutrition and hydration.

Part 3

Other instructions, such as hospice care, burial arrangements, etc:

(attach additional pages if necessary)

Part 4

Organ Donation: Upon my death, I wish to make the following anatomical gift for purposes of transplantation, research, and/or education (mark one):

Any organ/tissue My entire body

Only the following organs/tissues

No organ/tissue donation

SIGNATURE

Part 5 Your signature must **either** be witnessed by two competent adults ("Block A") **or** by a notary public ("Block B").

Patient Signature

Date

Block A Neither witness may be the person you appointed as your agent or alternate, and at least one of the witnesses must be someone who is not related to you or entitled to any part of your estate,

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 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 2

Block B You may choose to have your signature witnessed by a notary public instead of the witnesses described in Block A.

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

WHAT TO DO WITH THIS ADVANCE DIRECTIVE: (1) Provide a copy to your physician; (2) keep a copy in your personal files where it is accessible to others; (3) tell your closest relatives and friends what is in the document; (4) provide a copy to the person(s) you named as your health care agent.

*This form replaces the old forms for durable power of attorney for health care, living will, appointment of agent, and advance care plan, and eliminates the need for any of those documents.