



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

EFF04-2017

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

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 Agent is Cancelled. If you want

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.

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.

CREATING AN ADVANCE DIRECTIVE

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 and 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.
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.
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.

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 those 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 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 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)

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

- I do not wish to donate any organs/tissues
- Any organ/tissue My entire body Only the following organs/tissues: _____

This document states my wishes and choices as of _____ (date).

Signature:

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 of Patient

Date: _____

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

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