



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

appointment of your spouse as Agent is Cancelled. If you want

ADVANCE DIRECTIVE FOR HEALTHCARE

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.

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.

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*