



Honoring Choices[®]

MINNESOTA

An initiative of the Twin Cities Medical Society.

Completing your Honoring Choices Health Care Directive:

<input type="checkbox"/>	8-page Directive
<input checked="" type="checkbox"/>	4-page Directive
<input type="checkbox"/>	2-page Directive

Completing a health care directive is a very good thing for all adults to do. The form should be filled out after you've spent time thinking, and talking with loved ones, about your values and goals related to your future health care needs. Your directive should be detailed enough to allow people reading it to feel confident they can make decisions that would align with what you would say, if you were able to be a part of the conversation.

If you are in a situation where you cannot communicate, there will still be decisions that need to be made. If you have not talked with those closest to you about what you would want done, they will have to guess, and that is difficult.

**We can't do what you want
if we don't know what that is.**

For that reason it is important that all adults have Advance Care Planning conversations, and ideally write down their goals, values and preferences in a Health Care Directive. This document is your voice – so in a situation where you are not able to communicate, you can still have a say in the decisions being made.

General notes:

- Write your name and the date on the top of every page just in case the pages become separated – that way it is an easy task to put all pages back in order.
- If you have instructions that are longer than the directive allows space for, you may attach additional pages. If you do this, indicate it by initialling the box on page 4.
- This is a “living document” meaning you should review and revise it periodically throughout your lifetime. Life circumstances change, and it’s important that your directive stays up-to-date.

Page 1: Identification of Self and Agent(s)

This is the page where you identify yourself and your Agent(s). Please be sure to write legibly.

It is recommended that you choose one primary Agent, and then you may name as many secondary Agents as you like.

If you cannot choose between two people, and want both as your Agent, one simple solution might be to select the one that lives closest as your primary Agent and the other as a secondary Agent. You could also include a written note stating your expectation that both your Agent and secondary Agent work together to make decisions.

Legally, you may name more than one Agent but it is strongly recommended that you select one person to be the **primary person** for discussion and decision-making.

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www.honoringchoices.org

Health Care Directive
English

This document replaces any health care directive made before this one.
This document doesn't apply to electroconvulsive therapy or neuroleptic medications for mental illness.
I will give copies to my health care agents and health care teams when completed.
I will make a new health care directive if my agents, goals, preferences, or instructions change.

My Full Name _____ My Date of Birth _____
My Address _____
My Cell # _____ Home # _____ Work # _____

My Health Care Agents
My health care agent is my voice if I can't make health care decisions for myself. I trust my agent to be my advocate, to follow my instructions, and to make decisions based on what I would want. My agents are at least 18 years old. If I chose my health care provider to be an agent, I have given my reason below.

Health Care Agent
Name _____ Relationship to me _____
Address _____
Cell # _____ Home # _____ Work # _____

First Alternate Health Care Agent-If my health care agent isn't willing, able, or reasonably available.
Name _____ Relationship to me _____
Address _____
Cell # _____ Home # _____ Work # _____

Second Alternate Health Care Agent-If my first alternate agent isn't willing, able, or reasonably available.
Name _____ Relationship to me _____
Address _____
Cell # _____ Home # _____ Work # _____

Why I chose these health care agents:

Health Care Agents: Powers and Special Situations
If I'm not able to make my own health care decisions, my health care agent can: access my medical records, decide when to start and stop treatments, and choose my health care team and place of care.

I also want my health care agent to:

Make decisions about continuing a pregnancy if I can't make them myself.
 Make decisions about the care of my body after death (autopsy, burial, cremation).

Rev 03/09/18
Advance Directives Page 1 of 4

Remember: the first person you think of may or may not be the best person for this role. We recommend you read the Information Sheet on the Role of the Agent, available on the Honoring Choices website. It is important to **talk with the person you are asking to be your Agent**, to be sure they understand the role and are willing to accept it.

Additional notes on page 1:

1. This directive is not meant for use by people who have a mental health diagnosis in which invasive treatments are used in treatment. There is a Minnesota Psychiatric Health Care Directive available for people in that situation; a link to this form is available on our website or you can request a copy from your mental health care provider.
2. Possible additional powers of your Agent are listed on the bottom of page 1. Please initial the boxes next to the statements you agree with to help your caregivers understand the scope of your Agent's role. You may leave them blank if you wish.

Page 2: My Goals and Values

Here we ask you to start thinking about healthcare goals and values considering your current state of health.

Your answers to the questions on this page can give the most information to your family, friends, and healthcare team about your personal preferences, values, and choices. We strongly encourage you to answer the questions thoughtfully and thoroughly.

Some examples of things people have included on this page:

- Playlist of music to be played in your room
- Instructions about where you would like to receive care, including hospice care
- Requests for visits from pets
- Instructions about wanting or not wanting prayers, spiritual rituals, or other faith-related traditions
- Notes about who to notify (faith leaders, specific friends, extended family members, etc) and who to not notify (it is acceptable to indicate your feelings of what you do not want to happen in your final days)
- Information about memorial services including music, readings, guests, food and beverage, location, and other details
- Personal messages to family/loved ones (for example “please surround my bed and share stories and memories, and laugh together at the joy we have shared.” or “It’s important to me that you all get along, so if you find yourself arguing about my care, take some time to calm down and start again.”)

Thumbnail of Page 2: My Goals and Values form. The form includes fields for Name and Date, followed by the title "My Goals and Values". Below the title is a note: "These answers should be used to help make health care decisions if I can't make them myself." The form contains several questions: "Three non-medical things I want others to know about me:", "What gives me strength or keeps me going in difficult times:", "My worries and fears about my health:", "My goals if my health gets worse:", "What I want others to know about my spiritual, cultural, religious, or other beliefs:", "Things that make my life worth living:", "When I am nearing death, I would find comfort and support from:", and "My idea of a good death is:". At the bottom, it says "Rev. 03/09/18 Advance Directives" and "Page 2 of 4".

Page 3: Life-Sustaining Treatments

This page takes you further into thinking about future healthcare choices if you are permanently unconscious or terminally ill.

Your care preferences if you are permanently unconscious:

U _____ @ _____ aligns with your goals and values.

Your care preferences if you are terminally ill:

Three care and decision scenarios are explained. Initial the box next to the statement that aligns with your goals and values.

Please note that efforts to keep you comfortable, which include some types of medication, as well as food and liquid offered by mouth, are offered to all patients. If you do not want these comfort measures, you should describe your preferences on page 4 in "Additional Instructions."

Thumbnail of Page 3: Life-Sustaining Treatments form. The form includes fields for Name and Date, followed by the title "Life-Sustaining Treatments". Below the title is a note: "Mechanical or artificial treatments may keep a person alive when the body can't function on its own. Examples are: ventilation (breathing machine) when the lungs aren't working, cardiopulmonary resuscitation (CPR) to try to restart a heart that has stopped beating, artificial feeding through tubes, intravenous (IV) fluids, and dialysis when the kidneys aren't working." The form contains two main sections: "My Future Care Preferences if I'm Permanently Unconscious" and "My Future Care Preferences if I'm Terminally Ill". Each section has three options with checkboxes: "I want some or all possible life-sustaining treatments if I'm permanently unconscious/terminally ill.", "I don't want life-sustaining treatments if I'm permanently unconscious/terminally ill.", and "I can't make a decision now about life-sustaining treatments if I'm permanently unconscious/terminally ill." Below each section is a note explaining the implications of each choice. At the bottom, it says "Rev. 03/09/18 Advance Directives" and "Page 3 of 4".

Page 4: Organ Donation; After I Die; Additional Instructions; Making This Document Legal

Here you are asked for your preferences on what happens after you die.

Some things that people include on this page:

- Preferences regarding burial, cremation, or other options
- Donation of your entire body to science (NOTE: This MUST be arranged ahead of time with the recipient organization – your directive alone cannot arrange for this type of whole-body donation)
- Contact information and other details about any pre-arranged plans you have put in place

Next, there is space to write in additional instructions.

Some people include:

- Information on specific treatments such as eating and drinking
- Continuation of information from Page 2

Making This Document Legal: Completing the last section of this page turns your directive into a legal document. You must sign and date it (or authorize another to sign for you if you are unable to sign yourself).

Then, either have your directive notarized **or** have it signed by two adult witnesses (neither of whom can be your Agent or secondary Agent, and only one of whom can be an employee of your healthcare provider.) You do not need both witnesses and a notary.

Now that I have completed by Health Care Directive, I will also:

- Keep my original completed Health Care Directive where it can be easily found.
- Talk to my primary and alternate Health Care Agents and make sure they feel able to do this important job for me in the future.
- Talk to the rest of my family and close friends who might be involved if I have a serious illness or injury, making sure they know who my Health Care Agent is, and what my wishes are.
- Give a copy of my completed Health Care Directive to my named Health Care Agent(s).
- Give a copy of my completed Health Care Directive to my doctor and other health care providers, and make sure they understand and follow my wishes.
- Take a copy of my Health Care Directive any time I am admitted to a health care facility, and ask that it be placed in my medical record.
- Give a copy of my completed Health Care Directive to close family members and friends who are not my Agent(s), but who will likely be involved in my care.
- Give a copy of my Health Care Directive to my personal attorney to have on file with copies of my will or other legal documents.
- Give a copy of my Health Care Directive to my faith leader, if I've included a request for this person to be involved in my care and/or to lead a memorial service.

Questions? Contact Honoring Choices Minnesota at info@HonoringChoices.org or 612-362-3705