



What Tennesseans Need to Know About Making an Advance Health Care Plan (Living Will) and Naming a Health Care Agent



Why is this important?

People have the right to make their own health care decisions. When you are well enough to make decisions, you only get care you agree to. You can also refuse care.



Do you want an Advance Care Plan and Health Care Agent? Then you need to sign it while you can still say what you want. If you can't speak for yourself later, your plan and agent speak for you. The plan and agent can tell your doctors and your

family what care you want. They can also stop medical care you don't want.

Your Advance Care Plan can't cover everything that might happen. **The most important thing you can do is talk to your family and Health Care Agent.** Tell them now what kind of care you want. Tell them who you picked as your Health Care Agent.

What is an Advance Care Plan?

An Advance Care Plan is a paper you fill out and sign. It tells your doctor what health care you want. It will only be used if you get too sick to decide for yourself. The Plan says what kind of care you want and don't want.

What is a Health Care Agent?

A Health Care Agent is someone you name. They make your health decisions if you get too sick to make them. Your agent should be someone you trust to make good decisions. Make sure your agent knows what kind of care you will want. Make sure the person is willing to be your agent. It is a good idea to name a second person as the backup agent. They will be your agent if the first person can't.

What if I don't name a Health Care Agent and get too sick to decide for myself?

Your doctor will pick one of your relatives to decide for you. First choice will be your husband or wife. Second choice is your adult child. Third choice is your parent. After that, the doctor will find another adult relative to decide for you. Want to decide for yourself? Then name a Health Care Agent. Be sure and talk to the person you name. Let them know what kind of care you want.

Do I need to have both an Advance Care Plan and a Health Care Agent?

No. You can make an advance care plan, name a health care agent or do both. An advance care plan helps to solve problems you can see coming. Having a health care agent helps when unexpected problems come up.

Who can sign an Advance Care Plan or name a Health Care Agent?

To sign, you must be a competent adult or an emancipated child.

Do I need a lawyer for this?

No. You can make an advance care plan or choose a health care agent without a lawyer. You can use the paper with this brochure. Does the paper not

seem right for you? Do you have questions not answered here? Then you may want advice from a lawyer. A lawyer who helps with a Will can help with an advance care plan. The lawyer can also help you name a health care agent.



How can I sign these papers to make them legal?

You must sign this paper in front of 2 witnesses **OR** in front of a notary. Your health care agent cannot be a witness. The witnesses must not be related to you by blood, marriage or adoption. The witnesses must not be people who will inherit your property. Need to find a notary? Ask at your bank, insurance company, hospitals or law offices.



What do I do with my Advance Care Plan or Health Care Agent papers?

A copy of your Plan or Agent papers is just as good as the original. Give copies to:

- your main doctor(s),
- your main hospital,
- your health care agent,
- your backup health care agent and
- your close relatives.

Ask those people to read the paper. Ask them to talk with you about anything that is not clear. Keep the original somewhere safe. Make sure your family can find it or has copies.

What if I change my mind?

You can change your advance health care plan and health care agent any time. The best way is to fill out, date and sign a new one. This will cancel the old one.



Who has a copy of the old one? Give them copies of the new paper. Ask them to tear up the old paper. Be extra sure to give a copy of the new paper to your main doctor(s). Be extra sure to give a copy to your health care agent and family.

How to Use the Wallet Card

If you make an Advance Care Plan, fill out the card and carry it with you. This could be important if you are taken to an emergency room and you can't talk. It tells health care workers that you have an Advance Care Plan. It also tells them who to contact.

1. Fill out the card. Be sure you check the boxes that tell what you want.
2. Cut the card out on the dotted line. Fold it in half on the solid line.
3. Keep the card with your health insurance card or your Medicare card.

Notice To Health Care Providers:

I, _____
(Print your name here)

have an **Advance Care Plan**. My main doctor is:
Name _____

Address _____

Phone (day) _____ **(night)** _____

I **DO** **Do NOT** **want to give** part or all of my body for organ transplants. I want to donate **ALL OF BODY** **OR** just these parts :

Fold on this line

Notice to Health Care Providers:

I, _____
(Print your name here)

have an **Advance Care Plan**. **Here is where I keep my Plan or a copy:**

I **DO** **Do NOT** have a **Health Care Agent**.

The Health Care Agent who can make medical care decisions if I can't is:

Name _____

Address _____

Phone (day) _____ **(night)** _____

Cut out on dotted line



Advance Care Plan and Appointment of Health Care Agent



My name is: _____ My birth date is: _____

Want to say what medical care you want if you can't speak for yourself? Then fill out Part 1.
Want to name someone to make your health care decisions if you can't? Then fill out Part 2.

Part 1. Mark "Yes" to show when you want your Advance Care Plan used.

___ Yes ___ No Use my Advance Care Plan for **Last stage of Terminal Illness**. Examples: last stage of cancer, heart failure. This means:

- My medical problem will kill me no matter what treatment I get;
- AND I can't make medical decisions.

___ Yes ___ No Use my Advance Care Plan for **Loss of Awareness**. This means:

- I am in a coma and there is little chance it will end;
- **OR** I don't know where I am and there is little chance this will change;
- AND I can't make medical decisions.

___ Yes ___ No Use my Advance Care Plan for **Helplessness**. This means:

- I can't let others know what I want;
- I must have help to eat, bathe, dress, walk or do other daily things;
- There is little chance I will get better.
- AND I can't make medical decisions.

___ Yes ___ No Use my Advance Care Plan for **Confusion**. This means if I am so confused:

- I can't talk with others and make sense;
- I can't make medical decisions;
- I can't recognize my family and friends;
- AND there is little chance I will get better.

I always want care that will keep me comfortable. **If I get a problem I marked "Yes" to above, use my Advance Care Plan.** I put checks ✓ below to show what care I want or don't want.

I ___ **do** or ___ **don't** want pain relief even if it might shorten my life or cause harm.

I ___ **do** or ___ **don't** want pain relief even if I will get addicted to the medicine.

I ___ **do** or ___ **don't** want to get care that will only make my dying take longer.

I ___ **do** or ___ **don't** want to get food or water through a tube.

I ___ **do** or ___ **don't** want to be kept alive by a machine that helps me breathe or circulate blood.

I ___ **do** or ___ **don't** want my heart beat to be re-started by electric shock or other means.

I ___ **do** or ___ **don't** want treatment for **new** health problems except to keep me comfortable.

Example: If it won't help my main illness, don't treat me for infections.

Also, here are some other things I want for my care (add more pages if needed):

Part 2. Fill out this part if you want to name a Health Care Agent.

I may get too sick to make my own health care decisions. If I do, this is who I want to make health care decisions for me:

Name: _____ Relation: _____ Phone: _____

Address _____

Backup Agent - if the person I picked as Agent can't do it.

Name: _____ Relation: _____ Phone: _____

Address _____

NOTE: Two witnesses OR a notary must watch you sign. Then they must sign below.

I, _____ am in my right mind and know what I am doing. I understand what this paper says. I want my doctor and family to do what this Plan says. I am signing this paper on the _____ day of _____, 20____.

(Date) (Month) (Year)

X _____
Sign here but wait until the witnesses or notary are watching.
You must be at least age 18 or emancipated.

If you have witnesses watch you sign, they must sign this part. Remember, your Health Care Agent cannot be a witness.

We, _____ and _____ know the adult person who signed this paper in front of us. We believe this person is in their right mind and knows what they are signing. We believe no one forced this person to sign or talked them into it. We are not related to this person by blood, marriage or adoption. We will not get any of this person's belongings when they die.

Date: _____ Witness Signature: _____

Date: _____ Witness Signature: _____

OR if you have a notary watch you sign, the notary must sign this part.

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 whose name is shown above 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: _____ Notary Public: _____