

ADVANCE HEALTH CARE DIRECTIVE

This document may be used to make your wishes known regarding what medical treatment or care you do or do not want to receive in the event you are unable to speak for yourself. You should provide a copy to your doctor, family, and friends.

I. ADVANCE HEALTH CARE DECLARATION

I, _____, being of sound mind and legal age, willfully and voluntarily make this declaration to state my desires regarding health care treatment if I am unable to speak for myself. It is my intention that this declaration be honored by my family, my physicians, and all others who may partake in my healthcare.

II. DEFINITIONS

“Artificial nutrition and hydration” is food, supplements, or fluids provided through intravenous (IV) therapy or a feeding tube.

“Life-sustaining treatment” is any mechanical or artificial treatment, procedure, or medication that would prolong the process of dying. Examples of such treatment include antibiotics, artificial respiration, cardiopulmonary resuscitation (CPR), dialysis, transfusions, and ventilation.

“Permanent unconscious state” is a total loss of consciousness from which I am unlikely to recover in the near future. Examples include a persistent vegetative state and irreversible coma.

“Terminal condition” is an irreversible illness that will likely result in my death or a state of permanent unconsciousness from which I am unlikely to recover in the near future.

III. POWER OF ATTORNEY FOR HEALTH CARE

DESIGNATION OF AGENT

In the event I have a terminal condition or am in a permanent unconscious state, or am otherwise unable to speak for myself, I designate the following individual as my agent to make health care decisions for me:

Agent's Full Name