

ALABAMA ADVANCE DIRECTIVE FOR HEALTH CARE

This form may be used in the State of Alabama to make your wishes known about what medical treatment or other care you **would** or **would not** want if you become too sick to speak for yourself. You are not required to have an advance directive. If you do have an advance directive, be sure that your doctor, family, and friends know you have one and know where it is located.

SECTION 1. LIVING WILL

I, _____, being of sound mind and at least 19 years old, would like to make the following wishes known. I direct that my family, my doctors and health care workers, and all others follow the directions I am writing down. I know that at any time I can change my mind about these directions by tearing up this form and writing a new one. I can also do away with these directions by tearing them up and by telling someone at least 19 years of age of my wishes and asking him or her to write them down.

I understand that these directions will only be used if I am not able to speak for myself.

IF I BECOME TERMINALLY ILL OR INJURED:

Terminally ill or injured. Terminally ill or injured is when my doctor and another doctor decide that I have a condition that cannot be cured and that I will likely die in the near future from this condition.

Life sustaining treatment. Life sustaining treatment includes drugs, machines, or medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

Place your initials by either "yes" or "no."

I want to have life sustaining treatment if I am terminally ill or injured.

_____ Yes

_____ No

Artificially provided food and hydration (Food and water through a tube or an IV): I understand that if I am terminally ill or injured I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

Place your initials by either "yes" or "no."

I want to have food and water provided through a tube or an IV if I am terminally ill or injured.

_____ Yes

_____ No

IF I BECOME PERMANENTLY UNCONSCIOUS:

Permanent unconsciousness. Permanent unconsciousness is when my doctor and another doctor agree that within a reasonable degree of medical certainty I can **no** longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make that decision. I understand that at least one of these doctors must be qualified to make such a diagnosis.

Life sustaining treatment. Life sustaining treatment includes drugs, machines, or other medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

Place your initials by either "yes" or "no."

I want to have life-sustaining treatment if I am permanently unconscious.

_____ Yes

_____ No

Artificially provided food and hydration (Food and water through a tube or an IV): I understand that if I become permanently unconscious, I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

Place your initials by either "yes" or "no."

I want to have food and water provided through a tube or an IV if I am permanently unconscious.

_____ Yes

_____ No

OTHER DIRECTIONS:

Please list any other things you want **done** or **not done**.

In addition to the directions I have listed on this form, I also want the following: N/A

If you do not have other directions, place your initials here.

_____ No, I do not have any other directions.

SECTION 2. IF I NEED SOMEONE TO SPEAK FOR ME

This form can be used in the State of Alabama to name a person you would like to make medical or other decisions for you if you become too sick to speak for yourself. This person is called a health care proxy. You do not have to name a health care proxy. The direction in this form will be followed even if you do not name a health care proxy.

*Place your initials **by only one** answer.*

_____ I **do not** want to name a health care proxy.
_____ I **do** want the person listed below to be my health care proxy.
I have talked with this person about my wishes.

First Choice For Proxy's Full Name

First Choice For Proxy's Relationship to Me

First Choice For Proxy's Address

City

State

Zip Code

First Choice For Proxy's Day Phone **First Choice For Proxy's Night Phone**

SECTION 3: THE THINGS LISTED ON THIS FORM ARE WHAT I WANT

I understand the following:

- If my doctor or hospital does not want to follow the directions I have listed, they must see that I get to a doctor or hospital who will follow my directions.
- If I am pregnant, or if I become pregnant, the choices I have made on this form will not be followed until after the birth of the baby.
- If the time comes for me to stop receiving life sustaining treatment or food and water through a tube or an IV, I direct that my doctor talk about the good and bad points of doing this, along with my wishes, with my health care proxy, if I have one, and with the following people:
_____.

SECTION 4. DONATION OF ORGANS AT DEATH

Upon my death, I give:
(Initial beside your choice)

_____ Upon my death, I DO NOT wish to make an anatomical donation

_____ Upon my death, I authorize my agent to donate all or any part of my body for any purposes my agent sees fit.

SECTION 5. MY SIGNATURE

<hr/> <hr/>	May 27, 2019
Your Name	Month, Day, and Year of Your Birth
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Your Signature	Date Signed

SECTION 6. WITNESSES (TWO WITNESSES MUST SIGN)

I am witnessing this form because I believe this person to be of sound mind. I did not sign the person's signature, and I am not the health care proxy. I am not related to the person by blood, adoption, or marriage and not entitled to any part of his or her estate. I am at least 19 years of age and am not directly responsible for paying for his or her medical care.

Name of First Witness	Name of Second Witness
<hr/>	
Signature of First Witness	Signature of Second Witness
<hr/>	
Date Signed	Date Signed

SECTION 7. SIGNATURE OF PROXY

I, _____, am willing to serve as the health care proxy.

Signature of First Choice Proxy	Date Signed
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GENERAL INSTRUCTIONS

WHAT IS AN ADVANCE HEALTHCARE DIRECTIVE?

An Advance Healthcare Directive is a collection of legal documents empowering you to spell out your end-of-life decisions and medical care if you become unable to communicate your wishes due to terminal illness or incapacity. This is made up of two primary legal documents: Living Will and Medical Power of Attorney.

At minimum, you are encouraged to complete a Living Will and Medical Power of Attorney to establish a comprehensive framework for your end-of-life healthcare decisions. A comprehensive Advanced Healthcare Directive should have the following clearly spelled out:

- Healthcare agent/proxy
- Scope of authority
- End-of-life decisions
- End-of-life terminology defined
- Life-sustaining medical treatment
- Organ donation
- Witnesses

COMMON SITUATIONS

You should create an Advance Healthcare Directive if you want control and peace of mind over your future healthcare decisions. Your Directive will alleviate stress and confusion amongst healthcare professionals and your loved ones.

- Over the age of 18 years old
- Military personnel being deployed overseas
- Married and want to pass legal authority over property to my spouse
- Concerned about informing my loved ones and healthcare providers of my preferences regarding life support, resuscitation, ventilators, feeding tubes, and pain management
- Pregnant
- Traveling abroad for a length period of time
- Undergoing surgery, however minor or routine it is
- Entering the hospital for any reason
- Diagnosed with a terminal illness
- Undergoing continuous medical treatment
- Concerned about my health
- Engaged in a high risk profession, extreme sports or other activities

THE CONSEQUENCES OF NOT USING ONE

Without an Advance Healthcare Directive, you risk your healthcare provider and loved ones not knowing your healthcare preferences and how best to accomplish them. Your primary-care physician or wife, could have conflicting views on what should be done in certain medical situations, leading to highly contentious and confusing circumstances, possibly putting your life at stake. A Living Will coupled with a Medical Power of Attorney gives you the opportunity to take control of your future in case of medical emergency and uncertainty.

VALIDATING AND UPDATING YOUR DIRECTIVE

When you've completed your Advance Healthcare Directive, there are a few steps you will need to take to make it valid.

- Witnesses - Depending on who witnesses your signature, some states require you to have your directive notarized in order to give it legal effect
- Notify your healthcare provider - Provide your healthcare proxy or agent, primary-care physician, hospital, trusted individuals, and anyone named in the directive with copies
- Storage - Keep your original directive in a safe place, such as a safety deposit box

Once your Advance Healthcare Directive has been created, it isn't set in stone. Your opinions and values regarding your future healthcare needs could possibly change, so your directive should reflect those changes. You should reassess and consider changes to your Advance Healthcare Directive anytime one of the following "Five Ds" occurs.

- Diagnosis - When you are diagnosed with a serious or grave health condition
- Decline - When you experience a significant deterioration or decline in health
- Death - Whenever you experience the passing of a loved one
- Divorce - When you experience a divorce or other significant family change
- Decade - When you enter a new decade of your life

Your Advance Healthcare Directive comes into effect only after a hospital physician has evaluated your condition thoroughly and determined your underlying conditions. Some states recognize a special out-of-hospital "Do not resuscitate" bracelet, which could help prevent emergency personnel from ignoring your Advance Healthcare Directive.