

## **ADVANCED DIRECTIVE DOCUMENTS**

Advance directive is a general term used to describe both a Living Will and a Durable Power of Attorney for Healthcare. These two legal documents protect your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself.

A Living Will allows you to state your wishes about medical care in the event that you can no longer make your own decisions. This becomes effective when your attending doctor determines you are incapable of making decisions about the use of life-sustaining treatment and that you are either in a persistent vegetative state or in a terminal condition.

A Durable Power of Attorney for Healthcare allows you to name someone to make healthcare decisions for you. This goes into effect when your doctor and a consulting physician certify in writing that you are incapable of making healthcare decisions, and document the cause and nature of your incapacity. The person you appoint to make decisions about your medical care is called an attorney-in-fact. Your attorney-in-fact might be a family member or close family friend whom you trust to make serious decisions. It is important your attorney-in-fact clearly understand your wishes in detail and confirm that he or she agrees to act on your behalf. You can appoint a second person as your alternate attorney-in-fact. The alternate would step in if the first person was unable, unwilling, or unavailable to act for you.

The law requires you have your Living Will and/or Durable Power of Attorney for Healthcare witnessed. You can do this in either of two ways: have your signature witnessed by a notary public or sign your document in the presence of two witnesses, who must also sign the document to show that they know you and believe you to be of sound mind. Persons who can not be witnesses for you are: persons who are related to you, who will inherit from you, or for whom you are financially responsible.

You may revoke your Living Will or Durable Power of Attorney for Healthcare at any time.

Your Living Will and/or Durable Power of Attorney for Healthcare are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them. Give photocopies of the signed originals to your attorney-in-fact, doctor(s), family, close friends, clergy and anyone else who might become involved in your healthcare. If you enter a hospital or nursing home, have photocopies of your documents placed in your medical record. Be sure to talk to your attorney-in-fact and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.

The instructions given here are intended to inform you about state law and should not be construed as legal advice. You do not need an attorney to complete these forms; however, you may decide you would like legal assistance. The information and documents are provided on an "as is" basis, without warranty. The Grand Island End of Life Care Coalition shall not have any liability to any persons or entity with regard to any liability, loss, or damage caused or alleged to be caused directly or indirectly by the information provided.

**LIVING WILL  
DECLARATION  
OF**

\_\_\_\_\_  
(Printed name of person making declaration)

If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life-sustaining treatment (including artificially-administered nutrition and hydration\*), that is not necessary for my comfort or to alleviate pain.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

Signature: \_\_\_\_\_  
(Person making declaration)

Address: \_\_\_\_\_  
\_\_\_\_\_

The declarant voluntarily signed this writing in my presence. \* \*

Witness: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**\*\* OR**

The declarant voluntarily signed this writing in my presence.

Notary Public:  
\_\_\_\_\_

\* Strike the language in the parenthetical if this is not your desire

\*\* Must be witness by two witnesses or notarized

**POWER OF ATTORNEY FOR HEALTH CARE**

For

\_\_\_\_\_  
(Printed name of person making declaration)

I appoint \_\_\_\_\_, whose address is \_\_\_\_\_, and whose telephone number is \_\_\_\_\_, as my attorney-in-fact for health care.

I appoint \_\_\_\_\_, whose address is \_\_\_\_\_, and whose telephone number is \_\_\_\_\_, as my successor attorney-in-fact for health care.

I authorize my attorney-in-fact appointed by this document to make health care decisions for me when I am determined to be incapable of making my own health care decisions. I have read the warning that accompanies this document and understand the consequences of executing a power of attorney for health care.

I direct that my attorney-in-fact comply with the following instructions or limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I direct that my attorney-in-fact comply with the following instructions on life-sustaining treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I direct that my attorney-in-fact comply with the following instructions on artificially administered nutrition and hydration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read this Power of Attorney for Health Care. I understand that it allows another person to make life and death decisions for me if I am incapable of making such decisions. I a/so understand that I can revoke this Power of Attorney for Health Care at any time by notifying my attorney in fact, my physician, or the facility in which I am a patient or resident. I also understand that I can require in the Power of Attorney for Health Care that the fact of my incapacity in the future be confirmed by a second physician.*

\_\_\_\_\_  
Signature of person making declaration

Dated: \_\_\_\_\_



## **WARNING TO PERSON EXECUTING A POWER OF ATTORNEY FOR HEALTH CARE**

This is an important legal document.

It creates a power of attorney for health care.

Before signing this document you should know these important facts.

- a. This document gives the person you designate as your attorney-in-fact the power to make health care decisions for you when you are determined to be incapable. Although not necessary and neither encouraged nor discouraged, you may wish to state instructions or wishes and limit the authority of your attorney-in-fact;
- b. Subject to the limitation stated in subdivision (d) of this document, the person you designate as your attorney-in-fact has a duty to act consistently with your desires as stated in this document or otherwise made known by you or, if your desires are unknown, to act in a manner consistent with your best interests. The person you designate in this document does, however, have the right to withdraw from this duty at any time;
- c. You may specify that any determination that you are incapable of making health care decisions must be confirmed by a second physician;
- d. The person you designate as your attorney-in-fact will not have the authority to consent to the withholding or withdrawal of life-sustaining procedures or of artificially administered nutrition or hydration unless you give him or her that authority in this power of attorney for health care or in some other clear and convincing manner;
- e. This power of attorney for health care should be reviewed periodically. It will continue in effect indefinitely unless you exercise your right to revoke it. You have the right to revoke this power of attorney at any time while you are competent by notifying the attorney-in-fact or your health care provider of the revocation orally or in writing;
- f. Despite any provisions in this power of attorney for health care, you have the right to make health care decisions for yourself as long as you are not incapable of making those decisions;  
and
- g. If there is anything in this power of attorney for health care you do not understand, you should seek legal advice. This power of attorney for health care will not be valid for making health care decisions unless it is signed by two qualified witnesses who are personally known to you and who are present when you sign or acknowledge your signature.