

ADVANCE DIRECTIVE NOTIFICATION

(wallet card)



ADVANCE DIRECTIVES DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Check-List

- Ask a trusted person to be my patient advocate.
- Complete the Durable Power of Attorney for Health Care form.
- Have patient advocate sign and date the Acceptance by Patient Advocate form.
- Complete the Do-Not-Resuscitate Declaration form if applicable.
- Provide a copy of my Advance Directive(s) to:
 - My Patient Advocate
 - My primary care physician
 - A family member
- Keep all documents together in a safe and accessible location.
- Always bring a copy of my Advance Directive to the hospital when I know I'm going to be admitted.
- Review my Advance Directive annually.



Resources

You can get Durable Power of Attorney for Health Care and Do-Not-Resuscitate Declaration forms at:

- Your health center or clinic
- Any inpatient unit
- Guest Assistance Program (GAP)
800-888-9825
- Office of Patient Relations
877-285-7788

Visit our website:

- UofMHealth.org/advancedirectives

Complaints may be filed with the following organizations:

- Michigan Department of Community Health
800-882-6006
- Michigan Peer Review Organization (MPRO)
800-365-5899
- The Joint Commission
800-994-6610

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**Planning for health care
in the event of loss of
decision-making ability**

Frequently Asked Questions

Forms:

- Durable Power of Attorney for Health Care
- Acceptance by Patient Advocate
- Do-Not-Resuscitate (DNR) Declaration

Your Decisions Matter

Treatment decisions are difficult. Some day you may become too sick to make decisions about your medical care. If that happens, you may want to be sure your loved ones know and can talk about your wishes or decisions will be made for you. We encourage you to think about your wishes in advance, discuss your options with family or friends, and with your health care providers. Make plans now for your future health care needs.

Choose What is Right for You

The most commonly used Advance Directives in Michigan are a **Durable Power of Attorney for Health Care (DPOA-HC)** and a **Do-Not-Resuscitate (DNR) Declaration**. In Michigan, a **Living Will** is not legally binding but you may include written instructions and guidance to your appointed Patient Advocate in your Durable Power of Attorney for Health Care. Family, friends, and health care providers find these documents useful because they show your wishes.

Advance Directives are *not* required. However, if you are no longer able to make decisions for yourself, it helps to have someone you trust make decisions for you. Talk to your family and friends about what medical treatment you want to receive or would not want to receive, so they know what to tell your doctors.

Why We Ask About Advance Directives

It's important for us to know your wishes if you are not able to make decisions for yourself. It's your right. And it's the law (Patient Self Determination Act 1990). We will ask you frequently about whether you have a DPOA-HC or a DNR Declaration.

Honoring Your Wishes

According to policy, University of Michigan Hospitals and Health Centers may not honor Advance Directives under certain circumstances involving pregnancy or high risk or invasive procedures and treatments. In ambulatory care settings, Advance Directives that limit care are honored only if the patient is wearing/ carrying a DNR Declaration bracelet, or the Advance Directive is in the patient's medical record. To review our policy, ask your health care provider for a copy.

Changes

What if I change my mind about my Advance Directive?

You can change your Advance Directive at any time. It is a good idea to review your Advance Directive each year to be sure it still says how you want to be treated and names an advocate you trust.

- If you revise any of these forms, be sure to give the revised copy to the people who need them and ask for the old copies. Destroy the old copies.
- If you revoke your Advance Directive forms, be sure to ask the people who have the old copies to give them back to you, then destroy them.
- You may get new copies of the forms from any University of Michigan health center, clinic, inpatient unit, or by calling the Guest Assistance Program (GAP) at 800-888-9825 or the Office of Patient Relations at 877-285-7788.
- If you have given a copy of your Advance Directive(s) to a UMHS staff person, it should be in your electronic medical record. When you revise or revoke the Advance Directive, make sure to tell us so we can verify we have your most current copy in your medical record. You will need to give us a copy of your revised Advance Directive.
- At UMHS, the most recently dated forms will be considered valid.
- You will be asked about the status of your Advance Directive each time you are admitted to an inpatient unit. The forms in this booklet can be used in *any* health care system, not just at U-M Hospitals and Health Centers.

Your wishes and opinions matter.
Discuss them with others
while you are able to do so.

**Complete
CARD ⇄
and store
in your
wallet.**

Print your name _____ Signature _____ Date _____

I have a Durable Power of Attorney for Health Care

I have talked to my patient advocate, my family, and my doctor about the care I want or do not want. If I am unable to speak for myself, please contact:

Print name _____ Telephone Number _____





DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Planning for health care
in the event of loss of
decision-making ability



Introduction

As an able, competent adult, you have the right to accept or refuse medical treatment. You can say “no” to treatment even if treatment may keep you alive longer and even if your doctor or your family wants you to have it. Someday, you may become too sick to make decisions about your health care and those decisions will have to be made for you. This booklet helps you think about what you want.

Advance Directives allow you to say who you want to make decisions for you and to share your feelings about the kind of health care you want to receive or want to refuse. Think about the following:

- Who would you like to make treatment decisions for you if you become too sick to do so yourself?
- How do you feel about ventilators, surgery, drugs, or tube feeding if you become terminally ill, unconscious and not likely to wake up, or become severely confused?
- What kind of medical treatment would you want if you had a severe stroke or other condition that makes you dependent on others for your care?
- What abilities (mental, physical, or social) are important to you to enjoy living?
- Do you want to get every treatment your caregivers recommend?
- What are your wishes about life support if your heart or breathing stops?



Frequently Asked Questions About ADVANCE DIRECTIVES

1. What is an “Advance Directive?”

Advance Directives are specific instructions made in advance that are intended to direct your medical care when you are unable to do so. They state your wishes about medical, surgical, and/or behavioral health care when you are not able to speak for yourself.

2. Must I have an Advance Directive?

No. You do not need an Advance Directive but there are many good reasons to have one. No family member, hospital or health plan can force you to have one. No one can tell you what it should say if you decide to write one.

3. Are there different types of Advance Directives in Michigan?

Yes. A Durable Power of Attorney for Health Care (DPOA-HC) and a Do-Not-Resuscitate Declaration (DNR) are legal documents in Michigan but a Living Will is not. A Living Will may help provide evidence of what you may have wanted. These different Advance Directives are described below.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

4. What is a “Durable Power of Attorney for Health Care (DPOA-HC)”?

It is a document that allows you to give another person, called the “Patient Advocate”, the power to make medical treatment and related health care decisions for you. It says “who” you want to make decisions for you when you are unable to make them yourself.

5. Is a Durable Power of Attorney for Health Care legally binding in Michigan?

Yes. You must be 18 years old and you must understand you are giving another person power to make certain decisions for you should you become unable to make them. The DPOA-HC must be signed and dated by you and two adult witnesses. The DPOA-HC must have certain things in it to be valid. You may use the forms provided in this booklet, or use a form approved by the State Bar of Michigan, the Michigan Department of Community Health, or another Michigan hospital or healthcare provider. You may also ask an attorney to write one for you.

6. Who is eligible to have a Durable Power of Attorney for Health Care?

You must be at least 18 years old and of sound mind.

7. When can the Patient Advocate act on my behalf? When does my DPOA-HC take effect?

Your Patient Advocate can only make decisions for you when you are not able to make them yourself. When it looks like you might be unable to make your own decisions, two doctors (your attending doctor and another doctor or a psychologist) have to agree that you need your Patient Advocate to make decisions for you and document that in your medical record.

8. When might I be unable to participate in medical treatment decisions?

This can happen anytime. You might become unconscious in a car accident or have a stroke. There might be a long term or permanent loss from a condition such as dementia or Alzheimer's disease.

9. Who determines when I am no longer able to make my own decisions?

The doctor responsible for your care and one other doctor (or psychologist) will determine if you are no longer capable of making your own decisions.

10. What authority can I give a Patient Advocate?

You can give your Patient Advocate the authority to make personal care decisions you normally make yourself. For example, you can give your Patient Advocate the authority to:

- Consent to or refuse medical treatment
- Set up home healthcare or adult daycare
- Arrange care in a nursing home
- Donate your organs or body (only upon your death)

11. Can I give my Patient Advocate the right to make decisions to withhold or withdraw life sustaining treatment?

Yes. You must express in a clear way that the Patient Advocate is allowed to make the decision to withhold or withdraw your care. Before giving your Patient Advocate this authority, you must also understand that either or both of these decisions could result in your death.

12. Can I allow my Patient Advocate to decide to withhold or withdraw food and water?

Yes. You can give your Patient Advocate authority to have tube feedings withheld or withdrawn if you no longer want treatment or if you become terminally ill or permanently unconscious.

13. Do I have the right to express my wishes about medical treatment and personal care?

Yes. For example, you can express your wishes concerning the type of care you want during terminal illness. You might also express a desire not to be placed in a nursing home or a desire to die at home.

14. Who may I appoint as Patient Advocate?

Any person age 18 or older can be your Patient Advocate. Choose someone you trust, who is responsible, and is willing to listen to and carry out your wishes. It can be any member of your family, a trusted friend, a significant other, or whomever you consider to be your “family”.

15. Can I appoint a second person to serve as Patient Advocate in case the first named person is unable to serve?

Yes. It is recommended that you have a successor advocate in case your primary advocate is unable or unwilling to act on your behalf.

16. Does the person I choose need to agree to be my Patient Advocate?

Yes. He or she must sign a statement accepting responsibility before they can act on your behalf. This does not have to be done at the time you sign the form but must be done before the person can act as your Patient Advocate. You should speak to the person to make sure he or she is willing to serve. You should also give them a copy of your Durable Power of Attorney for Health Care.

17. Does my Patient Advocate have to follow my wishes?

Your Patient Advocate has a duty to take reasonable steps to follow your wishes and instructions, oral and written, you expressed while you were able to make decisions. This is called *acting in step with your best wishes*. You can also say in the Durable Power of Attorney for Health Care document that you want your Patient Advocate to make decisions for you based on the circumstances that may be present at the time.

18. What if there is a dispute when my Patient Advocate is making decisions for me?

If an interested person (a relative who would be eligible to be a guardian or a health facility where you are a patient) disputes whether the Patient Advocate is acting in your best interests, or has the authority to act in your behalf, the interested person may petition the local probate court to resolve the dispute.

19. What are the requirements for a Durable Power of Attorney for Health Care?

It must be in writing, signed and dated by you, and witnessed by two adults. There must be a written acceptance by your advocate, in language the Michigan law requires. There are restrictions on who can witness your signature.

20. What do I need to know about witnesses?

Witnesses should not sign if they believe you are not of sound mind based on seeing you and talking to you. Witnesses cannot be your spouse, parent, child, grandchild, sibling, heir or your beneficiary at the time they sign as a witness. Witnesses also cannot be your proposed Patient Advocate, your doctor or an employee of a health facility that is treating you (including any UMHS employee, contract staff, or volunteer). It cannot be an employee of your life or health insurance provider, or of a home for the aged where you reside, or of a community mental health services program or hospital that is providing mental health services to you.

21. What are my options about mental or behavioral health care?

If you choose to give your Patient Advocate powers concerning mental or behavioral health care, you should specify clearly which powers he or she can exercise. Some powers to consider are outpatient treatment, hospitalization, administration of psychotropic medication, and electro-convulsive therapy (ECT). Some of these treatments may require a court order. You can say what hospital you prefer and what medications you want or don't want. You can say which doctor or mental health provider (or both) you want to decide that you are not able to make your own mental health treatment decisions. While some people have two separate Durable Powers of Attorney for Health Care, one for medical care and another for mental health care which names separate Patient Advocates, most people use a combined form and name one Patient Advocate for both medical care and mental health care.

22. What if I have no one to appoint as a Patient Advocate?

You can still complete a Living Will even though this is not a legally binding document in Michigan. It may help your family and physicians understand what you would have wanted. You may also complete a Do-Not-Resuscitate Declaration. You should give copies to your health care providers so they know your wishes if you are unable to act on your own behalf.

23. Once I sign a Durable Power of Attorney for Health Care, may I change my mind?

Yes. You have the right to revoke the Patient Advocate named in the Durable Power of Attorney for Health Care by indicating in any way that you no longer want that person to be the Patient Advocate, even if, at the time, you aren't able to participate in your medical decisions.

If you want to name a different Patient Advocate or change the expression of your wishes you will have to make a new document. So long as you are of sound mind, you can make a new document and then destroy the old one.

Also, any time after you sign a Durable Power of Attorney for Health Care, if you change your mind and want to have a certain life-extending treatment given to you, this must be honored by your Patient Advocate. If the Patient Advocate knows about your current desire for that life extending treatment, the Patient Advocate must honor it, even if the current desire is different than what you expressed in the past as your wishes.

You can choose to waive your right to immediately revoke the Durable Power of Attorney but only for mental health treatment services. If you give up that right, your revocation is effective 30 days after you communicate your intent.

LIVING WILLS

24. What is a Living Will?

A Living Will is a written statement that you share with your doctors and family members telling them the type of care you want if you become terminally ill or permanently unconscious, and if you are unable to make decisions or talk about your continued care. A Living Will has nothing to do with your personal property, money, or personal possessions. State laws vary regarding Living Wills. Information specific to individual states may be obtained from the state bar association, state medical association, state nursing association, and most hospitals or other health care facilities.

25. Does Michigan have a Living Will statute?

No. Although Michigan does not have a statute for Living Wills, Living Wills may still be useful to help your Patient Advocate, who is named in your Durable Power of Attorney for Health Care, to make decisions. Living Wills may help advocates and care providers decide what treatment you would want under various conditions. Living Wills are of limited help because you must clearly say what kind of treatment you want to have. Sometimes circumstances happen that may make you change your mind about the kind of care you want. If you have only a Living Will and not a Durable Power of Attorney for Health Care, it leaves your doctor with only a guide to consult, instead of a person to talk to. It is best to name a Patient Advocate in a Durable Power of Attorney for Health Care when you know someone who will speak on your behalf and follow your wishes if you are unable to speak for yourself.

26. What might a Living Will say?

You may express your wishes in general terms about how much care you want to receive or do not want to receive. For example: “Do whatever is necessary for my comfort, but nothing further.” You may talk about the use of specific treatments such as a respirator to help you breath, surgery, or blood transfusions.

27. Should I talk about feeding tubes?

Yes. Many people have strong feelings about getting food and water. If you are unable to swallow, food and water can be supplied by a tube down your throat, a tube placed surgically into your stomach, or through a vein. Think about what circumstances, if any, you want to have food or water withheld or withdrawn.

28. Can I have a Durable Power of Attorney for Health Care and a Living Will?

Yes. Many Michigan residents combine their choice of a Patient Advocate in a Durable Power of Attorney for Health Care with some instructions that are similar to a Living Will such as what and how much medical treatment they wish to receive. The form in this booklet helps you complete both. You should talk to your Patient Advocate and family about the quality of life you want, but allow your Patient Advocate to make decisions based on the circumstances that may be present at the time.



Do-Not-Resuscitate (DNR) Declaration

29. What is a Do-Not-Resuscitate Declaration?

A Do-Not-Resuscitate (DNR) Declaration is a written document in which you express your wish that if your breathing and heartbeat stop, you do not want anyone to attempt to resuscitate you. If you have such a declaration in place, you may wear a Do-Not-Resuscitate Declaration bracelet that lets people know you do not want to be resuscitated. A Michigan law provides these documents are valid in settings other than hospitals or nursing homes.

30. Must I be terminally ill before signing a DNR Declaration?

No. For example, you may be in good health but still not want to be resuscitated should your heart and lungs fail.

31. Are there standard forms for a DNR Declaration?

Yes. One form, called a “Do-Not-Resuscitate Declaration”, provides spaces for your doctor to sign, for you to sign, and for two witnesses to sign. There is an alternate form, called a “Do-Not-Resuscitate Declaration (adherent of church or religious denomination)”, for individuals who have religious beliefs against using doctors.

32. Can my Patient Advocate sign the form instead of me?

If your Patient Advocate has authority to act, he or she can sign the form instead of you.

33. What about when I am in a nursing home or hospital?

These facilities can set their own policies about resuscitation. Upon admission or afterward, you should express your wishes on this issue to your health care providers and ask that these wishes be documented in your medical record. The University of Michigan Hospitals and Health Centers has a policy that addresses Advance Directives.

GENERAL QUESTIONS ABOUT Advance Directives

34. In general, what should I do before completing any Advance Directive?

Take your time. Consider who you might choose to be your Patient Advocate. Think about your treatment wishes. Talk with family members and your doctor, as well as with your minister, rabbi, priest, or other spiritual leader if you feel it would be helpful.

35. What should I do with an Advance Directive after it is completed?

You should: (1) Give the original Durable Power of Attorney for Health Care to your Patient Advocate(s) or make sure they know where to find it; (2) Give a copy to your doctor so it can be put into your medical record; (3) Keep a copy for yourself; and (4) Tell family and friends who you have chosen as your Patient Advocate.

You should wear your DNR Declaration bracelet or identification. Keep a copy of your DNR Declaration posted in your home or place where you live (other than a nursing home) where an ambulance driver or EMS person can see it. The doctor who signed the DNR Declaration will keep a copy in your medical record.

36. When should I review my Advance Directives?

Review your Advance Directives once a year. You can decide to keep the forms as written, write new ones, or have no Advance Directive at all. If you decide to keep the Advance Directive, you should put your initials and the date near your signature.

37. What should I do if I write new Advance Directives?

Whether you choose a different person to be your Patient Advocate or alter your wishes for care, try to get back all copies of the old forms and destroy them. Give copies of the new forms to all the people who need them. Make sure that all forms clearly identify the date the document is signed.

38. Must a hospital or other healthcare facility comply with the directions of my Patient Advocate?

Hospitals and hospital based locations, nursing homes and other health care providers that receive federal funds must tell patients about their right to have an Advance Directive. If the healthcare provider (for example hospital, nursing home, hospice) has no reason to doubt that the Durable Power of Attorney for Health Care is valid, has documented that the patient is no longer able to participate in making their own medical treatment decisions as the law requires, and feels the Patient Advocate(s) named in a Durable Power of Attorney for Health Care is acting consistent with the patient's expressed wishes, the hospital or healthcare facility will likely follow your requests. The health care provider must make your Advance Directive a part of your medical record when you provide a copy to them.

According to University of Michigan Hospitals and Health Centers policy, Advance Directives may not be honored under certain circumstances involving pregnancy or high risk or invasive procedures and treatments. In ambulatory care settings, Advance Directives that limit care are honored only if the patient is wearing/carrying a DNR Declaration bracelet or the Advance Directive is in the patient's medical record.

39. What if I decide not to have an Advance Directive?

Decisions would still have to be made for you when you are unable to make them. Sometimes, a doctor or hospital will accept a spouse or adult child as an

informal decision-maker. In some situations, a family member has authority by law. Sometimes there is no decision maker under the law but family members all agree with what is needed for treatment and the hospital or doctor accepts that. At other times a guardianship hearing will have to be held in probate court to appoint a guardian to make decisions for you. This is why the best thing you can do is to have a Durable Power of Attorney for Health Care.

40. Who can I contact to ask for help in completing these forms?

You should ask your health care provider, who will help you or who will refer you to a social worker for assistance.

41. How can I get a copy of the U-M Hospitals and Health Centers policy?

Ask your health care provider for a copy.

42. Who can I contact with concerns or complaints?

Concerns or complaints may be filed with the following organizations:

**Michigan Department of Community Health
Bureau of Health Systems Complaint Intake
P. O. Box 30664
Lansing, MI 48909
800-882-6006**

**Michigan Peer Review Organization (MPRO)
22670 Haggerty Road, Suite 100
Farmington Hills, MI 48335
800-365-5899**

**The Joint Commission
800-994-6610**

*Your wishes and opinion matter.
Discuss them with others while you are able to do so.*



Durable Power of Attorney for Health Care (DPOA-HC)

CHOOSE A PATIENT ADVOCATE

I, (print your name),
living at....., and being of sound
mind, voluntarily choose a Patient Advocate to make care, custody, and medical treatment decisions for me. This durable
power of attorney for health care is only effective when I am unable to make my own medical decisions. I understand I
may change my mind at any time by communicating in any manner that this designation does not reflect my wishes.

I want the person named below to be my Patient Advocate and to be able to make medical decisions for me when I cannot
make them myself. I have talked to my advocate(s) and have provided them with a copy of this directive.

PATIENT ADVOCATE

Name..... Relationship

Address..... City..... State Zip

Telephone Number.....

If that person is not available, or cannot serve, I want this person to be my **FIRST ALTERNATE PATIENT ADVOCATE.**

Name..... Relationship

Address..... City..... State Zip

Telephone Number.....

If that person is not available, or cannot serve, I want this person to be my **SECOND ALTERNATE PATIENT ADVOCATE.**

Name..... Relationship

Address..... City..... State Zip

Telephone Number.....

PROVIDERS: PLEASE RETAIN A COPY OF ALL PAGES FOR THE MEDICAL RECORD.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

GUIDELINES WORKSHEET

Life Support

Some people want to decide what types of life support treatments and medicines they get from doctors to help them live longer when they are sick. Read through all six choices and initial the one that best fits what you want or do not want to happen if you are very sick.

- I want doctors to do everything they think might help me. Even if I am very sick and I have little hope of getting better, I want them to keep me alive for as long as they can.
..... I want doctors to do everything they think might help me, but, if I am very sick and I have little hope of getting better, I do NOT want to stay on life support.
..... I want doctors to do everything they think might help me, but (initial all that apply):
..... I don't want doctors to restart my heart if it stops by using CPR.
..... I don't want a ventilator to pump air into my lungs if I cannot breathe on my own.
..... I don't want a dialysis machine to clean my blood if my kidneys stop working.
..... I don't want a feeding tube if I can't swallow.
..... I don't want a blood transfusion if I need blood.
..... I don't want any life support treatment.
..... I want my Patient Advocate to decide for me.
..... I am not sure.
..... Other

What Makes Life Worth Living?

Think about what makes life worth living for you. For example, being able to talk to your loved ones, being able to take care of yourself, or being able to live without being hooked up to machines. Under what circumstances would you say life is NOT worth living? (initial all that apply)

- If I will most likely not wake up from a coma.
..... If I can't take care of myself.
..... If I am in pain.
..... If I cannot live without being hooked up to machines.
..... I am not sure.
..... Other

PROVIDERS: PLEASE RETAIN A COPY OF ALL PAGES FOR THE MEDICAL RECORD.

You must read and SIGN the following statement if you want to give your Patient Advocate the power to make medical decisions that might let you die when you are very sick:

I want my Patient Advocate named in this form to make decisions about life support and treatments that would allow me to die when I am very sick. When making those decisions, I want my Patient Advocate to follow the guidelines I have provided.

.....

Your Signature Date (mm/dd/yyyy)

**POWER REGARDING MENTAL HEALTH TREATMENT
(OPTIONAL)**

I expressly authorize my Patient Advocate to make decisions concerning the following treatments if a physician and a mental health professional determine I cannot give informed consent for mental health care *(check one or more consistent with your wishes)*:

- Outpatient therapy
- My admission as a formal voluntary patient to a hospital to receive inpatient mental health services. I have the right to give three days' notice of my intent to leave the hospital.
- My admission to a hospital to receive inpatient mental health services
- Psychotropic medication
- Electro-convulsive therapy (ECT)
- I give up my right to have a revocation effective immediately. If I revoke my designation, the revocation is effective 30 days from the date I communicate my intent to revoke. Even if I choose this option, I still have the right to give three days' notice of my intent to leave a hospital if I am a formal voluntary patient.

You must read and SIGN the following statement if you want to give your Patient Advocate the power to make decisions about your mental health care and treatment:

I want my Patient Advocate named in this form to make decisions about my mental health care and treatment. When making those decisions, I want my Patient Advocate to follow the guidelines I have provided.

.....

Your Signature Date (mm/dd/yyyy)

PROVIDERS: PLEASE RETAIN A COPY OF ALL PAGES FOR THE MEDICAL RECORD.

END OF LIFE PLANS

If you are dying, where would you like to be? At home? In the hospital? With only your family? With a religious or spiritual leader?

.....
.....
.....
.....

What Happens to Your Body After Death?

You may choose to donate your organs. If you let your Patient Advocate donate your organs, he or she will be able to make that decision only after your death.

..... I want to donate ALL of my organs.

..... I want to donate ONLY THESE organs:

.....
.....

..... I do NOT want to donate any of my organs.

..... I want my Patient Advocate to decide.

..... I am not sure.

Religion

Some religions do not allow certain treatments or medicines. If there are treatments that you do not want to have because of your religion, please write them down here.

.....
.....
.....
.....

Other Guidelines

Write down any other guidelines or thoughts you think might help your Patient Advocate or doctor decide what kind of health care you want.

.....
.....
.....
.....

PROVIDERS: PLEASE RETAIN A COPY OF ALL PAGES FOR THE MEDICAL RECORD.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

ACCEPTANCE BY PATIENT ADVOCATE

I,(insert Patient Advocate's Name),
agree to be the Patient Advocate for(insert Patient's Name).

I accept the patient naming me Patient Advocate and I understand and agree to take reasonable steps to follow the desires and instructions of the patient. I also understand and agree that:

- (A) **This designation is not effective unless** the patient is unable to participate in medical or mental health treatment decisions.
- (B) **A Patient Advocate shall not exercise powers** concerning the patient's care, custody, and medical or mental health treatment that the patient, if the patient were able to participate in the decision, could not have exercised on his or her own behalf.
- (C) **A Patient Advocate CANNOT exercise powers for a pregnant patient** to withhold or withdraw treatment or make medical treatment decisions that would result in the pregnant patient's death.
- (D) **A Patient Advocate may make a decision to withhold or withdraw treatment** that would allow a patient to die only if the patient has expressed in a clear and convincing manner that the Patient Advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient's death.
- (E) **A Patient Advocate shall not receive compensation** for the performance of his or her authority, rights, and responsibilities, but a Patient Advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights, and responsibilities.
- (F) **A Patient Advocate shall act in accordance with the standards of care** applicable to fiduciaries when acting for the patient and shall act consistent with the patient's best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical or mental health treatment decisions are presumed to be in the patient's best interests.
- (G) **A patient may revoke his or her designation** at any time and in any manner sufficient to communicate an intent to revoke.
- (H) **A patient may waive his or her right to revoke the designation** as to the power to make mental health treatment decisions and, if such a waiver is made, his or her ability to revoke as to certain treatment will be delayed for up to 30 days.
- (I) **A Patient Advocate may revoke his or her acceptance** to the designation at any time and in any manner sufficient to communicate an intent to revoke.
- (J) **A patient admitted to a health facility or agency has the rights** enumerated in Section 20201 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being section 333.20201 of the Michigan Compiled Laws.
- (K) **If the patient has designated the Patient Advocate to make an organ or body donation**, that authority will remain after the patient's death.

.....
Patient Advocate's Signature

.....
Date (mm/dd/yyyy)

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DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Do-Not-Resuscitate Declaration

MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT

I have discussed my health status with my physician,.....

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is effective until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

.....
Declarant's signature

.....
Date (mm/dd/yyyy)

.....
PRINT declarant's full name

.....
Signature of person who signed for declarant, if applicable

.....
Date (mm/dd/yyyy)

.....
PRINT full name

.....
Physician's signature

.....
Date (mm/dd/yyyy)

.....
PRINT physician's full name

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence.

Upon executing this order, the individual (*circle one*) **(HAS) (HAS NOT)** received an identification bracelet.

.....
Witness signature

.....
Date (mm/dd/yyyy)

.....
Witness signature

.....
Date (mm/dd/yyyy)

.....
PRINT Witness's name

.....
PRINT Witness's name

**THIS FORM WAS PREPARED PURSUANT TO, AND IN COMPLIANCE WITH,
THE MICHIGAN DO-NOT-RESUSCITATE DECLARATION PROCEDURE ACT (1996 PA 193)**

PROVIDERS: PLEASE RETAIN A COPY OF ALL PAGES FOR THE MEDICAL RECORD.

DO-NOT-RESUSCITATE DECLARATION

Do-Not-Resuscitate Declaration

MICHIGAN DO-NOT-RESUSCITATE DECLARATION PROCEDURE ACT (ADHERENT OF CHURCH OR RELIGIOUS DENOMINATION)

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me. This order is effective until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

.....
Declarant's signature

.....
Date (mm/dd/yyyy)

.....
PRINT declarant's full name

.....
Signature of person who signed for declarant, if applicable

.....
Date (mm/dd/yyyy)

.....
PRINT full name

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual (*circle one*) **(HAS)** **(HAS NOT)** received an identification bracelet.

.....
Witness signature

.....
Date (mm/dd/yyyy)

.....
Witness signature

.....
Date (mm/dd/yyyy)

.....
PRINT Witness's name

.....
PRINT Witness's name

**THIS FORM WAS PREPARED PURSUANT TO, AND IN COMPLIANCE WITH,
THE MICHIGAN DO-NOT-RESUSCITATE DECLARATION PROCEDURE ACT (1996 PA 193)**

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DO-NOT-RESUSCITATE DECLARATION