

Getting Started Tool Kit

Every competent adult, 18 years old and older, can make their own health care plan. A good place to start is by asking two simple questions:

Who's Your Agent? | What does your Agent know?

You choose a trusted person to be your Health Care Agent or "Agent". Your Agent is your advocate who can step in to talk with your doctors and make health care decisions on your behalf, if you are not able to make decisions yourself. You appoint an Agent in a legal document you can do yourself, called a Health Care Proxy, and give your Agent instructions for the care you want in a personal document called a Personal Directive (Living Will). *Your Health Care Proxy & Personal Directive work hand-in-hand to get you the care you want all through your lifetime.*

To Make a Plan

1. Review the information on the Agent's role and the two planning documents
 - "Choosing a Health Care Agent: What does an Agent do?"
 - "Things to Know About a Health Care Proxy"
 - "Things to Know about a Personal Directive (Living Will)"
2. Choose an Agent. Tell your Agent what you want for care
 - Appoint your Agent in a Health Care Proxy then complete the Personal Directive, OR
 - Talk with your Agent about what you want for care using the Personal Directive as your guide, and then appoint your Agent in the Health Care Proxy.
 - Complete both documents together or one at a time.

Not sure who to choose yet? No problem. You can start with the Personal Directive and write down what's important to you and your care choices. Share with your care providers and others.

3. Complete the Health Care Proxy Form. You'll need the following:
 - The name, address, and phone numbers of your Health Care Agent & Alternate Agent; and
 - Two adults who can be present to witness your signature as you sign the document. Witnesses can be any adult except your Health Care Agent and Alternate Agent;
 - Place the instruction sheet & blank form in front of you. Follow the step-by-step directions.
4. Complete the Personal Directive
 - Write down what's important to you and your choices and priorities for care.
 - You can change your mind, revise & update as your health needs and choices change over time.

Put Your Plan into Action

- Give a copy of your documents to your Health Care Agent.
- Give a copy of your documents to your care providers to scan into your medical record.
- Talk with your care providers in-person about your care goals, values and choices. Use the handy guide, ***"5 Things to Talk About With Your Care Providers"*** to start a discussion.

Choosing a Health Care Agent: What does an Agent do?



As a competent adult, 18 years old and older, you have the right to direct your own health care decisions. However, serious accidents and illness can happen at any age, where you may not be able to make decisions about your care, even for a short while. You can choose a trusted person, called a Health Care Agent or Agent, who can step in to help you get the care you want. Your Agent is your advocate with the legal power to talk with your care providers to get you the best possible care that matches your values and choices, all through your lifetime.

1. Who can I choose?

Your Agent can be a family member, friend, co-worker, faith or community group member — anyone you trust except a person employed in the facility where you are a patient unless related to you by blood, marriage or adoption.

2. What does my Agent do?

Your Agent is your advocate and tells your family & care providers what's important to you and your instructions for care. Your Agent makes decisions based on your values, beliefs and the care you want— not what the Agent might want. You give your Agent the power to make 'any and all' decisions including life-sustaining treatments decisions or limit the Agent's powers in a Health Care Proxy.

3. When does my Agent 'step in' to make decisions? When does my Agent 'step-back'?

Your Agent can 'step in' if you have a serious illness or injury and your physician determines you are unable to make care decisions for yourself, even for a short while. If you regain your ability to make your own decisions, your Agent 'steps back' and no longer has decision-making powers. Your Agent is there for you all through your life.

4. How does my Agent make decisions for me?

Your Agent first consults with your care providers about your medical condition and the benefits and risks of possible treatment options. Your Agent then makes decisions in accordance with his/her assessment of your values, beliefs, and care choices. If your choices are unknown, your Agent makes an assessment of what is in your best interest.

5. What kinds of decisions might an Agent make?

An Agent makes decisions to help care providers match the best care to your values and choices at every phase of health. For instance, when you are:

- Young & healthy, an Agent may consider care goals that get you back to your life;
- Managing illness, an Agent may consider 'quality of life' care goals and your priorities if your illness progresses;
- Coping with serious illness & end of life care, an Agent may consider your care goals and tradeoffs you are willing to make, and your life-sustaining treatments choices.

6. Do I have to appoint an Agent?

Massachusetts law says every competent adult has the right to appoint an Agent and Alternate Agent in a Health Care Proxy in order to give a trusted person(s) the legal power to make decisions for you. A spouse or family member does not automatically have the legal authority to make decisions unless appointed in a Health Care Proxy.

7. Do I need an attorney to appoint an Agent?

You do not need an attorney to appoint an Agent in a Health Care Proxy. We offer a no cost **Health Care Proxy Instructions & Form** you can do yourself.

8. What should I talk about with my Agent?

Tell your Agent what's important to you and give instructions for the kind of care you want and do not want. We offer a no cost **Personal Directive Instructions & Form** to use as a guide when talking with your Agent and to write down your care choices.

Things to Know About a Health Care Proxy

1. What is a Health Care Proxy?

- A simple legal document you can do yourself
- You choose a person you trust, called a Health Care Agent, to talk with your doctors and make health care decisions on your behalf, if you are not able to make effective decisions yourself
- It tells your doctors who to talk to about your care, when they can not speak with you

2. Who can sign a Health Care Proxy?

- Every competent adult has the choice to sign a Health Care Proxy. An adult must be:
- 18 years old and older; able to understand his or her medical condition and the risks and benefits of possible treatments, and that he/she is giving another person the authority to make health care decisions on their behalf; and under no constraint or undue influence

3. How does a Health Care Proxy work?

- As a competent adult, you make your own health care decisions and direct your care
- If you have a serious illness or injury, and your attending physician determines in writing that you lack the ability to make or communicate health care decisions, your Health Care Agent steps in as your advocate with the authority to make health care decisions and get you the care you want
- If you regain your ability to make decisions, your Agent steps back and no longer has authority

4. Who can be my Health Care Agent?

- You can choose a spouse, family member, a friend – or someone you trust who knows what's important to you and can represent your wishes and make complex decisions
- Who cannot be an Agent? A person employed in a facility where you are a patient or resident or have applied for admission, unless they are related by blood, marriage or adoption

5. What decision making authority can I give my Health Care Agent?

- You can give your Agent full authority to make any and all health care decisions that come up, or
- Limit your Agent's decision making authority by writing it in your Health Care Proxy
- You can give your Agent specific instructions and information in your Personal Directive

6. Who can be a witness to sign the Health Care Proxy?

- Any competent adult can be a witness except your Health Care Agent and Alternate Agent
- Two adults must be present as witnesses when this document is signed. They watch as you sign the document, or as another person signs at your direction, and sign after you.

7. Can I change my mind or cancel or revoke a Health Care Proxy?

- As long as you are competent you can change your mind, and change your Agent, his/her authority, and your preferences for the care you want. It's your document and your choice.
- A Health Care Proxy is revoked if you sign a new one; if you divorce or legally separate and your spouse is your Agent; or tell your Agent or provider you revoked or intent to revoke your Proxy

Things to Know About a Personal Directive

1. What is a Personal Directive?

- It is a personal document or statement, not legally binding in Massachusetts, which gives your Health Care Agent information and instructions about what's important to you and the kind of medical care you want and do not want.
- It can be a personal letter or memo, or a document commonly known as a *Living Will*, *Advance Care Directive*, or *Medical Directive*.
- It's your voice when you are unable to speak for yourself and gives your Health Care Agent essential information to make decisions and represent your choices for care.

2. What's the difference between a Health Care Proxy and a Personal Directive?

- A **Health Care Proxy** is a legally binding document in which you appoint a person you trust, called a Health Care Agent, to make health care decisions on your behalf if you are not able to make or communicate decisions yourself.
- A **Personal Directive** is NOT a legally binding document, but a personal document in which you give your Health Care Agent specific information and instructions about the kind of care you want, sharing your values, personal and religious preferences, and choices for care.
- These documents work hand-in-hand. You appoint a Health Care Agent in a Health Care Proxy with the legal power to make decisions on your behalf, and give your Agent essential information and instruction about the care you want in a Personal Directive.

3. Who can create a Personal Directive?

Every competent adult has the choice to create a Personal Directive. An adult must be:

- 18 years old and older, of sound mind and under no constraint or undue influence.

4. How does a Personal Directive work?

- As a competent adult, you have the right to make your own health care decisions.
- If you become unable to make decisions yourself, your Health Care Agent steps in to make health care decisions on your behalf.
- After talking with your health care providers to understand your current condition, the prognosis, and possible treatments and side effects of each medical alternative, your Agent will make health care decisions in accordance with his/her understanding of your wishes, religious & moral beliefs.
- If there are areas where your wishes are not known, your Agent will make health care decisions in accordance with his or her assessment of your best interest.
- You can revise and update your Personal Directive as often as you like over time.

5. Can I change my mind or cancel or revoke a Personal Directive

- You can revise, cancel or revoke a Personal Directive anytime as long as you are competent.

6. How do I complete a Personal Directive?

It's simple. You can do it yourself without the help of an attorney. You can print and fill out the no cost Honoring Choices Personal Directive and Form from our website.

Talking with Your Doctors & Care Providers

5 Things To Talk About With Your Care Providers

To make a plan for the best possible care.

**INFORMATION TO
MAKE CHOICES**

1. I'd like to understand more about my health or illness and treatment options:

- Here's what I know about my health or illness. Here's what I'd like to know today;
- What's ahead for me? What information would help me to plan for the future?

MY GOALS

2. I want to discuss my goals and explore the care I want and do not want:

- Given my personal values, beliefs and priorities, here's what is important to me;
- Here's what worries or concerns me.

MY PLAN

3. Let's discuss my care plan and writing down my choices in planning documents:

- What's the plan for getting me to my goals?; What are the next steps?;
- I want to choose a Health Care Agent; can you help me with a Health Care Proxy?;
- Here's a copy of my Health Care Proxy; can you place it in my medical record?

KNOW MY CHOICES

4. I'd like to make sure you know my choices and that my medical record is up-to-date:

- Let's review my current health or illness, and changes in my priorities and choices;
- I'd like to revise/add a planning document and review the documents in my record.

HONOR MY CHOICES

5. I'd like to make sure my care providers honor my choices all through my life:

- In an emergency, or if I can't speak with you, how will my choices be followed?;
- I'd like to bring in my family / Agent to talk about my plan and honoring my choices.



See more questions at My Health Care Plan, at www.honoringchoicesmass.com/connect/

5 Things to Talk About with Your Care Providers is a handy discussion guide to help you start a planning discussion with your doctors & care providers. The questions can help you learn more about your medical condition, discuss goals for care, and make a plan so your care providers can honor your values and choices. Start with just one question or more, and write down your own questions below to bring to your next appointment.

Honoring Choices Massachusetts

Massachusetts Health Care Proxy Instructions and Form

Instructions: Every competent adult, 18 years old and older, has the right to appoint a Health Care Agent in a Health Care Proxy. To create your Health Care Proxy, print this two page document so you have the instructions and the blank form in front of you. Follow the instructions and sign and date the Health Care Proxy in front of two witnesses, who will sign and date it after you.

1. Your Name and Address

Print your full name in the blank space. Print your address.

2. My Health Care Agent is:

Print the name, address and phone numbers of your Health Care Agent.

- Choose a person you trust to make health care decisions for you based on your choices, values and beliefs, if you cannot make or communicate decisions yourself;
- Your Health Care Agent and Alternate Agent cannot be a person who is an operator, administrator or employee in the facility where you are a patient or resident or have applied for admission, unless they are related to you by blood, marriage or adoption.

3. My Alternate Health Care Agent:

Print the name, address and phone numbers of your Alternate Agent.

- Choose a person you trust to make health care decisions if your Health Care Agent is not available, willing or competent to serve, or is not expected to make a timely decision.

4. My Health Care Agent's Authority:

Here is where you give your Agent the authority or power to make decisions for you.

- If you want your Agent to make all decisions in any situation, just leave this area blank.
- If there are certain decisions you do not want your Agent to make or any instructions to give, write the limits to authority or instructions in the blank space provided.

5. Signature and Date:

Sign your full name in front of two adult witnesses, who sign after you do. Print the date.

- You can have someone sign your name at your direction in front of two witnesses.

6. Witness Statement and Signature (Required)

Any competent adult can be a witness except your Health Care Agent and Alternate Agent.

- Two adults must be present as witnesses when this document is signed. They watch as you sign the document, or as another person signs at your direction, and sign after you to state that you are at least 18 years old, of sound mind, and under no constraint or undue influence.
- Have Witness One sign, then print his or her name and the date;
- Then have Witness Two sign and print his or her name and the date.

7. Health Care Agent Statement: (Optional)

This section is not required, but it can help your doctors and family know the Agents have accepted the position. Your Agent(s) sign and print the date in the spaces provided.

Important: Keep your original Health Care Proxy. Make a copy and give it to your Health Care Agent. Give a copy to your doctors and care providers to place in your medical record so they know how to contact your Agent.

Massachusetts Health Care Proxy

1. I, _____ Address: _____,

appoint the following person to be my Health Care Agent with the authority to make health care decisions on my behalf. This authority becomes effective if my attending physician determines in writing that I lack the capacity to make or communicate health care decisions myself, according to Chapter 201D of the General Laws of Massachusetts.

2. My Health Care Agent is:

Name: _____ Address: _____

Phone(s): _____; _____; _____

3. My Alternate Health Care Agent

If my Agent is not available, willing or competent, or not expected to make a timely decision, I appoint:

Name: _____ Address: _____

Phone(s): _____; _____; _____

4. My Health Care Agent's Authority

I give my Health Care Agent the same authority I have to make any and all health care decisions including life-sustaining treatment decisions, except (list limits to authority or give instructions, if any):

_____.

I authorize my Health Care Agent to make health care decisions based on his or her assessment of my choices, values and beliefs if known, and in my best interest if not known. I give my Health Care Agent the same rights I have to the use and disclosure of my health information and medical records as governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d. Photocopies of this Health Care Proxy have the same force and effect as the original.

5. Signature and Date. I sign my name and date this Health Care Proxy in the presence of two witnesses.

SIGNED _____ **DATE** _____

6. Witness Statement and Signature (Required)

We, the undersigned, have witnessed the signing of this document by or at the direction of the signatory above and state the signatory appears to be at least 18 years old, of sound mind and under no constraint or undue influence. Neither of us is the health care agent or alternate agent.

Witness One

Signed: _____

Print Name: _____

Date: _____

Witness Two

Signed: _____

Print Name: _____

Date: _____

7. Health Care Agent Statement (Optional):

We have read this document carefully and accept the appointment.

Health Care Agent _____ Date _____

Alternate Health Care Agent _____ Date _____

Personal Directive

Guidelines for My Health Care Agent to Make Decisions About My Care Instructions and Form

Instructions: To create a Personal Directive, first print this document so you have the instructions and the blank form in front of you. You can use the instructions as a checklist as you fill out the form.

A Personal Directive is a personal document, not legally binding in Massachusetts, in which you give your Health Care Agent information about what's important to you and the kind of care you want and don't want. If you become unable to make or communicate effective decisions for yourself, your Agent can use this document to make health care decisions on your behalf and represent your instructions and preferences to your family and care providers.

This is your personal statement. You can write in your own words what you'd like others to know about your values, beliefs, and preferences for care. Start by reading the questions in the sections provided. If some questions don't apply, it's alright to leave them blank. You can make changes or add to your Personal Directive as your health needs and preferences change overtime.

- On the first line** print your full name in the blank space, followed by your address.
- I. My Personal Preferences, Thoughts and Beliefs**
 - In this section, you let others know your thoughts about the care that's right for you.
- II. My Preferences for Life-Sustaining Treatment**
 - Before filling out this section, talk with your doctor about your specific medical condition and the risks and benefits of life-sustaining treatment at your stage of health.
- III. People to Inform about My Preferences and Choices**
 - List the names of family, friends, or others you'd like to inform, if any.
- IV. My Religious, Spiritual and Cultural Affiliation**
 - Talk with clergy and advisors; add your preferences or instructions, if any.
- V. Funeral Arrangements (Optional)**
 - Indicate your preferences here, if any.
- VI. Other Instructions and Preferences**
 - In this section, you can include any messages you'd like your Health Care Agent to deliver or any action you'd like your Agent to take.
- SIGNED and Date**
 - Sign your full name and fill in the date you sign it.
- Witness Statement and Signature (Optional)**
 - This section is not required, but it can be helpful to have your signature witnessed

That's it for now. Filling out this form is all you need to do to create a Personal Directive. You can make changes or add information all through your life, as long as you retain decision-making capacity.

Personal Directive

Guidelines for My Health Care Agent to Make Decisions About My Care

I, _____, residing at _____, write this directive for my Health Care Agent, family, doctors and all those concerned with my care. Although this document is not legally binding, it represents my personal preferences and choices for care. I will make my own health care decisions, but if one day I am not able to make decisions for myself and my attending physician determines in writing that I lack the ability to make or communicate health care decisions, my Health Care Agent (Agent) will make health care decisions on my behalf. After talking with my doctors and providers to understand my current condition, prognosis, and possible treatments and side effects of each medical alternative, my Agent will make health care decisions in accordance with his or her understanding of my wishes, religious, and moral beliefs. In areas where my wishes are not known, my Agent will make health care decisions in accordance with his or her assessment of my best interest.

I. My Personal Preferences, Thoughts and Beliefs

1. The things in life I value most that make life most worth living are:

2. If I have an unexpected illness or injury and it is reasonably certain I will recover, possibly to a lesser degree, my thoughts about what's important regarding the quality of my everyday life are:

3. Things that would concern me during the last stage of life, and what would help reduce those concerns:

4. My beliefs about when prolonging my life would not be acceptable to me:

5. My preference about where I would like to die, and how I would like to spend my final days:

6. Other thoughts and preferences, or actions to take on my behalf:

II. My Preferences for Life-Sustaining Treatment

Life-sustaining treatment refers to medical procedures such as cardiopulmonary resuscitation, artificial hydration and nutrition, and artificial ventilation/breathing intended to prolong life by supporting an essential function of the body, when the body is not able to function on its own. *Talk to your doctor about your medical condition and the specific risks and benefits of treatments at your stage of health.*

1. Cardiopulmonary Resuscitation (CPR) is a medical treatment used to restart the heartbeat and breathing when the heartbeat and breathing have stopped. My preferences are:

- I do not want CPR attempted if my heartbeat and breathing stop, but rather, want to permit a natural death;
- I want CPR attempted unless my doctor determines any of the following:
 - I have an incurable illness or irreversible injury and am dying
 - I have no reasonable chance of survival if my heartbeat and breathing stop
 - I have little chance of long-term survival if my heartbeat and breathing stop and the process of resuscitation would cause significant suffering
- I want CPR attempted if my heartbeat and breathing stop;
- I do not know at this time and rely on my Health Care Agent to make the decision.

Other thoughts and instructions on CPR:

2. Treatments to Prolong My Life:

If I reach a point where I can no longer make decisions for myself and my doctor believes it is reasonably certain that I will not recover my ability to know who I am:

- I want to withhold or stop all life-sustaining treatments that are prolonging my life and permit a natural death. I understand I will continue to receive pain and comfort medicines, and food and fluids by mouth if I am able to swallow;
- I want all appropriate life-sustaining treatments for a *short term* as recommended by my doctor, until my doctor and Agent agree that such treatments are no longer helpful;
- I want all appropriate life-sustaining treatments recommended by my doctor;
- I do not know at this time and rely on my Health Care Agent to make treatment decisions.

Other thoughts and instructions on life-sustaining treatments:

III. People to Inform about My Preferences and Choices

List any care providers, family, and friends, advisors you want to inform, or prefer not to inform:

IV. My Religious, Spiritual and Cultural Affiliation

I am of the _____ faith. Please contact _____
at _____ (name/place of clergy). I would like the following:

I would like a spiritual or cultural ceremony. Please contact _____
at _____ (name/place of advisor). I would like the following:

I do not want any religious or spiritual considerations.

Other thoughts and instructions:

V. Funeral Arrangements (Optional)

Here are my thoughts and wishes for others to consider.

I'd like all the arrangements to be made by _____. My instructions:

I'd like a service or gathering. My instructions: (type, location, invitees, etc.)

I'd like a burial in a casket. My instructions:

I'd like to be cremated and want my ashes distributed or buried. My instructions:

VI. Other Information and Wishes

I'd like my Health Care Agent, my family, my doctors and all those concerned with my care to know:

I sign this Personal Directive after giving much thought to my personal preferences, treatment choices, and wishes for care.

SIGNED: _____ **Date:** _____

Witness Statement and Signature (*Optional. This is not a legally binding document, but you can if you like have competent adults witness your signature*).

We, the undersigned witnesses, on this date, _____, have witnessed the signing of this Personal Directive and that the signatory appears to be 18 years old, of sound mind, and under no constraint or undue influence.

Witness #1

Witness #2

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____