

**ORGANIZER FOR YOUR
ADVANCE HEALTH CARE DIRECTIVE**

INSTRUCTIONS: Scan the **bold-face** items on this list. If any item applies to you, **circle** the number. When you are finished, you will have a list of what you must do before we can complete your "Advance Health Care Directive," California's new official name for what was formerly called a health care power of attorney. As you complete each item, check it off.

NOTE: This Power of Attorney is only effective if you cannot make health care decisions for yourself, and only while you are in that condition.

- _____ 1. What is your **full legal name and address**?
- _____ 2. Whom do you want to name as your **primary health care agent** (person to make health care decisions for you if you can't). **DO NOT** name any health care provider (doctor, nurse or nursing home employee or any of their relatives). Bring the name and address and work/home telephone numbers of the person you want to appoint as your primary health care agent.
- _____ 3. Are there any medical procedures related to: (a) life-prolonging routine care, (b) life-prolonging emergency care; or (c) regular or emergency treatment or services that you specifically want used—or NOT used---if they are applicable?
- _____ 4. Do you want to limit in any way the **decision-making powers** of your health care agent? Normally, those powers include: (a) the right to make health care decisions for you to the same extent you could make them for yourself; (b) full access to and control of your health records; (c) to act against the advice of your health care providers; and (d) to direct the disposition of your remains, including autopsy and/or the donation of your body parts to others. If so, how?
- _____ 5. The decision of whether or not to prolong life formerly contained in the "living will" is now included in the Advance Health Care Directive. At the time you sign your Advance Health Care Directive, you will have an opportunity to indicate whether you want to incorporate these living will provisions.
- _____ 6. Do you want unrestricted use of treatment for the alleviation of pain, even if it hastens your death? Do you want your health care agent to make the decision?
- _____ 7. Do you want to designate a primary physician who has principal responsibility for your health care? Is there an alternate physician if the first is not available? Please provide their names, addresses and telephone numbers.
- _____ 8. Normally, this power of attorney will last for an indefinite period of time (until revoked). If you want to **limit the time**, tell us when it should expire.
- _____ 9. Do you want to designate any **alternate health care agents**? If so, bring their names, addresses and telephone numbers.
- _____ 10. A **conservator** is one who has court-approved power of attorney over your business affairs and your health care. Any proposed conservator must petition the court, which will then independently investigate your condition before approving any such appointment. If you want to nominate a conservator to handle your affairs in the event of your incapacity, bring his/her name, address and telephone number. Your health care agent may be your conservator.