

North Carolina Advance Health Care Directive

This form lets you have a say about how you want to be treated if you get very sick.



This form has 3 parts. It lets you:



Part 1: Choose a health care agent.

A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.



Part 2: Make your own health care choices.

This form lets you choose the kind of health care you want.

This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.



Part 3: Sign the form.

It must be signed before it can be used.

You can fill out Part 1, Part 2, or both.

Fill out **only the parts you want.**

Always sign the form in Part 3.

Go to the next page 

If you only want a health care agent go to Part 1 on page 3.

If you only want to make your own health care choices go to Part 2 on page 6.

If you want both then fill out Part 1 and Part 2.

Always sign the form in Part 3 on page 9.

What do I do with the form after I fill it out?

Share the form with those who care for you:

- doctors
- nurses
- social workers
- family
- friends



What if I change my mind?

- Fill out a new form.
- Tell those that care for you about your changes.



What if I have questions about the form?

- Bring it to your doctors, nurses, social workers, family or friends to answer your questions.

What if I want to make health care choices that are not on this form?

- Write your choices on a piece of paper.
- Keep the paper with this form (see page 8).
- Share your choices with those who care for you.



PART 1

Choose your health care agent

The person who can make medical decisions for you if you are too sick to make them yourself.

Whom should I choose to be my health care agent?

A family member or friend who:



- is at least 18 years old
- knows you well
- can be there for you when you need them
- you trust to do what is best for you
- can tell your doctors about the decisions you made on this form



Your agent **cannot** be your doctor or someone who works at your hospital or clinic.

What will happen if I do not choose a health care agent?

If you are too sick to make your own decisions, your doctors will ask your closest family members to make decisions for you.

If you want your agent to be someone other than family, you must write his or her name on this form.



What kind of decisions can my health care agent make?

Agree to, say no to, change, stop or choose:

- doctors, nurses, social workers
- hospitals or clinics
- medications or tests
- what happens to your body and organs after you die



Go to the next page



3

Other decisions your agent can make:

● **Life support treatments** - medical care to try to help you live longer

- **CPR or cardiopulmonary resuscitation**

cardio = heart pulmonary = lungs resuscitation = to bring back



This may involve:

- pressing hard on your chest to keep your blood pumping
- electrical shocks to jump start your heart
- medicines in your veins

- **Breathing machine or ventilator**

The machine pumps air into your lungs and breathes for you. You are not able to talk when you are on the machine.



- **Dialysis**

A machine that cleans your blood if your kidneys stop working.

- **Feeding Tube**

A tube used to feed you if you cannot swallow. The tube is placed down your throat into your stomach. It can also be placed by surgery.



- **Blood transfusions**

To put blood in your veins.

- **Surgery**

- **Medicines**

● **End of life care** - if you might die soon your health care agent can:



- call in a spiritual leader
- decide if you die at home or in the hospital



Show your health care agent this form.

Tell your agent what kind of medical care you want.



Your Health Care Agent

(Also called **Health Care Power of Attorney**)



I want this person to make my medical decisions

first name

last name

street address

city

state

zip code

() -

() -

home phone number

work phone number

If the first person cannot do it, then I want this person to make my medical decisions.

first name

last name

street address

city

state

zip code

() -

() -

home phone number

work phone number

Your Health Care Agent will only make decisions for you if you cannot make your own decisions.

To make your own health care choices go to part 2 on the next page.

To sign this form go to part 3 on page 9.

PART 2

Make your own health care choices

Write down your choices so those who care for you will not have to guess.

- Think about what makes your life worth living.

Put an X next to **all** the sentences you most agree with.

My life is **only** worth living if I can:

- talk to family or friends
- wake up from a coma
- feed, bathe, or take care of myself
- be free from pain
- live without being hooked up to machines
- I am not sure



My life is always worth living no matter how sick I am

- If I am dying, it is important for me to be:

at home in the hospital I am not sure

- Is religion or spirituality important to you?

yes no

- What should your doctors know about your religion or spirituality?

If you are sick, your doctors and nurses will always try to keep you comfortable and free from pain.



Life support treatments are used to try to keep you alive. These can be CPR, a breathing machine, feeding tubes, dialysis, blood transfusions, or medicine.

Put an X next to the sentences you most agree with.

Please read this whole page before you make your choices.

● If I am so sick that I may die soon:

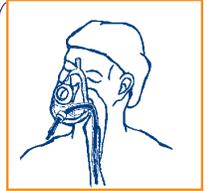
- Try ALL life support treatments that my doctors think might help.

If the treatments **do not work** and there is little hope of getting better, **I want to stay** on life support machines.



- Try all life support treatments that my doctors think might help.

If the treatments **do not work** and there is little hope of getting better, **I do not want to stay** on life support machines.



- Try all life support treatments that my doctors think might help **but not** these treatments. Mark what you do not want.

- | | |
|--|---|
| <input type="radio"/> CPR | <input type="radio"/> feeding tube |
| <input type="radio"/> dialysis | <input type="radio"/> blood transfusion |
| <input type="radio"/> breathing machine | <input type="radio"/> medicine |
| <input type="radio"/> other treatments _____ | |

- I **do not want any** life support treatments.

- I want my **health care agent** to decide for me.

- I am not sure.



Part 2: Make your own health care choices

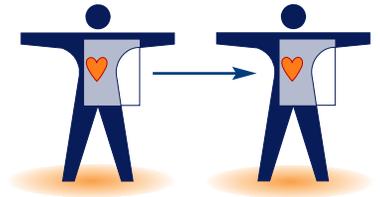
Your doctors may ask about organ donation and autopsy after you die.
Please tell us your wishes.

Put an X next to the sentences you most agree with

Donating (giving) your organs can help save lives.

I **want** to donate my organs
Which organs do you want to donate?

- any organs
 only _____



- I **do not** want to donate my organs.
 I want my **family** to decide.
 I want my **health care agent** to decide.
 I am not sure.



An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.

- I **want** an autopsy.
 I **do not** want an autopsy.
 I may want an autopsy if there are questions about my death.
 I want my **health care agent** to decide.
 I am not sure.

- For legal reasons, sometimes an autopsy must be done even if you or your health care agent do not want one.
- If your doctors do not think that you need an autopsy, but you or your health care agent want one, your health care agent or family may have to pay for it.

What should your doctors know about how you want your body to be treated after you die?

- Mark this box if you have written down other health care choices on another piece of paper. Make sure you keep the paper with this form.



PART 3

Sign the form

Before this form can be used, you must:

- sign this form.
- have two witnesses sign the form.
- have a notary public sign the form.

You and the witnesses **must** sign this in front of the notary public. A notary public's job is to make sure it is you signing the form.



Sign your name and write the date.

_____ / ____ / ____
sign your name date

_____ print your first name print your last name

_____ address city state zip code

Your witnesses must:

- be over 18 years of age.
- know you.
- see you sign this form.

Your witnesses cannot:

- be related to you.
- be your health care agent, doctor, nurse, or social worker.
- benefit financially (get any money) after you die.
- work at the place that you live.



Witnesses need to sign their names on the next page.

The notary needs to complete the section on Page 11.

Part 3: Sign the form

Have your witnesses sign their names and write the date



By signing below, I promise that _____, who is of sound mind (meaning they are thinking clearly), signed this advance directive while I watched. I also promise that:

- I am not related to them by blood or marriage
- I will not benefit (get any money or property) after they die
- I do not have any claims against them (meaning they are not in debt to me and I am not suing them)
- I am not their doctor
- I do not work for their doctor
- I do not work for a nursing or group care home where they live

Witness #1

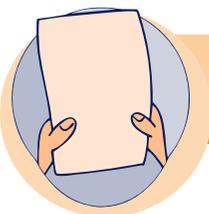
_____ / ____ / ____
sign your name

date

Witness #2

_____ / ____ / ____
sign your name

date



Go to the next page for the notary section.

Share this form with your doctors, nurses, social workers, friends, and your family.

Talk with them about your choices.



NOTARY PUBLIC

- Take this form to a notary public.
- Bring photo I.D. (driver's license, passport, etc.)



CERTIFICATE OF NOTARY PUBLIC STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, a Notary Public for _____ County, North Carolina, hereby certify that _____ appeared before me and swore to me and to the witnesses in my presence that this instrument is (check one or both):

- a healthcare power of attorney
- an advance health care directive

and that he/she willingly and voluntarily made and executed it as his/her free act and deed for the purposes expressed in it.

I further certify that _____ and _____, witnesses, appeared before me and swore that they witnessed _____ sign the attached healthcare power of attorney, believing him/her to be of sound mind; and also swore that at the time they witnesses the signing they were not related within the third degree to him/her or his/her spouse, and they did not know nor have a reasonable expectation that they would be entitled to any portion of his/her estate upon his/her death under any will or codicil thereto then existing under the Intestate Succession Act as it provided at that time, and they were not a physician attending him/her, nor an employee of an attending physician, nor an employee of a health facility in which he/she resided, and they did not have a claim against him/her. I further certify that I am satisfied as to the genuineness and due execution of the instrument.

This the _____ day of _____, 20____

Signature

Seal

You are now done with this form.

Share this form with your doctors, nurses, social workers, friends, and your family.

Talk with them about your choices.

