



## ADVANCE DIRECTIVE NOTIFICATION FORM

You have the right to give instructions about your health care. You also have the right to name someone else to make health care decisions for you. This form also lets you write down your wishes regarding donation of organs and the designation of your primary physician. If you use this form you may complete or change all or any part of it. You are free to use a different form.

### ***Part 1: Power of Attorney***

I have talked to my family about the care I want. If I am unable to speak for myself, I would like to have the following contacted:

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Initial Agent Number

If I revoke the authority of my agent or my agent is not willing, able or reasonably available to make health care decisions for me, I designate my first alternate agent:

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Alternate #1 Agent Number

If I revoke the authority of my agent and first alternate agent or if they are not willing, able or reasonably available to make health care decisions for me, I designate my second alternate agent:

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Alternate #2 Agent Number

### ***Part 2: Instruction for Health Care***

End of Life decisions:

- Choice not to prolong life** if (1) I have an incurable and irreversible condition that will result in my death within a relatively short (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness or (3) the likely risks and burdens of treatment would outweigh the expected benefits
  
- Choice to prolong life** as long as possible within limits of generally accepted medical treatment standards.

