

# New Hampshire Advance Health Care Directive

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

This form has 3 parts:



## Part 1 Choose a medical decision maker, Page 3

A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself.

They are also called a health care agent, proxy, or surrogate.

## Part 2 Make your own health care choices, Page 6

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 not able to tell them yourself.

## Part 3 Sign the form, Page 11

The form 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.

2 witnesses need to sign on Page 12, or a notary on Page 13.

## **This is a legal form that lets you have a voice in your health care.**

It will let your family, friends, and medical providers know how you want to be cared for if you cannot speak for yourself.

### **What should I do with this form?**

- Please share this form with your family, friends, and medical providers.
- Please make sure copies of this form are placed in your medical record at all the places you get care.

### **What if I have questions about the form?**

- It is OK to skip any part of this form if you have questions or do not want to answer.
- Ask your doctors, nurses, social workers, family, or friends to help.
- Lawyers can help too. This form does not give legal advice.

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

- On Page 10, you can write down anything else that is important to you.

### **When should I fill out this form again?**

- If you change your mind about your health care choices
- If your health changes
- If your medical decision maker changes



If you and your spouse divorce, that person will no longer be your decision maker.

Give the new form to your medical decision maker and medical providers.

Destroy old forms.

**We made sure this legal form is easy to read. But, New Hampshire law requires us to use legal terms and words too. Those legal terms are at the end of this form.**

**Share this form and your choices with your family, friends, and medical providers.**

# Part 1

## Choose your medical decision maker

**Your medical decision maker can make health care decisions for you if you are not able to make them yourself.**

**A good medical decision maker is a family member or friend who:**

- is 18 years of age or older
- can talk to you about your wishes
- can be there for you when you need them
- you trust to follow your wishes and do what is best for you
- you trust to know your medical information
- is not afraid to ask doctors questions and speak up about your wishes



Your decision maker **cannot** be your doctor or someone who works at your hospital or clinic, unless they are a family member.

**What will happen if I do not choose a medical decision maker?**

If you are not able to make your own decisions, your doctors will turn to family and friends or a judge to make decisions for you. This person may not know what you want.

**If you are not able, your medical decision maker can choose these things for you:**

- doctors, nurses, social workers, caregivers
- hospitals, clinics, nursing homes
- medications, tests, or treatments
- who can look at your medical information
- what happens to your body and organs after you die



## Here are more decisions your medical decision maker can make:

### Start or stop life support or medical treatments, such as:

- **CPR or cardiopulmonary resuscitation**

cardio = heart • pulmonary = lungs • resuscitation = try to bring back

**This may involve:**

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



- **Breathing machine or ventilator**

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

- **Dialysis**

A machine that tries to clean your blood if your kidneys stop working.

- **Feeding Tube**

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

- **Blood and water transfusions (IV)**

To put blood and water into your body.

- **Surgery**

- **Medicines**



## End of life decisions your medical decision maker can make:

- call in a religious or spiritual leader
- decide about autopsy or organ donation
- decide if you die at home or in the hospital
- decide about burial or cremation

**By signing this form, you allow your medical decision maker to:**

- agree to, refuse, or withdraw any life support or medical treatment if you are not able to speak for yourself
- decide what happens to your body after you die, such as funeral plans and organ donation



If there are decisions you do not want them to make, write them here:

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**Write the name of your medical decision maker.**

**I want this person to make my medical decisions if I am not able to make my own:**

\_\_\_\_\_

first name \_\_\_\_\_ last name \_\_\_\_\_

\_\_\_\_\_

phone #1 \_\_\_\_\_ phone #2 \_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_

address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

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

\_\_\_\_\_

first name \_\_\_\_\_ last name \_\_\_\_\_

\_\_\_\_\_

phone #1 \_\_\_\_\_ phone #2 \_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_

address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

**To make your own health care choices, go to Part 2 on Page 6. If you are done, you must sign this form on Page 11.**

# Part 2

## Make your own health care choices

### What Matters Most in Life: Quality of life differs for each person.

For some people, the main goal is to be kept alive as long as possible even if:

- They have to be kept alive on machines and are suffering
- They are too sick to talk to their family and friends

For other people, the main goal is to focus on quality of life and being comfortable.

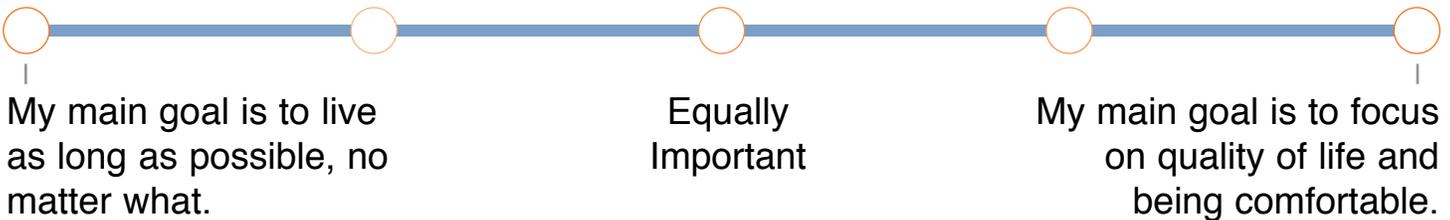
- These people would prefer a natural death, and not be kept alive on machines

Other people are somewhere in between. **What is important to you?**

Your goals may differ today in your current health than at the end of life.

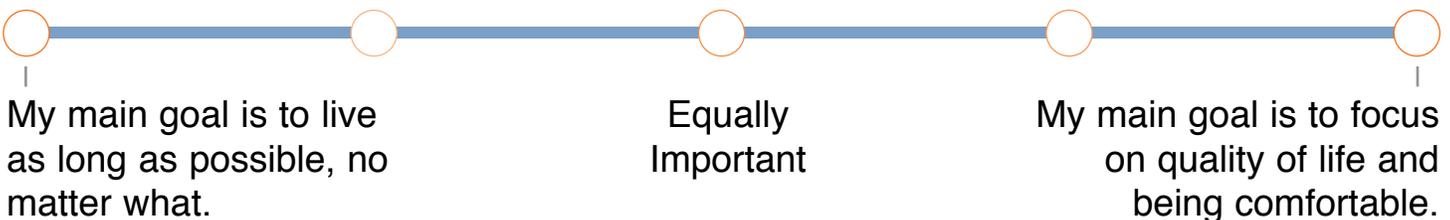
#### TODAY, IN YOUR CURRENT HEALTH

Put an X along this line to show how you feel today, in your current health.



#### AT THE END OF LIFE

Put an X along this line to show how you would feel if you were so sick that you may die soon.



If you want to write down why you feel this way, go to Page 10.

# What Matters Most in Life: Quality of life differs for each person. What is important to you?

**AT THE END OF LIFE,** some people are willing to live through a lot for a chance of living longer. Other people know that certain things would be very hard on their quality of life.

At the end of life, which of these things would be very hard on your quality of life?

Check the things below that would make you want to focus on comfort rather than trying to live as long as possible.

- Being in a coma and not able to wake up or talk to my family and friends
  - Not being able to live without being hooked up to machines
  - Not being able to think for myself, such as dementia
  - Not being able to feed, bathe, or take care of myself
  - Not being able to live on my own
  - Having constant, severe pain or discomfort
  - Something else \_\_\_\_\_
- OR,** I am willing to live through all of these things for a chance of living longer.



Is religion or spirituality important to you?  Yes  No

If you have one, what is your religion? \_\_\_\_\_

What should your medical providers and medical decision maker know about your religious or spiritual beliefs?

\_\_\_\_\_  
\_\_\_\_\_

If you are dying, where do you want to be?

- at home
- in the hospital
- either

**If you want to write down more about why you feel this way, go to Page 10.**

## How Do You Balance Quality of Life with Medical Care?

Sometimes illness and the treatments used to try to help people live longer can cause pain, side effects, and the inability to care for yourself.

Please **read this whole page** before making a choice.

**AT THE END OF LIFE**, some people are willing to live through a lot for a chance of living longer. Other people know that certain things would be very hard on their quality of life.

Life support treatment can be CPR, a breathing machine, feeding tubes, dialysis, or transfusions.



Check the **one** choice you most agree with.

If you were so sick that you may die soon, what would you prefer?

- Try all life support treatments** that my doctors think might help. I want to **stay on life support** treatments even if there is little hope of getting better or living a life I value.
- Do a **trial of life support treatments** that my doctors think might help. But, I **DO NOT** want to **stay on life support** treatments if the treatments do not work and there is little hope of getting better or living a life I value.
- I **do not want life support treatments**, and I want to focus on being comfortable. I prefer to have a **natural death**.

**Artificial food and water:**

- You must check here if you would want to stop food and water by feeding tubes and transfusions (IV) if they are not helping you live the life you value.

What else should your medical providers and decision maker know about this choice? Or, why did you choose this option?

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If you want to write down more about why you feel this way, go to Page 10.

## Your decision maker may be asked about organ donation and autopsy after you die. Please tell us your wishes.

### ORGAN DONATION

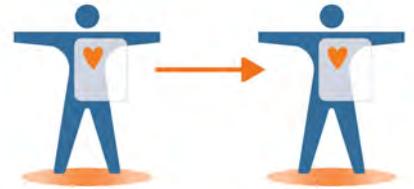
Some people decide to donate their organs or body parts. What do you prefer?

- I **want** to donate my organs or body parts.

Which organ or body part do you want to donate?

- Any organ or body part  
 Only \_\_\_\_\_

- I **do not** want to donate my organs or body parts.



What else should your medical providers and medical decision maker know about donating your organs or body parts?

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### AUTOPSY

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 **only** want an autopsy if there are questions about my death.



### FUNERAL OR BURIAL WISHES

What should your medical providers and decision maker know about how you want your body to be treated after you die, and your funeral or burial wishes?

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If you want to write down more about why you feel this way, go to Page 10.



# Part 3

## Sign the form



### Before this form can be used, you must:

- sign this form if you are 18 years of age or older
- have two witnesses or a notary who can watch you sign this form

### Sign your name and write the date.

\_\_\_\_\_

sign your name

\_\_\_\_\_

today's date

\_\_\_\_\_

print your first name

\_\_\_\_\_

print your last name

\_\_\_\_\_

date of birth

\_\_\_\_\_

address

\_\_\_\_\_

city

\_\_\_\_\_

state

\_\_\_\_\_

zip code

## Witnesses or Notary

**Before this form can be used, you must have 2 witnesses sign the form or a notary. The job of a notary is to make sure it is you signing the form.**

### Your witnesses must:

- be 18 years of age or older
- see you sign the form

### Your witnesses cannot:

- be your medical decision maker
- be your health care provider
- be your spouse
- benefit financially (get any money or property) after you die



### Also, one witness cannot:

- work for your health care provider
- work at the place that you live

**Witnesses need to sign their names on Page 12.**

**If you do not have witnesses, a notary must sign on Page 13.**

**Have your witnesses sign their names and write the date.**

By signing, I promise that \_\_\_\_\_ signed this form while I watched. (the person named on Page 11)

They were thinking clearly and were not forced to sign it.

I also promise that:

- I am 18 years of age or older
- I am not their medical decision maker
- I am not their health care provider
- I am not their spouse
- I will not benefit financially (get any money or property) after they die



**One** witness must also promise that:

- I do not work for their health care provider
- I do not work where they live

**Witness #1**

\_\_\_\_\_ sign your name \_\_\_\_\_ date

\_\_\_\_\_ print your first name \_\_\_\_\_ print your last name

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code

**Witness #2**

\_\_\_\_\_ sign your name \_\_\_\_\_ date

\_\_\_\_\_ print your first name \_\_\_\_\_ print your last name

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code

**You are now done with this form.**

Share this form with your family, friends, and medical providers. Talk with them about your medical wishes. To learn more go to [www.prepareforyourcare.org](http://www.prepareforyourcare.org)



**Notary Public: Take this form to a notary public ONLY if two witnesses have not signed this form. Bring photo ID (driver’s license, passport, etc.).**

**State of New Hampshire**

County of \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name(s) of person(s)).

\_\_\_\_\_  
Signature of Notarial Officer  
(Seal, if any)

\_\_\_\_\_  
Title and Rank

My commission expires: \_\_\_\_\_

## New Hampshire legal terms we must give you:

We made sure this legal form is easy to read.

But, New Hampshire law requires us to use legal terms and words too.

The next 2 pages have the legal language we must give you.

### Here are the 5 main points:

1. You may change your decisions at any time.
2. You will never be forced to undergo treatment against your will.
3. If you are unable to make your own decisions, your medical decision maker will be able to make all medical decisions for you.
4. Your medical decision maker must follow your wishes to the best of their ability.
5. If you are pregnant, there are some decisions your medical decision maker cannot make. For example, they will not be able to stop life support treatment unless you are in great pain.

### Durable Power of Attorney for Health Care: Disclosure Statement

**This is an important legal document. Before signing it, you should know these important facts:**

Except to the extent you state otherwise, this document gives the person you name as your medical decision maker (they are also called an agent) the authority to make any and all health care decisions for you when you are no longer capable of making them yourself. "Health care" means any treatment, service or procedure to maintain, diagnose or treat your physical or mental condition.

Your agent, therefore, can have the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent cannot consent or direct any of the following: commitment to a state institution, sterilization, or termination of treatment if you are pregnant and if the withdrawal of that treatment is deemed likely to terminate the pregnancy unless the failure to withhold the treatment will be physically harmful to you or prolong severe pain which cannot be alleviated by medication.

You may state in this document any treatment you do not desire, except as stated above, or treatment you want to be sure you receive. Your agent's authority will begin when your doctor certifies that you lack the capacity to make healthcare decisions. If for moral or religious reasons you do not wish to be treated by a doctor or examined by a doctor for the certification that you lack capacity, you must say so in the document and name a person to be able to certify your lack of capacity. That person may not be your agent or alternate agent or any person ineligible to be your agent. You may attach additional pages if you need more space to complete your statement.

If you want to give your agent authority to withhold or withdraw the artificial providing of nutrition and fluids, your document must say so. Otherwise, your agent will not be able to direct that. Under no conditions will your agent be able to direct the withholding of food and drink for you to eat and drink normally.

Your agent will be obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent will have the same authority to make decisions about your health care as you would have had if made consistent with state law.

It is important that you discuss this document with your physician or other health care providers before you sign it to make sure that you understand the nature and range of decisions which may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust and must be at least 18 years old. If you appoint your health or residential care provider (e.g. your physician, or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person will have to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want him or her to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who will have signed copies. Your agent will not be liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing him or her or your health care provider orally or in writing.

This document may not be changed or modified. If you want to make changes in the document you must make an entirely new one.

You should consider designating an alternate agent in the event that your agent is unwilling, unable, unavailable, or ineligible to act as your agent. Any alternate agent you designate will have the same authority to make health care decisions for you.

This power of attorney for health care will not be valid unless it is signed in the presence of two (2) or more qualified witnesses, who must both be present when you sign and who will acknowledge your signature on the directive, OR in the presence of a notary public or justice of the peace. The following persons may not act as witnesses:

- The person you have designated as your health care agent
- Your spouse
- Your lawful heirs, or beneficiaries named in your will or in a deed

Only one of the two witnesses may be your health or residential care provider or one of your provider's employees.