



Advance Directive Toolkit

What matters most to you

An advance directive offers peace of mind.



Why every adult should have an advance directive

When we turn 18, we can vote, enlist in the military and choose what we would want regarding our health care. Yet all of us could face serious illness or injury at any age.

An advance directive can ease the stress on family members and loved ones if they are faced with critical decisions about your care.

Congratulations on taking the first step toward completing an advance directive. This document allows you to name someone to speak for you if you are unable to speak for yourself. This person will make sure your wishes are honored.

Providence St. Joseph Health believes everyone 18 and older should have an advance directive. It provides key information for your doctor and family:

- What kind of medical treatment you want
- Who can make decisions for you if you are unable to make them yourself

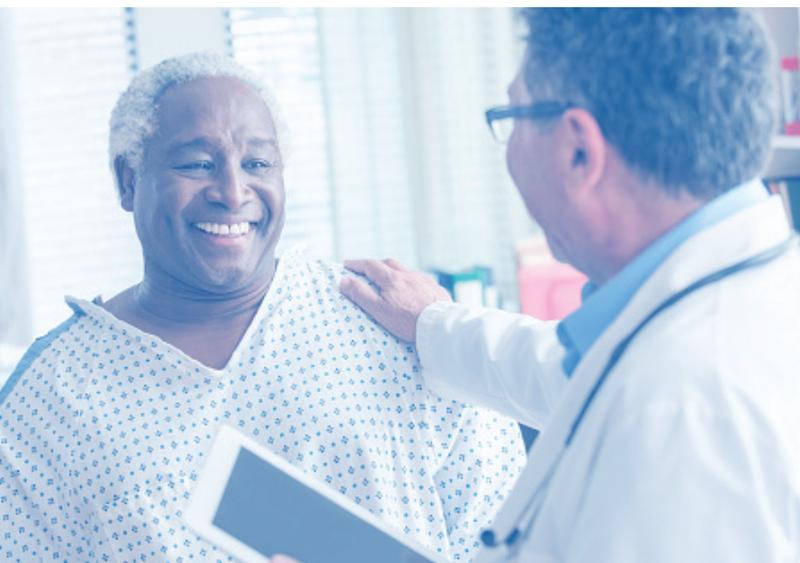
Peace of mind

Advance directives can be simple or detailed. This packet allows you to decide.

You can simply name someone to make decisions on your behalf. Or you can include instructions about treatments, such as cardiopulmonary resuscitation (CPR), mechanical ventilation (breathing machine) or insertion of a feeding tube.

If you change your mind later about a decision in your advance directive, **you can revise the document at any time.**

If you want to ensure your values, preferences and priorities are respected, then an advance directive can help.



Get the most out of your advance directive

Talk to your loved ones.

Talking to your family members and close friends is very important. They can help in the decision-making process, but remember, *you* are the expert about what matters most to you. Inform them. Share your thoughts and your choices with them now – before an unforeseen situation arises.

Talk to your doctor.

Have a conversation with your doctor to make sure he or she understands your preferences and your goals for any future care. It's often easiest to start with the basics. At one of your next visits, talk about what is important to you regarding your health and health care.

Discussing the goals of any medical treatment and care you may receive is always important. It's especially important if you've had a change in your health or if you're undergoing treatment for a medical condition. Your doctor and other health care providers can make sure your wishes are known and followed, but they can only do this if you have made that information available.

Record your wishes.

Once you have chosen someone to serve as your health care representative and have decided on your preferences for future care or goals of care, use the forms in this packet to record your decisions.

Return your completed advance directive.

After you and your witnesses have signed where indicated, make several copies. Some states allow a notary instead of witnesses. Make sure your wishes are recorded in our medical record system.

- Mail a copy of your completed forms using the self-addressed stamped envelope (if available).
- Give a copy to your primary doctor and to your health care representative.
- If you are ever admitted to a hospital, make sure you or your health care representative gives a copy to your health care team.

Send others **only** a photocopy or scanned version of your advance directive. Keep the original in a safe, easily accessible place.

Continue the dialogue.

You and your doctor may have several conversations about your health care. Over time your wishes and goals may change. Continuing the dialogue ensures that everyone understands your current preferences.

At any time, you may change your mind about who you want to have serve as your health care representative and about your health care preferences. To update your information, fill out a new advance directive. Tell your health care representative, your family and your doctor that you have revised your forms. Make copies of your updated forms for your health care representative, your doctor and the hospital medical record file as you did before.

It's never too late or too early to reflect on your goals and wishes.

Update your advance directive when ...

As circumstances in your life change, it's a good idea to review your health care choices. You may find that you want to adjust your choices depending on new situations. Here are some milestones in life when it is reasonable to review your health care wishes. We call them the Five Ds:

1. **Decade:** When you start each new decade of your life or when you experience a significant life change, such as when your child turns 18
2. **Death:** When you experience the death of a loved one
3. **Divorce:** When you experience a divorce or other major family change
4. **Diagnosis:** When you are diagnosed with a serious health condition
5. **Decline:** When you experience a significant decline in your health, especially if you become unable to live on your own

Frequently asked questions

What if I don't choose a health care representative?

If you are too sick to make your own decisions, your doctors will turn to family members, friends or a judge to make decisions for you. If you don't have a health care representative, these people may make choices for you that you wouldn't want.

Will my health care representative be responsible for my medical bills?

No.

Do I need a lawyer?

No. The law does not require an attorney to complete an advance directive. Two witnesses and/or notary public will suffice.

What happens if I change my mind?

You can change your choices at any time. The best way to make changes is to complete a new advance directive, including signature and witnesses and/or notary public. Inform all those who need to know about your new advance directive.

What if I do not want to complete the step to make my health care choices (or living will)?

That is fine. When you choose your health care representative (or proxy), talk to them about your wishes.

An advance directive
will make sure your
wishes are honored.



Completing the form

The advance directive

Completing an advance directive can be accomplished in five easy steps*:

Step 1: Choose your health care representative.

Step 2: Make your health care choices.

Step 3: Outline your health care representative's authority.

Step 4: Sign the form.

Step 5: Submit a copy of your completed advance directive.

If you have any questions as you complete the form, please talk with your doctor. He or she can explain what the options may mean for you and your family.

You'll find more useful information and downloadable/fillable PDF forms available here:

Provhealth.org/AD

*Oregon form differs slightly.



Notice of Nondiscrimination and Accessibility Rights

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We:

1. Provide free aids and services to people with disabilities to communicate effectively with us, such as: (a) Qualified sign language interpreters; and (b) Written information in other formats (large print, audio, accessible electronic formats, other formats).
2. Provide free language services to people whose primary language is not English, such as: (a) Qualified interpreters; and (b) Information written in other languages.

If you need any of the above services, please contact the appropriate Civil Rights Coordinator below. If you need Telecommunications Relay Services, please call 1-800-833-6384 or 7-1-1.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us by contacting the Civil Rights Coordinator for your state as listed below:

Region/Ministry	Civil Rights Coordinator
Alaska	Civil Rights Coordinator, 3200 Providence Dr., Anchorage, AK 99508; Tel:1-844-469-1775; Email: Nondiscrimination.AK@providence.org
Southern California	Civil Rights Coordinator, 501 S. Buena Vista St., Burbank, CA 91505; Tel:1-844-469-1775; Email: Nondiscrimination.CA@providence.org
Hoag Memorial	Civil Rights Coordinator, One Hoag Drive, Newport Beach, CA 92663; Tel: 949-764-4427; Email: kimberlee.rosa@hoag.org
Northern California	Civil Rights Coordinator, 1165 Montgomery Drive, Santa Rosa, CA 95405; Tel: 707-525-5621; Email: Nondiscrimination-NCAL@stjoe.org
Montana	Civil Rights Coordinator, 1801 Lind Ave. SW, Renton, WA 98057; Tel: 1-844-469-1775; Email: Nondiscrimination.MT@providence.org
Texas/New Mexico	Civil Rights Coordinator, 3506 21st Street, Suite 301, Lubbock, TX 79410; Tel: 806-725-0085; Email: Nondiscrimination.TX.NM@covhs.org
Oregon	Civil Rights Coordinator, 5933 Win Sivers Dr., Suite 109, Portland, OR 97220; Tel:1-844-469-1775; Email: Nondiscrimination.OR@providence.org
Washington	Civil Rights Coordinator, 101 W. 8th Avenue, Spokane, WA 99204; Tel:1-844-469-1775; Email: Nondiscrimination.WA@providence.org
PSJH Home and Community Care	Civil Rights Coordinator 2811 S. 102nd St, Suite 220, Tukwila, WA 98168; Tel:1-844-469-1775; Email: Nondiscrimination.pscs@providence.org

For Legacy St. Joseph Health ministries: Interpreter services are provided by:

- Staff with multi-lingual fluency that have been certified by the facility
- Pacific Interpreter Service
- California Relay Service (800) 755-2922
- Other assistive resources as available
- Medical Emergency Network for the Deaf (MEND) (800) 422-7444

For Legacy Providence Health & Services ministries: Individuals needing Telecommunications Relay Services to file a complaint, may call 1-800-833-6384, or 7-1-1.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, one of the above-noted Civil Rights Coordinators is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電888-311-9127 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Gọi số 888-311-9127 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-311-9127 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-311-9127 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (телетайп: 711).

ՈՒՇԱՂԻՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ կարող են տրամադրվել լեզվական աջակցության անվճար ծառայություններ: Չանգահարեք 888-311-9127 (հեռատիպ (TTY) 711).

يُرَجَى الانتباه: إذا كنتم تتكلمون اللغة العربية، فاعلموا أن خدمات المساعدة اللغوية متوفرة مجاناً لكم. اتصلوا برقم الهاتف 888-311-9127 (أو بخط المبرقة الكاتبة TTY لضعاف السمع والنطق على الرقم 711).

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره 888-311-9127 (TTY:711) تماس بگیرید.

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。888-311-9127 (TTY:711)まで、お電話にてご連絡ください。

ਧਿਆਨ ਖਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿੰਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 888-311-9127 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

សូមចាំអារម្មណ៍៖ ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ នោះសេវាជំនួយផ្នែកភាសានឹងមានជូនជូនលោកអ្នក ដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 888-311-9127 (TTY: 711)។

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 888-311-9127 (TTY:711) पर कॉल करें।

LUS CEEV: Yog tias koj hais lus Hmoob, koj tuaj yeem siv cov kev pab txhais lus pub dawb. Hu rau 888-311-9127 (TTY: 711).

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการความช่วยเหลือทางภาษาได้โดยไม่มีค่าใช้จ่าย โทร 888-311-9127 (TTY: 711)

The wallet card

Please fill in the blanks, punch out the card and carry it in your wallet.

In case of emergency, it will alert your health care team that you have named someone to be your health care representative and that you have completed an advance directive. This will help ensure your wishes are followed if you are in a situation where you cannot speak for yourself.

IN CASE OF EMERGENCY

I have a health care representative who can speak for me if I am unable to communicate.

FULL NAME

PHONE

ALT. PHONE

RELATIONSHIP TO ME

For more information, please visit Providence.org/InstituteForHumanCaring

Download the enclosed toolkit at Provhealth.org/AD



Providence Institute for Human Caring
Providence.org/InstituteForHumanCaring