

ADVANCE HEALTH CARE DIRECTIVE

I, _____, being of sound mind and at least 18 years of age, declare that:

(1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: (mark only one box)

- [__] (a) Choice NOT To Prolong Life. I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (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, OR
- [__] (b) Choice To Prolong Life. I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort should be provided at all times even if it hastens my death:

(3) PRIMARY PHYSICIAN: (OPTIONAL)

- [__] I designate the following physician as my primary physician:

• _____

(4) DONATION OF ORGANS AT DEATH: (OPTIONAL)

Upon my death: (mark applicable box)

- (a) I give any needed organs, tissues, or parts, OR
- (b) I give the following organs, tissues, or parts only.

- (c) My gift is for the following purposes

Transplant Therapy

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment, and I accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

I execute this declaration, as my free and voluntary act, on this _____ day of _____, 20____, in the County of _____ State of _____.

(signature)

(date)

Witness 1 _____

(signature)

(date)

Printed Name

Witness 2 _____

(signature)

(date)

Printed Name