**Advance Directive**

**Alabama Advance Directive**

An **Alabama advance directive**is a two (2) part document created by a principal before experiencing health complications. The first section (the “living will”) outlines a principal’s medical preferences if they become terminally ill, injured, or permanently unconscious. The second section (the “medical power of attorney”) allows an agent to make medical choices and arrangements for a principal if they become incapacitated. While this form is not required, completing it ensures that a principal’s wishes are clear under these circumstances. The principal must store it in a safe place that the agent, family member, or friend can access.

**Laws:** [Title 22, Chapter 8A](https://law.justia.com/codes/alabama/2019/title-22/title-1/chapter-8a/)

**Signing requirements** ([§ 22-8A-4(4)](http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/22-8A-4.htm)): The principal must sign and date the advance directive before two (2) witnesses.

**How to Write**

**Download** – [PDF](https://opendocs.com/wp-content/uploads/2019/11/Alabama-Advance-Directive-Health-Care-Power-of-Attorney.pdf) | [WORD](https://opendocs.com/wp-content/uploads/2019/11/Alabama-Advance-Directive-Health-Care-Power-of-Attorney.docx)

**Section 1: “Living Will”**

A living will allows the principal to state how they wish to be taken care of medically when they can’t make decisions for themselves.

On the first line, enter the name of the principal (person completing the advance directive). If the principal wishes to have life-sustaining treatment if they are ill/injured terminally (permanently), place their initials on the line in front of “Yes.” If not, the principal will need to put their initials in front of “No.” On the bottom of the first page, if the principal would like to be provided water/food through an IV to stay alive, place their initials on the “Yes” line, and vice versa for “No.”

The principal will need to place their initials next to “Yes” or “No,” depending on their medical procedure preferences on the second page. This section states whether they want medical procedures, like artificial food and hydration, to keep them alive if they are permanently unconscious. The principal can include any other medical wishes on the four (4) lines provided. If they have nothing to add, they will need to place their initials at the bottom of the page.

**Section 2: “If I need someone to speak for me”**

In this section, the principal can name a “health care proxy.” This person makes medical decisions for the principal in the event they are incapacitated. If the principal wishes to assign a health care proxy, they will need to write their initials on the second line. The principal should enter the following information about the assigned proxy(s):

* Full name(s)
* Relationship to principal
* Address(es) (city, state, and zip code)
* Day and night phone numbers

The principal must include whether or not they want their health proxy to:

* Make decisions regarding receiving food/water through an IV;
* Adhere to the directions listed on the form;
* Follow the instructions in the document **and** make decisions about topics not discussed; or
* Make end-of-life choices.

**Section 3: “The things listed on this form are what I want”**

This section ensures that the principal understands the importance of the document. The principal should review the form with the proxy, doctors, health care providers, or lawyers before signing. If the principal wants to notify other parties of their life-sustaining treatment preferences, they must list their names in the form.

**Section 4: “My signature”**

To make the document official, the principal will need to enter their:

* Full name
* Birthday, month, and year
* Signature
* Date of signing

**Section 5: “Witnesses”**

The document requires two (2) witnesses. Each witness will need to write their printed name, signature, and the date on which they wrote their signature.

**Section 6: “Signature of Proxy”**

The proxy (or proxies) will need to write their full name, signature, and the date of their signing. At this point, the advance directive is complete, and each party should receive a copy.

**Alaska Advance Health Care Directive**

An **Alaska advance health care directive** is a thirteen (13) page legal contract used by a principal to appoint an agent to handle their end-of-life care and decisions if they are no longer able. The form combines a durable power of attorney and living will. The durable power of attorney allows the agent to make decisions on behalf of the principal. The living will includes the principal’s medical wishes, which the agent is responsible for carrying out. An agent can make decisions for a principal (even if they are not incapacitated) so long as the principal includes these wishes in the form.

Choosing a trustworthy agent that will put the principal’s priorities first is a *must*; the agent’s relation to the principal does not matter, so long as they are credible. The form permits the principal to designate one (1) or two (2) alternate agents if the original agent has their power revoked or cannot act as the agent for any reason.

**Laws:** [Title 13, Chapter 52](http://www.akleg.gov/basis/statutes.asp#13.52)

**Signing requirements** ([AS 13.52.010](http://www.akleg.gov/basis/statutes.asp#13.52.010)): Must be signed by a Notary Public or two (2) individuals who personally know the principal.

**Additional considerations:**Neither the witness nor agent can work at the healthcare facility where the principal receives care. However, if the agent is the principal’s relative (by adoption, blood, or marriage), they can legally assume the role ([AS 13.52.300](http://www.akleg.gov/basis/statutes.asp#13.52.300)).

**Arkansas Advance Care Plan (Medical POA)**

An **Arkansas advance care plan (power of attorney)** is used for managing how one would like to be taken care of medically. It allows a trusted person (the agent) to make responsible healthcare decisions for a principal, and also provides space for listing the principal's treatment preferences. The form becomes active once a doctor confirms that the principal cannot communicate their wishes or has passed away.

The principal must complete and sign it before they become mentally incapacitated. If the original agent is incapable of carrying out their duties, the first or second alternate agent (chosen by the principal) becomes responsible for making the decisions. While the agent can make choices about life-sustaining treatment, they cannot choose a principal's mental health services, including decisions regarding psychosurgery, abortion, or electroconvulsive therapy.

The form gives the agent decision-making powers if the principal becomes terminally ill or otherwise unable to communicate their wishes. It can also go into effect if the principal goes into surgery and receives anesthesia (meaning they cannot speak for themselves). A medical power of attorney is often filled out as a precautionary measure if an unexpected medical emergency occurs.

Since the document is durable, it remains in effect unless the principal:

* + Sets an expiration date;
  + Cancels the document by completing an Arkansas [revocation](https://opendocs.com/power-of-attorneys/ar/arkansas-revocation-of-power-of-attorney/) form;
  + Can make their own decisions again; and/or
  + Has appointed their spouse as the agent and divorces them;
  + Completes a new power of attorney.

**Laws:** [§ 20-6-101 to § 20-6-117](https://law.justia.com/codes/arkansas/2019/title-20/subtitle-2/chapter-6/subchapter-1/)

**Signing requirements** ([§ 20-6-103](https://law.justia.com/codes/arkansas/2019/title-20/subtitle-2/chapter-6/subchapter-1/section-20-6-103/)): Notarized OR witnessed by two (2) witnesses.

**Delaware Advance Health Directive**

A **Delaware advance health directive**is a document created by an individual (the declarant) to give another person (the agent) the right to make medical decisions on their behalf. The agent can be responsible for making choices regarding the declarant’s surgery, treatment plans, resuscitation, organ donations, and more. They must follow the principal’s exact wishes as stated in the document and use their best judgment for unspecified care.

The declarant **must** be coherent and mentally healthy when completing the form for it to hold validity. Both parties must sign (with two (2) witnesses present) to indicate that they have agreed on the terms and conditions stated in the advance health directive.

A witness is someone who can verify that the declarant signed the document. In other words, they are confirming that someone has not forged the principal’s signature on the medical power of attorney. According to Delaware law, the witnesses cannot:

* Be under eighteen (18) years old;
* Be related to the declarant (by blood, adoption, or marriage);
* Have guaranteed property from the declarant in a will or trust;
* Have any claim against the declarant’s estate;
* Be responsible for some or all of the declarant’s finances; and
* Have a majority interest (ownership) in a medical facility treating the declarant OR cannot work at the facility in any capacity.

**Laws:**[§§ 2501 to 2519](https://delcode.delaware.gov/title16/c025/index.html)

**Signing requirements**([§ 2503(b)(1)(d)](https://delcode.delaware.gov/title16/c025/index.html#2503.)): The declarant must sign in the presence of 2+ adult witnesses.

**Georgia Advance Directive**

A **Georgia advance directive**is a form that an adult of sound mind can use to plan for how they wish to be cared for in the event they can no longer care for themselves. This form combines a medical power of attorney and living will, allowing the principal (person completing the form) to assign a health care agent to make decisions in their place. The chosen agent must be trustworthy, cannot be a doctor, and must agree to advocate for the principal. For this reason, it is common for the principal to choose a family member or close friend to take on this role.

The form goes into effect when a principal cannot make decisions for themselves. Incapacitation often occurs due to serious injuries, being comatose, having dementia, or suffering from health-related challenges due to old age. A physician must verify (in writing) that the principal cannot communicate before the advance directive can go into effect.

**Laws:** [§ 31-32](https://law.justia.com/codes/georgia/2019/title-31/chapter-32/)

**Signing requirements** ([§ 31-32-5](https://law.justia.com/codes/georgia/2018/title-31/chapter-32/section-31-32-5/)): Must be signed in the presence of the declarant by two (2) witnesses.

**Hawaii Advance Health Care Directive**

A **Hawaii advance health care directive**is a two-purpose form that informs the agent of the principal’s medical treatment preferences if they cannot make their own decisions. The primary purpose of the document is to 1) establish the identity of the agent and 2) to give the principal a way of listing their preferred treatment methods. The form gives the principal a way of ensuring their treatment aligns with their preferences should they not be able to communicate with others (a state known as being “incapacitated”).

This document is a power of attorney and living will combined. A power of attorney enables the agent to make medical choices for the principal, whereas the “living will” outlines the specific treatment needed. The form goes into effect if the principal has an illness or injury that leaves them unable to discuss their preferences. Two (2) physicians must confirm the principal’s condition before treatment can occur.

**Laws:** [Chapter 327E](https://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0327E/HRS_0327E-.htm)

**Signing requirements** ([§ 327E-3](https://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0327E/HRS_0327E-0003.htm)): Must be witnessed and signed by two (2) individuals and acknowledged before a Notary Public.

**Idaho Advance Directive**

An **Idaho advance directive**is a document completed by an individual (the grantor) to fulfill their medical wishes if they are ever unable or pass away. The grantor uses this form to 1) specify medical treatment preferences if they become incapacitated and 2) name a person that will communicate their wishes to healthcare professionals.

A medical professional, such as a doctor, must certify that the grantor is incapacitated. This diagnosis means that the grantor has a chronic illness, disease, or injury that:

* Is terminal;
* Requires artificial nutrition, hydration, or other life-sustaining care to extend their life;
* Will result in death regardless of life-sustaining care; and/or
* Renders them as unconscious or in a persistent vegetative state.

When writing this form, the grantor must be of sound mind as they have to decide whether they wish to allow or deny artificial life-sustaining care (if ever deemed incapacitated). If the grantor is pregnant, the agent cannot make medical decisions on their behalf.

This form does not allow the physician to make medical decisions for the grantor. Instead, the physician must follow orders from the agent who uses the instructions in the advance directive to determine care. However, if the grantor also completes a Physician’s Orders for Life-Sustaining Treatment (POLST) form, the physician can make medical choices if needed.

**Laws:** [Title 39, Chapter 45](https://legislature.idaho.gov/statutesrules/idstat/title39/t39ch45/)

**Signing requirements:**Not mentioned in state laws.

**Indiana Advance Directive Form**

An **Indiana advance directive**is a two (2) part document that elects an agent to carry out a declarant's medical wishes or make decisions about their health-related care. The agent has this ability if the declarant becomes incapacitated or passes away. Once the form becomes active, the agent must inform the physician of the declarant's desired medical treatment. If the advance directive does not include details on a particular type of treatment, such as medication or surgery, then the responsibility falls onto the agent. When making this choice, the agent must consider what the declarant would want in this situation, along with their cultural, spiritual, or religious beliefs.

The declarant and two (2) witnesses must sign the form. The witnesses must be of sound mind and at least eighteen (18) years of age. The assigned person cannot be the declarant's parent, spouse, or child. Additionally, they cannot be responsible for the declarant's finances or acquire their property if they pass away.

The advance directive contains five (5) sections. The first part, called the "Out of Hospital Do Not Resuscitate Declaration and Order," prohibits the declarant from receiving artificial life-prolonging care in a non-hospital setting. On the other hand, the second part allows the physician to take measures to extend the declarant's life if they become incapacitated.

The third part, called the "Indiana Declaration" (also known as a living will), allows the declarant to state their preferences for medical care. The creator of this form completes it after being diagnosed with a terminal illness, such as cancer or Alzheimer's disease. If the sickness progresses to a point where they cannot convey their wishes, a physician must verify the patient's mental or physical condition in writing. Once the doctor confirms the declarant's health status, the medical power of attorney becomes effective.

In the fourth section of the form (the "Indiana Physician Orders for Scope of Treatment" (POST)), the declarant selects their preferences for treatment if they cannot make decisions for themselves. While optional, the document allows them to choose whether or not they want cardiopulmonary resuscitation (CPR), medical interventions, antibiotics, or artificially administered nutrition. The patient (or representative) must sign, in addition to the physician. By signing, the doctor agrees to carry out the patient's medical wishes as stated in the form.

The fifth and final part is called the "Indiana Health Care Representative Appointment," which assigns an agent to make medical decisions on behalf of the declarant. The form does not go into effect unless the declarant cannot speak for themselves due to a severe illness or injury or they pass away. It lets the agent make decisions relating to life support, organ donation, and body disposal.

**Laws:** [IC 16-36-4-10](http://iga.in.gov/legislative/laws/2020/ic/titles/016#16-36-4-10) and [IC 16-36-1-7](http://iga.in.gov/legislative/laws/2020/ic/titles/016#16-36-1-7)

**Signing requirements** ([IC 16-36-1-6(a)(3)](http://iga.in.gov/legislative/laws/2020/ic/titles/016#16-36-1-6), [IC 16-36-1-7(b)(3)](http://iga.in.gov/legislative/laws/2020/ic/titles/016#16-36-1-7)),([IC 16-36-4-8(b)(5)(c)](http://iga.in.gov/legislative/laws/2020/ic/titles/016#16-36-4-8))): An advance directive executed in Indiana must be signed by the delegate and witnessed by an adult who meets witness criteria provided by state law.

**Kentucky Living Will Directive**

A **Kentucky living will directive** gives an agent (the health care surrogate) the ability to make decisions for an individual (the grantor) or convey their medical wishes to a physician. This document only goes into effect if the grantor passes away or becomes incapacitated. The grantor, who must be of sound mind, has the responsibility of including their wishes in the document. The physician must follow the directions provided by the grantor, which concern nourishment and fluids or surrogate of best interest (i.e., organ, tissue, eye donation).

Since this form is also a medical power of attorney, it gives the agent the ability to make treatment, medication, and surgery decisions for the principal. The assigned person may be responsible for end-of-life choices or determining the principal's living situation (i.e., home healthcare, assisted living, nursing homes, and residential long-term care). The form goes into effect should the principal:

* Undergo general anesthesia;
* Endure an illness that leaves them unable to communicate (e.g., stroke);
* Be involved in an accident that leaves them in a comatose or unconscious state; and/or
* Receive an Alzheimer's or dementia diagnosis that interferes with their ability to make sound choices.

**State laws**: [§§ 311.621 to 311.643](https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38785)

**Signing requirements** ([§ 311.625(2)](https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=42591)): The grantor's signature must be witnessed by two (2) witnesses and acknowledged before a Notary Public.

**Maine Health Care Advance Directive**

A **Maine health care advance directive**is a legal document that provides a person (the “principal”) with the means to establish an agent to carry out their health-related or end-of-life wishes. The agent is only needed should the principal become incapacitated (a term used for classifying a person that can no longer communicate effectively).

A principal can only complete this form while they are mentally incompetent. If they have not completed a health care advance directive, the court must review the case and appoint an agent. A physician must confirm the mental status of the principal in writing.

A medical power of attorney does not cover finances or give the agent the ability to make financial-related decisions on the principal’s behalf. If the principal wants to have their finances covered if they become incapacitated, they should complete a general power of attorney. This type of form gives the agent permission to pay bills, manage accounts, defend lawsuits, pay medical care staff, or take care of any monetary task.

The principal can choose the same or different agent that they selected for their medical power of attorney. If they pick two (2) separate agents, they must ensure that both parties get along if they ever need to communicate or make collaborative decisions on behalf of the principal.

**Laws:** [Title 18-C (§5-803)](http://legislature.maine.gov/statutes/18-C/title18-Csec5-803.html)

**Signing requirements** ([§ 5-803(2)](http://legislature.maine.gov/statutes/18-C/title18-Csec5-803.html)): Signed in the presence of two (2) witnesses.

**Maryland Advance Directive**

A **Maryland advance directive**is a form that allows an agent to make decisions for a principal if they experience a medical event that leaves them incapacitated. It is a two (2) part document that consists of a living will and medical power of attorney. A power of attorney permits the agent to act on the principal’s behalf. In comparison, the living will contains specifics on carrying out the principal’s wishes for life-sustaining treatment.

The agent, principal, and physician must sign the form. Any previous medical power of attorney forms become null once a new one is signed. It is durable, meaning it does not expire unless it has a termination date or the principal revokes it.

Part two (2) of the document, otherwise known as the living will, covers treatment preferences. This section covers preferences for life-sustaining treatment in the following situations: 1) terminal condition, 2) persistent vegetative state, or 3) end-stage condition. The principal can receive comfort care and/or tube or intravenous nutrition and fluids until natural death occurs. They can also choose to prevent or delay their death if they allow the agent to make decisions that will extend their life for as long as possible.

A do-not-resuscitate (DNR) or do-not-attempt-resuscitation (DNAR) form should accompany the living will. A licensed physician must complete this document as it states whether or not the principal will receive cardiopulmonary resuscitation (CPR) in a medical emergency.

The principal may or may not want the agent to make their medical decisions. Oftentimes, the principal will choose their preferred treatment plan and the agent will follow their instructions exactly as written in the document. If a medical emergency occurs that is not listed in the form, then it is the responsibility of the agent to make a decision that they feel the principal would want. Examples of medical choices include:

* Doctors & facilities;
* Tests to run;
* Surgery;
* Drug treatment;
* Comfort or quality of life;
* Treatment of brain (damage/disease);
* Coma (disconnect or connect life support); and/or
* Other medical choices (i.e., Huntington’s disease, general anesthesia, stroke, Alzheimer’s/dementia, Lou Gehrig’s disease).

**State laws:** [§ 5-601](https://www.marylandattorneygeneral.gov/Health%20Policy%20Documents/HCDAtext.PDF)

**Signing requirements** ([§ 5-602(c)(1)](https://law.justia.com/codes/maryland/2017/health-general/title-5/subtitle-6/part-i/section-5-602/)): Signed by the principal and observed by two (2) witnesses.

**Michigan Patient Advocate Designation Form**

A **Michigan patient advocate designation** is a form that becomes effective if the creator of the document (the principal) becomes incapacitated or dies. At that time, the patient advocate (appointed by the principal) must inform the principal’s medical team of their treatment or care plan. If the form does not include a principal’s wishes, the patient advocate becomes responsible for making the decisions.

The principal can withdraw the medical power of attorney at any time by completing a Michigan [revocation](https://opendocs.com/power-of-attorneys/mi/michigan-revocation-of-power-of-attorney/) form. Termination can occur because of relationship changes, lack of availability, moving to another state, or losing the document. However, the principal or agent can simply decide that they have changed their mind and no longer wish to take on their roles. Otherwise, the form lasts indefinitely, unless the principal chooses to set an expiration date.

The principal can create more than one (1) power of attorney document, however. For instance, they can fill out a general and durable power of attorney, in addition to the advocate designation. They can assign the same agent for each form, although they do not have to. If the principal appoints multiple agents, they must ensure that each party can communicate effectively. Before signing the agreement, the principal must discuss the medical power of attorney with their physician, agent(s), or other authorized parties. A newly completed patient advocate designation overrides any previously-created forms of the same type.

**Laws:** [§§ 700.5501 – 700.5520](http://www.legislature.mi.gov/(S(2qy1cdtmupdr31htwwhayna2))/mileg.aspx?page=getObject&objectName=mcl-386-1998-V-5)

**Signing requirements** ([§ 700.5506(4)](http://www.legislature.mi.gov/(S(thxi1242hzjuogl5wecwkgpm))/mileg.aspx?page=GetObject&objectname=mcl-700-5506)): Signed in the presence of two (2) witnesses.

**Minnesota Medical Power of Attorney**

A **Minnesota medical power of attorney**is a document that a principal fills out to give an agent the legal ability to make health-related choices for them if they are unable. The principal can use the form to specify which treatments or care they prefer, and the agent must follow these guidelines as written. Once the principal becomes incapacitated, they cannot complete or sign the form as these actions must occur before illness or injury. Before signing, the principal should discuss their preferences with their primary physician and selected agent.

The physician must follow the wishes as stated in the form, even if they feel another course of treatment would be best. The principal can give the agent as much or as little authority as they’d like depending on the options they select in the form. If they specifically want to limit the agent’s power, they can state how they want or do not want the agent to act when faced with specific situations or decisions.

Each party involved (i.e., principal, agent, physician) should keep a copy of the signed medical power of attorney. Having a copy of the form allows the agent and physician to reference the form as needed. By signing, the agent agrees to act in the principal’s best interest, although they are not liable for decisions made with good intentions.

**Laws:** [Chapter 145C](https://www.revisor.mn.gov/statutes/cite/145C)

**Signing requirements** ([§ 145C.03](https://www.revisor.mn.gov/statutes/cite/145C.03)): The principal must sign in the presence of a Notary Public or one (1) witness who cannot be:

* Agent;
* Related person (by blood or marriage);
* The receiving estate after death;
* Physician; and/or
* An employee of the physician or health care facility (unless the employee is a relative).

**Mississippi Advance Health Care Directive**

A **Mississippi advance health care directive**is completed by a principal to designate an agent to carry out their health-related wishes when they are no longer able. This advance health care directive consists of three (3) parts: 1) power of attorney for health care, 2) instructions for health care and 3) primary physician (optional). In the first section, the principal appoints an agent and alternate agent(s) to make health decisions on their behalf if they become incapacitated. The second part includes the principal’s preferences for life-sustaining treatment, pain relief, or any other type of care. Completing the third section allows them to choose a primary physician they feel comfortable with and know well.

The principal may or may not wish to prolong their life if death is imminent or they are comatose. Using this form, they can opt for treatment that will keep them comfortable until they become healthy or pass away. They can also include whether or not they prefer artificial nutrition and hydration. In unmentioned circumstances, the agent must use their best judgment to make medical choices for the principal.

**Laws:** [§§ 41-41-201 – 41-41-229](https://law.justia.com/codes/mississippi/2019/title-41/chapter-41/uniform-health-care-decisions-act/)

**Signing requirements** ([§ 41-41-205(2)](https://law.justia.com/codes/mississippi/2017/title-41/chapter-41/uniform-health-care-decisions-act/section-41-41-205/)): Principal must sign in front of a Notary Public or two (2) witnesses.

**Additional considerations:** An adult or emancipated minor can give oral or written instructions on how the principal should receive care if an advance health care directive does not already exist ([§ 41-41-205](https://law.justia.com/codes/mississippi/2013/title-41/chapter-41/uniform-health-care-decisions-act/section-41-41-205/)). The assigned agent is often someone who is related by blood, marriage, or adoption. They cannot own, operate, or work at the healthcare facility where the principal is undergoing care.

The principal should communicate their health care wishes in writing as opposed to orally stating them. Having the instructions in the form prevents miscommunication on how the agent should carry out the principal’s wishes. The agent must follow through with the directions as written in the document.

**New Hampshire Advance Directive**

A**New Hampshire advance directive**is a five (5) page legal form that enables an agent to make a principal’s medical decisions and/or inform doctor(s) of their treatment and care preferences. The agent only has this authority if the principal experiences an accident or illness that leaves them unconscious or incompetent.

This form also makes it possible for the principal to include their wishes for medical treatment. The agent must follow the principal’s instructions before making their health-related choices. If the agent or physician acts against the principal’s medical wishes, they are personally liable. In this case, the principal or their family can sue, especially if it negatively impacts the principal’s health or results in their death.

The document combines a living will and medical power of attorney, meaning that it 1) gives the agent the ability to make choices for the principal and 2) allows the principal to state their medical wishes. More specifically, the principal can choose whether or not they want life-prolonging interventions, such as comfort care, artificial nutrition or hydration, or mechanical ventilation.

The agent’s role includes determining treatment or care for the principal when an unprecedented situation occurs. This means that the principal has not included instructions on how to handle a specific situation. It is important that the agent is confident in these moments, especially if it involves potentially life-changing decisions. For example, the agent may need to choose whether or not the principal should undergo surgery, receive medication, or cardiac resuscitation (CPR).

**Laws:** [§ 137-J](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-X-137-J.htm)

**Signing requirements** ([§ 137-J:14](http://www.gencourt.state.nh.us/rsa/html/X/137-J/137-J-14.htm)): The form must be signed by the principal in the presence of two (2) witnesses or a Notary Public. If the principal is unable to sign the power of attorney, another person may do so on their behalf so long as the principal is present.

**New York Health Care Proxy**

A **New York health care proxy**is a legal form that authorizes an agent to carry out a principal’s medical wishes and make health-related decisions on their behalf. The agent only has this ability if the principal cannot speak for themselves or passes away. This health care proxy is a dual form, meaning that it combines a medical power of attorney and living will. A living will enables a principal to write their medical wishes and assign an agent to carry them out as stated. In contrast, a medical power of attorney allows the agent to make treatment decisions for the principal.

An agent only determines a principal’s care plan if they have not included their wishes. For example, this form does not include a section about emergency surgery. However, the principal can include these preferences in the document. If they do not, the agent must use their best judgment to decide whether or not the principal should receive an operation if a doctor recommends it.

The principal must be coherent and mentally sound to complete and sign the document. If the principal has become unable to speak for themselves and does not have a medical power of attorney, a judge must appoint an agent for them. This process often impacts family members or friends, as it takes time and money to set a court date. Therefore, a principal should fill out this form, especially if they are experiencing a medical situation that could result in their incapacitation or death. These conditions include:

* Severe injuries that make speaking or writing impossible (i.e., brain, spine, etc.);
* Being in a comatose or vegetative state;
* Enduring a stroke that impacts principal’s ability to communicate;
* Being under the influence of general anesthesia;
* Alzheimer’s disease or dementia;
* Lou Gehrig’s disease; and/or
* Huntington’s disease.

**Laws:** [PBH Article 29-C](https://www.nysenate.gov/legislation/laws/PBH/A29-C) & [PBH Article 29-CC](https://www.nysenate.gov/legislation/laws/PBH/A29-CC)

**Signing requirements** ([PBH § 2981(2)](https://www.nysenate.gov/legislation/laws/PBH/2981)): The principal must sign and date the form, or they must direct another individual to sign it on their behalf. Two (2) adult witnesses must be present during the signing.

**North Dakota Medical Power of Attorney**

A **North Dakota medical power of attorney** is a document that gives a person (the attorney-in-fact) permission to make medical decisions for another person (the grantor). The attorney-in-fact can only utilize this power if the grantor experiences a medical situation resulting in incapacitation. A grantor must complete the medical power of attorney before losing their ability to communicate. If they do not have a medical power of attorney in place when they become incapacitated, then a judge must appoint an agent for them.

In addition to making health-related decisions for a principal, an agent can request that a physician perform a particular treatment or procedure. The physician has a legal obligation to follow orders from the agent, meaning that they cannot refuse to provide the care.  They can also sign a document of anatomical gift, which allows the donation of the principal’s organs and tissues. The agent must adhere to instructions provided by the principal (in the form) before making decisions on their behalf.

The medical power of attorney does not expire unless the principal sets a termination date. The principal holds the right to revoke the agreement at any time (as they do not need a specific reason to cancel it). However, if they create a new medical power of attorney, the previous one no longer holds power.

This form allows the principal to list an alternate agent if the primary agent cannot fulfill their responsibilities. The primary agent can also refuse to take on the role for any reason. Moving, a relationship/friendship change, lack of availability, and a change of mind can cause the principal or agent to stop the agreement. If the agent is a spouse, the form automatically ends if both parties divorce.

**Laws:** [§ 23-06.5](https://www.legis.nd.gov/cencode/t23c06-5.pdf)

**Signing requirements**([§ 23-06.5-05(2)](https://www.legis.nd.gov/cencode/t23c06-5.pdf#nameddest=23-06p5-05)): Must include principal’s signature and verification from a Notary Public OR two (2) witnesses.

**Oklahoma Advance Directive**

An **Oklahoma advance directive**is a two (2) part form that allows an agent to carry out a principal’s medical wishes and make their decisions if they become incapacitated. A principal can become permanently unconscious or unable to communicate their wishes if they experience a traumatic brain or spinal injury. A terminal illness, such as dementia or cancer, can also impact their ability to speak. By completing this advance directive, the principal can express their wishes for treatment in these situations.

The principal must create and sign this form before incapacitation. If the principal becomes disabled or incompetent and does not have an advance directive, a judge must appoint a conservator. A family member (or close friend) must make an appointment for a court date. Since this process can be stressful in a time-sensitive situation, the principal should highly consider creating this document (especially if they have been diagnosed with a terminal illness that will result in their incapacitation).

The agent must read through the document and follow the principal’s special instructions and/or health care preferences. For example, the principal can include information about their goals, fears, spiritual or religious beliefs, and thoughts about their medical condition and treatment. The agent has the responsibility of respecting these statements when making medical decisions on the principal’s behalf. If the principal has not completed a part of the form or has not stated their medical wishes about a certain treatment, the agent must make a decision that aligns with the principal’s beliefs.

The principal can allow or deny the agent to:

* Determine their health care and treatment for the principal;
* Select their health care team;
* Decide where they live and receive care or support;
* Access and distribute their medical records (only to their health care team or other authorized personnel); and/or
* Choose their hospice care.

**Laws:** [Title 63, Chapter 60](https://www.oscn.net/applications/oscn/index.asp?level=1&ftdb=STOKST63#Chapter60-OklahomaAdvanceDirectiveAct)

**Signing requirements** ([§ 3101.4(A)](https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=436811)): Must be signed in front of two (2) witnesses.

**Oregon Advance Directive**

An **Oregon advance directive**is a form that gives a health care representative the legal ability to manage their health care if the principal becomes mentally incompetent. Under these circumstances, the health care representative has main two (2) responsibilities: 1) abiding by the principal’s medical preferences as listed in the advance directive and 2) choosing a principal’s health-related care if they have not specified what they want in a certain situation.

The health care representative only has authority if they accept the responsibility and a physician has confirmed the principal’s incapacitation. If the representative declines, the first or second alternate takes their place. The representative must fully understand the principal’s wishes and carry them out as desired. For example, the form allows the principal to state their preferences for life support and tube feeding if they are:

* Close to death;
* Permanently unconscious;
* Have an advanced progressive illness;
* Enduring extraordinary suffering; and/or
* Experiencing any other situation that they have listed in the form.

If the principal has not stated their preferences, a health care representative may be responsible for choosing the principal’s doctor, medical treatment, care facility, living situation, or caretaker. They must keep the principal’s best interest in mind at all times. If the agent makes a decision in good faith, they are not responsible if the principal condition worsens or they pass away.

When completing this form, the principal must appoint a representative, provide instructions for their health care, and include additional documents. A do-not-resuscitate (DNR) order is an example of a supplemental form. If the principal includes a DNR, a physician must sign to validate it ([§ 127.505(2)(a)](https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2018orLaw0036.pdf)).

**Laws:** [Vol. 3, Chapter 127, § 127.505 – 127.660](https://www.oregonlaws.org/ors/chapter/127)

**Signing requirements** ([§ 127.515(2)](https://www.oregonlaws.org/ors/127.515)): Signed by the principal in presence of two (2) witnesses or notarized.

**Pennsylvania Advance Directive**

A **Pennsylvania advance directive**is a two (2) part document used by an individual (the principal) to appoint another person (the agent) as their representative. The agent must convey the principal’s wishes to the physician and oversee their medical treatment. This form becomes effective following a physician’s confirmation of a principal’s incapacitation. It involves specific information about how a principal wants to be medically treated or where they wish to reside (i.e., hospital, nursing home, hospice, etc.).

The principal can also include whether or not they would like to donate their organs and tissues if they pass away. They do not have to complete each part of the document, although it ensures that the agent properly carries out their wishes. If the principal has not provided instructions on a particular type of treatment or care, the agent becomes responsible for making a decision on their behalf. The agent must consider the principal’s best interest and beliefs when choosing their health care.

The “living will” section of the document lists the principal’s preferences for treatment. In the form, they can accept or deny:

* Pain relief;
* Life-prolonging treatment;
* Heart-lung resuscitation (CPR);
* Mechanical ventilator (breathing machine);
* Dialysis (kidney machine);
* Surgery;
* Chemotherapy;
* Artificial nutrition and hydration (intravenous or through tube feeding)
* Radiation treatment; and
* Antibiotics.

The medical power of attorney section authorizes the agent to step in and make health-related decisions on behalf of the principal. The agent can only make these decisions if the principal has not included their wishes in the form. A doctor must verify that the principal can no longer communicate their wishes before it goes into effect.

**Laws:**[Title 20, Chapter 54](https://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&ttl=20&div=0&chpt=54)

**Signing requirements** ([§ 5442](https://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&ttl=20&div=0&chpt=54&sctn=42&subsctn=0) & [§ 5452](https://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&ttl=20&div=0&chpt=54&sctn=52&subsctn=0)): Two (2) witnesses must be present when the principal signs or dates the form. If the principal cannot sign themselves (due to physical disability or another valid reason), they must be present while another person signs for them.

**Rhode Island Advance Directive Form**

A **Rhode Island advance directive**combines a medical power of attorney and a living will, thus allowing the agent to carry out a principal’s health-related wishes and make treatment decisions on their behalf. The medical power of attorney allows the agent to make the choices, whereas the living will includes the principal’s preferences. The agent (and the principal’s health care team) only refer to this advance directive if the principal suffers an emergency or terminal illness that causes incapacitation.

The principal can give the agent complete or partial authority over their medical decisions. For example, the form lists their preferred treatment if they experience a medical event or illness that leaves them unable to communicate. However, if they have not provided details on a specific situation, the agent must choose for them. The agent may have to give or withdraw consent to treatment and make other decisions, such as pain management, doctors, or health care facilities. They may also have to choose where the principal lives, review and discuss medical records, and sign documents.

The appointed agent must be at least eighteen (18) years of age and a Rhode Island resident. By signing, they agree to make health care decisions for the principal if they cannot do so for themselves. The appointed agent cannot be a health or primary care provider or employee of the health care provider unless they are a relative. They also cannot be an assisted living facility operator or nonrelative employee.

The form allows the principal to choose two (2) alternate agents (who replace the primary agent if they cannot fulfill the role). The principal can change the agent for any reason, and the agent can back out at any time. A judge can also take away the agent’s authority if they act illegally, decide against the principal’s wishes, or make choices that are not in the principal’s best interest.

**Laws:**[§ 23-4.10](http://webserver.rilin.state.ri.us/statutes/TITLE23/23-4.10/INDEX.HTM) & [§ 23-4.11](http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-4.11/INDEX.HTM)

**Signing requirements**([§ 23-4.10-2](http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-4.10/23-4.10-2.HTM) & [§ 23-4.11-3(a)](http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-4.11/23-4.11-3.HTM)): The principal must sign the form in front of a Notary Public or two (2) qualified witnesses.

**Tennessee Advance Directive**

A **Tennessee advance directive** is a form that enables an agent to inform the principal’s physician of their medical wishes or make their treatment decisions for them. This document only becomes valid if a physician confirms that the principal cannot speak for themselves. Incapacitation occurs due to a traumatic injury or terminal illness that hinders the principal’s ability to communicate. The principal can select their preferences for after-life care. For example, they can instruct the agent to handle their burial arrangements, funeral services, and/or organ donation. If the principal has not completed these sections, the agent must choose for them.

The principal must write the form before becoming mentally or physically disabled. If they do not have an advance directive in place before that time, the principal’s family member or friend must set up a court date to appoint a conservator. The judge chooses a conservator who they feel would best represent the principal’s wishes when making their medical decisions.

The principal should fill out both sections of the advance directive, although they do not have to. If they do not fill out the second section, the agent must make the principal’s medical decision(s) for them. The agent must choose whether or not the principal endures life-sustaining treatment if they are comatose, at the end of their life, or unable to function independently. They must also decide if the principal receives:

* Cardiopulmonary resuscitation (CPR);
* Life support;
* Surgery;
* Medication;
* Blood transfusions;
* Tube feeding; and/or
* Intravenous (IV) fluids.

**Laws:** [§ 68-11-18](https://law.justia.com/codes/tennessee/2019/title-68/health/chapter-11/part-18/)

**Signing requirements** ([§ 68-11-1803(b)](https://law.justia.com/codes/tennessee/2019/title-68/health/chapter-11/part-18/section-68-11-1803/index.html)): Requires the presence of two (2) witnesses and a Notary Public.

**Utah Advance Health Care Directive**

A **Utah advance health care directive** assigns an agent the responsibility of informing a physician of a principal’s medical wishes or determining their health care treatment if they cannot speak for themselves. A principal can become incapacitated for various reasons, including a severe brain or spinal injury, terminal illness, or disability. The principal’s physician must verify that they can no longer communicate before the agent has authority.

The form has four (4) parts: 1) agent information, 2) health care wishes, 3) revoking or changing a directive, and 4) signature(s). While the principal only has to complete the “signature(s)” section, they must enter as much information as possible. By filling out the document in its entirety, the principal provides the agent with clear instructions on carrying out their medical wishes. For example, the principal can authorize or deny treatment, such as:

* Tube feeding;
* Medication;
* Cardiopulmonary resuscitation (CPR);
* Dialysis; and/or
* Mental health care (i.e., convulsive therapy or psychoactive medications).

This form can allow or deny an agent access to a principal’s medical and health care financial records. The principal can give the agent access to this information at signing or at the time of incapacitation. The agent can also choose the principal’s health care facility if permitted through this form. For example, an agent may have to decide where the principal receives treatment (i.e., hospital, nursing home, or long-term care facility).

The agent must follow the guidelines written in the form and instruct the physician of the principal’s wishes. A principal can also give the agent the ability to hire or fire health care providers, inquire about medication procedures, choose a health care facility, access medical records, and request consultations.

**Laws:** [§ 75-2a](https://le.utah.gov/xcode/Title75/Chapter2A/75-2a.html?v=C75-2a_1800010118000101)

**Signing requirements** ([§ 75-2a-107(c)](https://le.utah.gov/xcode/Title75/Chapter2A/75-2a-S107.html?v=C75-2a-S107_1800010118000101)): Requires the presence of one (1) witness.

**Virginia Advance Directive for Health Care**

A **Virginia advance directive for health care** allows a person (the declarant) to inform a physician of medical treatment for another person (the principal). Since this document combines a living will and medical power of attorney, it enables the principal to make their own health care decisions. If the principal has not listed instructions for a medical situation, the declarant must use their best judgment to choose for them.

The principal can choose a successor agent who replaces the primary agent if they cannot fulfill their role. When filling out this form, the principal should ensure that they provide details about treatment and choose suitable agents as they cannot edit it later. Instead, they would have to complete a new advance directive. As soon as the principal creates a new advance directive, the former one immediately terminates.

The principal can use this form to include whether or not they want life-prolonging treatment. This type of care includes artificial nutrition and hydration (i.e., tube feeding or intravenous), cardiopulmonary resuscitation (CPR), a breathing machine, dialysis, antibiotics, and pain relief. They can also choose to gift their whole body or body parts (such as their eyes, organs, and tissues) to research, transplantation, therapy, or education. If the principal does not provide this information in the advance directive, the agent must decide for them.

Unless the form states otherwise, the agent can do the following on the principal’s behalf:

* Approve or deny medical treatment of any kind;
* Review and discuss medical records or history;
* Hire or fire health care team;
* Choose health care facility (e.g., hospital, assisted living, hospice, mental health facility, etc.);
* Remain the agent even if the principal (once incapacitated) wants a different agent;
* Enter the principal into a research study if it benefits them or increases scientific understanding of health condition;
* Determine visitation hours and rules; and/or
* Grant liability releases (if needed).

**Laws:** [§ 54.1-29-8](https://law.lis.virginia.gov/vacodefull/title54.1/chapter29/article8/)

**Signing requirements** ([§ 54.1-2983](https://law.lis.virginia.gov/vacode/title54.1/chapter29/section54.1-2983/)): Two witnesses are required.

**Wyoming Advance Healthcare Directive**

A **Wyoming advance healthcare directive** is a form that allows the principal to state their medical wishes and elect an agent to carry out their requests. If the principal has not included their preferences for a particular type of care, then it becomes the agent’s responsibility to make the decision on their behalf. When completing the document, the principal must choose if they want the form to go into effect immediately or only if they become mentally incapacitated. Incapacitation means that the principal is experiencing an illness, injury, or disability that has diminished their ability to communicate and make their own health care decisions.

The selected agent must be a trusted family member, friend, or someone close to the principal. However, this person cannot be the principal’s medical provider. The agent should know if the principal has religious beliefs. If so, the agent must base the principal’s medical treatment on their preferences (written in the document) and the moral teachings of the Catholic Church. While not required, the principal can choose two (2) alternate agents to replace the primary agent if they cannot carry out their role. They can also use this form to select the agent as their guardian. If they do not wish to choose the agent as their guardian, they can select another person. However, they do not have to appoint a guardian if they do not want to do so.

The principal can also use this form to choose the following:

* End-of-life care (e.g., artificial nutrition and hydration, pain relief, etc.);
* Visitation from family, close friends, or parish priest;
* Whether or not they die at home or in a home-like place;
* Leave autopsy to the discretion of the physician and agent;
* Organ/body (or body parts)/tissue donation to transplantation, research, therapy, or medical education; and/or
* Their physician and/or alternate physician.

**Law:** [§ 35-22-4](https://law.justia.com/codes/wyoming/2019/title-35/chapter-22/article-4/)

**Signing requirements** ([§ 35-22-403(b)](https://law.justia.com/codes/wyoming/2019/title-35/chapter-22/article-4/section-35-22-403/)): Signed by a notary public OR two (2) witnesses.