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.

This person will be your advocate.

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

Part 2 Make your own health care choices, Page 7

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 13

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 14, or a notary on Page 15.

Your Name

Developed by PREPARE™ for your care

www.prepareforyourcare.org

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 12, 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 your spouse is your decision maker, and you 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.

Your Name

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

Legally, your decision maker cannot be your doctor or someone who provides you care at your hospital or clinic.

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.

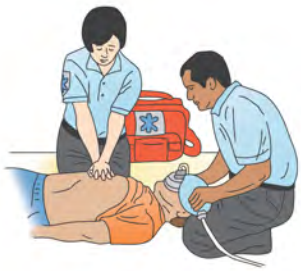
If you are not able, your medical decision maker can choose these things for you:

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

Your Name

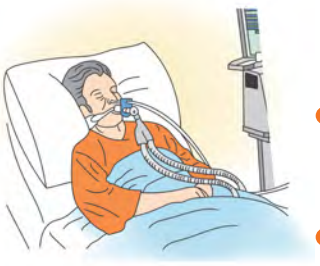
Here are more decisions your medical decision maker can make:

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

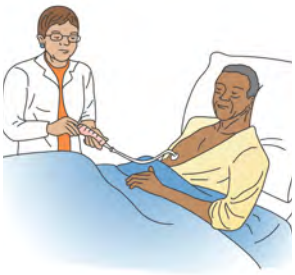


- **CPR or cardiopulmonary resuscitation**
  cardio = heart • pulmonary = lungs • resuscitation = try to bring back

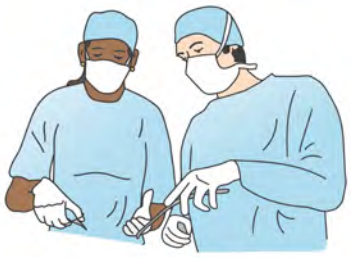
  This may involve:
  - pressing hard on your chest to try to keep your blood pumping
  - electrical shocks to try to jump start your heart
  - medicines in your veins



- **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**



*How well these treatments work will depend on your health and your age. Ask the medical care team about **Quality of Life** after these treatments.

End of life decisions your medical decision maker can make:

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

Your Name

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:

Write the name of your medical decision maker.

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

first name | last name | relationship

phone #1 | phone #2 | email address

address | city | state | zip code

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

first name | last name | relationship

phone #1 | phone #2 | email address

address | city | state | zip code

Your Name

If you want, you can write why you chose your #1 and #2 decision makers on page 5.

Write down anyone you would NOT want to help make medical decisions for you.

If your family makes decisions as a group, who do you want in the group? Your medical decision maker(s) on page 5 will still have the final say.

How strictly do you want your medical decision maker to follow your wishes if you are not able to speak for yourself?

Flexibility allows your decision maker to change your prior decisions if doctors think something else is better for you at that time.

Prior decisions may be wishes you wrote down or talked about with your medical decision maker. You can write your wishes in Part 2 of this form.

Check the one choice you most agree with.

- ☐ **Total Flexibility:** It is OK for my decision maker to change any of my medical decisions if my doctors think it is best for me at that time.
- ☐ **Some Flexibility:** It is OK for my decision maker to change some of my decisions if the doctors think it is best. But, these wishes I NEVER want changed:

- ☐ **No Flexibility:** I want my decision maker to follow my medical wishes exactly. It is NOT OK to change my decisions, even if the doctors recommend it.

If you want, you can write why you feel this way.

To make your own health care choices, go to Part 2 on Page 7. If you are done, you must sign this form on Page 13.

Please share your wishes with your family, friends, and medical providers.

Part 2 Make your own health care choices

Fill out only the questions you want.

How do you prefer to make medical decisions?

Some people prefer to make their own medical decisions. Some people prefer input from others (family, friends, and medical providers) before they make a decision. And, some people prefer other people make decisions for them.

Please note: Medical providers cannot make decisions for you. They can only give information to help with decision making.

How do you prefer to make medical decisions?

- ☐ I prefer to make medical decisions on my own without input from others.
- ☐ I prefer to make medical decisions only after input from others.
- ☐ I prefer to have other people make medical decisions for me.

If you want, you can write why you feel this way, and who you want input from.

What matters most in life? Quality of life differs for each person.

What is most important in your life? Check as many as you want.

- ☐ Your family or friends _____
- ☐ Your pets _____
- ☐ Hobbies, such as gardening, hiking, and cooking
  Your hobbies _____
- ☐ Working or volunteering _____
- ☐ Caring for yourself and being independent
- ☐ Not being a burden on your family
- ☐ Religion or spirituality: Your religion _____
- ☐ Something else _____

What brings your life joy? What are you most looking forward to in life?

What matters most for your medical care? This 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

Check one choice along this line to show how you feel today, in your current health.

My main goal is to live as long as possible, no matter what.	Equally important	My main goal is to focus on quality of life and being comfortable.

If you want, you can write why you feel this way.

AT THE END OF LIFE

Check one choice along this line to show how you would feel if you were so sick that you may die soon.

My main goal is to live as long as possible, no matter what.	Equally important	My main goal is to focus on quality of life and being comfortable.

If you want, you can write why you feel this way.

Your Name

Quality of life differs for each person at the end of life. What would be most 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.

- Those things may make them want to focus on comfort rather than trying to live as long as possible.

At the end of life, which of these things would be very hard on your quality of life?
Check as many as you want.

- ☐ 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 severe dementia
- ☐ Not being able to feed, bathe, or take care of myself
- ☐ Not being able to live on my own, such as in a nursing home
- ☐ 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.

If you want, you can write why you feel this way.

What experiences have you had with serious illness or with someone close to you who was very sick or dying?

- If you want, you can write down what went well or did not go well, and why.

If you were dying, where would you want to be?

☐ at home ☐ in the hospital ☐ either ☐ I am not sure

What else would be important, such as food, music, pets, or people you want around you?

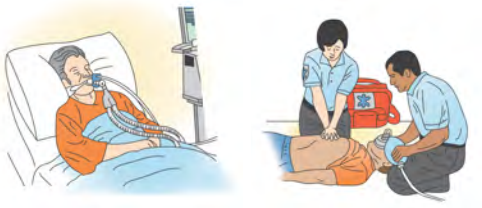
Your Name

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.

*How well these treatments work will depend on your health and your age. Ask your medical care team, **"What will my Quality of Life be like after these treatments?"**

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.

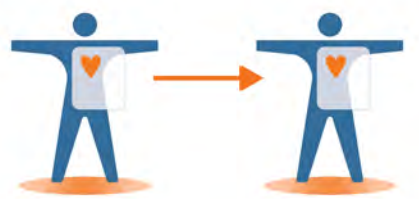
What else should your medical providers and decision maker know about this choice? What else would be important to you? You can write more on page 12.

Your Name

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?

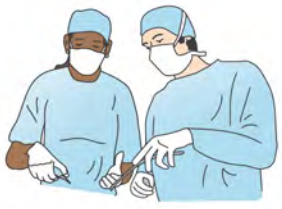
  - ☐ Any organ or body part
  - ☐ Only _____

- ☐ 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?

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?

- Do you have religious or spiritual wishes for your funeral or burial?

Your Name

OPTIONAL: How do you prefer to get medical information?

Some people may want to know all of their medical information. Other people may not.

If you had a serious illness, would you want your doctors and medical providers to tell you how sick you are or how long you may have to live?

- ☐ Yes, I would want to know this information.
- ☐ No, I would not want to know. Please talk with my decision maker instead.

If you want, you can write why you feel this way.

* Talk to your medical providers so they know how you want to get information.

What else should your medical providers and medical decision maker(s) know about you and your choices for medical care?

Here are just a few examples:

- Do you have religious or spiritual beliefs that guide your medical care?
- What if you get memory loss or dementia, are no longer safe to drive, or are no longer safe to live at home?

  How would you want your medical care team, family, and friends to talk with you about these things? What would you be worried about? What would be important to you?
- If you were in the hospital, who could help with your bills or pets? **Note:** To give this person legal power to help with your money, bills, pets, and things you own, you also need to write this in other legal forms. See PlanforClarity.org.

You can write more about your choices on the next page.

Your Name

Continued from page 12:

What else should your medical providers and medical decision maker(s) know about you and your choices for medical care?

Your Name

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 or a notary sign the form. 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 14.
If you do not have witnesses, a notary must sign on Page 15.

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 13)

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. You can also ask them to help make copies and get the form into your medical record.

To learn more go to 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.

Advance Directive; Disclosure Statement

The disclosure statement which must accompany an advance directive shall be in substantially the following form:

AN ADVANCE DIRECTIVE IS A LEGAL DOCUMENT. YOU SHOULD KNOW THESE FACTS BEFORE SIGNING IT.

This form allows you to choose who you want to make decisions about your health care when you cannot make decisions for yourself. This person is called your “agent.” You should consider choosing an alternate in case your agent is unable to act.

Agents must be 18 years old or older. They should be someone you know and trust. They cannot be anyone who is caring for you in a health care or residential care setting.

This form is an “advance directive” that defines a way to make medical decisions in the future, when you are not able to make decisions for yourself. It is not a medical order (e.g., it is not in and of itself a DNR (do not resuscitate order or (POLST)).

You will always make your own decisions until your medical practitioner examines you and certifies that you can no longer understand or make a decision for yourself. At that point, your “agent” becomes the person who can make decisions for you. If you get better, you will make your own healthcare decisions again.

With few exceptions(*), when you are unable to make your own medical decisions, your agent will make them for you, unless you limit your agent's authority in Part I.B of the durable power of attorney form. Your agent can agree to start or stop medical treatment, including near the end of your life. Some people do not want to allow their agent to make some decisions. Examples of what you might write in include: “I do NOT want my agent …

- to ask for or agree to stop life-sustaining treatment (such as breathing machines, medically-administered nutrition and/or hydration (tube feeding), kidney dialysis, other mechanical devices, blood transfusions, and certain drugs).”
- to ask for or to agree to a Do Not Resuscitate Order (DNR order).”
- to agree to treatment even if I object to it in the moment, after I have lost the ability to make health care decisions for myself.”

The law allows your agent to put you in a clinical trial (medical study) or to agree to new or experimental treatment that is meant to benefit you if you have a disease or condition that is immediately life-threatening or if untreated, may cause a serious disability or impairment (for example new treatment for a pandemic infection that is not yet proven). You may change this by writing in the durable power of attorney for health care form:

- “I want my agent to be able to agree to medical studies or experimental treatment in any situation” or
- “I don't want to participate in medical studies or experimental treatment even if the treatment may help me or I will likely die without it.”

Your agent must try to make the best decisions for you, based on what you have said or written in the past. Tell your agent that you have appointed them as your healthcare decision maker. Talk to your agent about your wishes.

In the “living will” section of the form, you can write down wishes, values, or goals as guidance for your agent, surrogate, and/or medical practitioners in making decisions about your medical treatment.

You do not need a lawyer to complete this form, but feel free to talk to a lawyer if you have questions about it.

You must sign this form in the physical presence of 2 witnesses or a notary or justice of the peace for it to be valid. The witnesses cannot be your agent, spouse, heir, or anyone named in your will, trust or who may otherwise receive your property at your death, or your attending medical practitioner or anyone who works directly under them. Only one witness can be employed by your health or residential care provider.

Give copies of the completed form to your agent, your medical providers, and your lawyer.

* Exceptions: Your agent may not stop you from eating or drinking as you want. They also cannot agree to voluntary admission to a state institution; voluntary sterilization; withholding life-sustaining treatment if you are pregnant, unless it will severely harm you; or psychosurgery.