

How to Complete the MediCorp Health System Advance Directive Form

The MediCorp Advance Medical Directive allows you to provide direction for your health care if you become temporarily or permanently unable to express your wishes.

An Advance Directive is legally valid as long as it is signed, dated, and witnessed by two people. You can use this form, fill out a different form of your choosing, or write out your wishes yourself. This form is also available through our website in English and Spanish. Please follow this step-by-step process to complete MediCorp's Advance Directive form.

1. Fill in your name and the date at the top of the first page.

2. Section 1 contains end-of-life instructions, also called a Living Will.

These instructions talk about what kind of care you would want if you are terminally ill and death is imminent, or you are in a persistent Vegetative State.

- You can write in any special wishes under Options I and II, for example, if you **WOULD** or **WOULD NOT** want a feeding tube if you were in a Vegetative State or had end-stage dementia.
- Mark through any or all of Section 1 if it does not reflect your wishes.

3. Section 2 contains the selection and powers of an agent.

Part I: Appointment of an Agent

This section enables you to name the person you would want to make health care decisions for you if you are temporarily or permanently unable to speak for yourself. Your agent is directed to make decisions based on your desires and preferences, your medical condition, and your beliefs and values.

- Provide the name and contact information for your agent. This person does not have to be a relative.
- Provide the name and contact information for an alternate in the event the first person is unavailable or unable to serve as your agent.
- **If you have NOT designated an agent**, also known as a Medical Power of Attorney (MPOA), and you lose your ability to make decisions, under Virginia law, the highest available person on the following list will become your decision-maker:
 1. Guardian
 2. Spouse
 3. Adult Children
 4. Parents
 5. Siblings
 6. Other relatives in order of relationship

Part II: Powers of your Agent

- **Mark through any that do not reflect your wishes.**
- **Parts A-D** allow your agent to consent or to decline health care for you, obtain medical information, and consent to hospital admission.

- **Parts E-F** give you the option of allowing your agent to admit you to a mental health facility for up to 10 days if you are mentally ill and lack the capacity to make your own decision.
 - **Part E** allows this only if you do not object at the time.
 - **Part F** allows your agent to admit you **over your objection**. If you select Part F, your physician or psychologist must fill out the Physician Attestation section.
- **Part G** allows your agent to follow your instructions in this form even if you object. If you select this, you must write in the specific sections of this form you want followed (for example, “the Living Will,” or “all”) AND you must have your physician or psychologist fill out the Physician Attestation section under Part G.
- **Part H** allows your agent to continue to serve **even if you object** to the agent’s authority while unable to make a decision.
- **Part I** allows your agent to make visitation decisions for you. To allow this you need to give directions, such as “any family member” or “anyone my agent allows.”
- **Parts J-K** allow your agent to consent to your participation in research.
 - If you select **Part J**, your agent can only allow your participation in research that may treat a condition you have.
 - If you select **Part K**, your agent can allow your participation in research that will not benefit a condition of yours, but might aid in providing knowledge about the condition.
- **Part L** allows your agent to take whatever actions are necessary to fulfill Parts A-K and clarifies that your agent will not be responsible for the cost of your health care (unless he/she is already responsible for these costs).

4. Section 3 contains Health Care Instructions.

These instructions can be made for medically appropriate care even if you are not terminally ill.

- Fill in any specific information about your health care that you WOULD or WOULD NOT want, and under what circumstances. For example, you might indicate in what circumstances, such as permanent ventilator dependence or end stage dementia, you do not want efforts made to prolong your life.
- Mark through all or part of Section 3 if you do not choose to complete it.

5. Section 4 gives you the opportunity to designate someone to donate your organs, tissues, or your body after your death, if you choose.

- If you are designated on your Drivers’ License as an Organ Donor, you may just write in this area “Organ Donor, see Driver’s License” instead of designating someone to donate.

6. Sign the Advance Directive.

- Have it witnessed by two people. These can include your spouse, blood relative or Medical Power of Attorney (MPOA). Medical professionals can also be witnesses.

- You DO NOT need a notary or an attorney to make this a valid Advance Directive.
- 7. Once you have completed the Advance Directive:**
- Give copies to your Health Care Agent, family members, and doctor.
 - Bring a copy when you come to the hospital.
- 8. Finally, take this opportunity to talk to your family, physician, and Health Care Agent.**
- Discuss your health care choices and values so that they may honor your wishes and make the best decisions on your behalf.