

## ***Who's Your Agent?<sup>®</sup> Program***

Getting Started Tool Kit

Next Steps Tool Kit

### **Getting Started Tool Kit**

You can make your own personal health care plan.

*It's as easy as 1-2-3!*

**1** Choose a Health Care Agent in a Health Care Proxy.



**2** Write down your choices for care in a Personal Directive.



**3** Talk with your care providers to align care to your choices.



This step-by-step tool kit provides Massachusetts-based health care planning information, documents, and discussion guides to start to make a personal plan and put your plan into action. For more information visit [www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)

## Getting Started Tool Kit

**Every competent adult, 18 years old & older, can make a health care plan.**

### Here's Everything You Need to Start to Make a Plan.

You can choose a Health Care Agent, tell your Agent and family your choices for care, and start a discussion with your doctors & care providers to align the best possible care to your goals, values and choices. The checklist below will help you complete your documents and put your plan into action! You can do-it-yourself or get some help from the Honoring Choices Community Partners.

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|---|--|---|
| <b>1</b> Choose a Health Care Agent in a Health Care Proxy. | <b>2</b> Write down your choices for care in a Personal Directive. | <b>3</b> Talk with your care providers to align quality care to your choices. |
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#### 1. Choose a Health Care Agent in a Health Care Proxy.

- ☐ Ask a trusted person to be your Health Care Agent or "Agent".
  - Review *Choosing a Health Care Agent: What Does an Agent do?* Use as a discussion guide.
  - Not sure who to choose yet? No problem. You can start your plan with the Personal Directive.
- ☐ Appoint your Agent in a Health Care Proxy.
  - Review *Things to Know about a Health Care Proxy*.
  - Fill out the *Health Care Proxy Instructions & Document*. Just follow the step-by-step instructions.
- ☐ When complete, keep your original document. Give a copy to your Agent and anyone you choose.

#### 2. Write down your choices & preferences for care in a Personal Directive.

- ☐ Review *Things to Know About a Personal Directive*. You can use your Personal Directive:
  - As a discussion guide to talk with your Agent, family, friends, clergy and care providers;
  - To give written instructions & information to your Agent and family;
  - To start your personal health care plan, if you have not yet chosen an Agent.
- ☐ Fill out the *Personal Directive Instructions & Document*. Just follow the step-by-step instructions.
- ☐ When complete, keep your original document. Give a copy to your Agent and anyone you choose. If you don't have an Agent yet, consider sharing it with your doctors & care providers.

#### 3. Talk With Your Doctors & Care Providers.

- ☐ Use the *"5 Things to Talk About with Your Care Providers"* to start a planning discussion about your care goals, values and choices. Bring this handy guide to your next visit.
- ☐ Give a copy of your Health Care Proxy to your doctors & providers to scan into your medical record. If you like, you can share your Personal Directive.

That's it! You've made a great start on your personal health care plan. You can view and download "The Next Steps Tool Kit" to build on your planning discussions and add documents to your plan over your lifetime. Go to [www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)

## Choosing a Health Care Agent: What does an Agent do?



As a competent adult, starting at 18 years old, you have the right to make your own health care decisions. However, serious accidents and illness can happen at any age, where you may not be able to make decisions about your care, even for a short while. You can choose a trusted person, called a **Health Care Agent or Agent**, who can step in to help. Your Agent is your advocate with the legal power to talk with your care providers and make decisions to get you the best possible care that matches your values and choices, all through your life.

### 1. Who can I choose?

Your Agent can be a family member, friend, co-worker, faith or community group member — anyone you trust except a person employed in the facility where you are a patient unless related to you by blood, marriage or adoption.

### 2. What does my Agent do?

Your Agent is your advocate and tells your family & care providers what's important to you and your instructions for care. Your Agent makes health care decisions based on your values, beliefs and the care you want— not what the Agent might want. Under Mass law, you can give your Agent the power to make 'any and all' decisions including life-sustaining treatments decisions or limit the Agent's powers in a Health Care Proxy.

### 3. When does my Agent 'step in' to make decisions? When does my Agent 'step back'?

Your Agent can 'step in' if you have a serious illness or injury and your physician determines you are unable to make care decisions for yourself, even for a short while. If you regain your ability to make your own decisions, your Agent 'steps back' and no longer has decision-making powers. Your Agent is there for you all through your life.

### 4. How does my Agent make decisions for me?

Your Agent first consults with your care providers about your medical condition and the benefits and risks of possible treatment options. Your Agent then makes decisions in accordance with his/her assessment of your values, beliefs, and care choices. If your choices are unknown, your Agent makes an assessment of what is in your best interest.

### 5. What kinds of decisions might an Agent make?

An Agent makes decisions to help care providers match the best care to your values, choices and priorities at every phase of health. For instance, when you are:

- Healthy, an Agent considers your care goals to get you the best possible care;
- Managing illness, an Agent may consider your 'quality of life' care goals and your priorities if your illness progresses;
- Living with serious illness & end of life care, an Agent may consider your care goals and the tradeoffs you are willing to make, and your life-sustaining treatments choices.

### 6. Do I have to appoint an Agent?

Under Massachusetts law, every competent adult can exercise their right to appoint an Agent in a Health Care Proxy. A spouse or family member does not automatically have the legal authority to make decisions unless appointed in a Health Care Proxy. Read more at <https://malegislature.gov/Laws/GeneralLaws/PartII/TitleII/Chapter201D>

### 7. Do I need an attorney to appoint an Agent?

You do not need an attorney to appoint an Agent in a Health Care Proxy. You can do it yourself. We offer a no cost, downloadable **Health Care Proxy Instructions & Form**.

### 8. What should I talk about with my Agent?

Tell your Agent what's important to you and give instructions for the kind of care you want and do not want. We offer a no cost, downloadable **Personal Directive Instructions & Form** to write down your care choices and preferences.

## Things to Know About a Health Care Proxy

### 1. What is a Health Care Proxy?

- A simple legal document you can do yourself
- You choose a person you trust, called a Health Care Agent, to talk with your doctors and make health care decisions on your behalf, if you are not able to make effective decisions yourself
- It tells your doctors who to talk to about your care, when they can not speak with you

### 2. Who can sign a Health Care Proxy?

- Every competent adult has the choice to sign a Health Care Proxy. An adult must be:
- 18 years old and older; able to understand his or her medical condition and the risks and benefits of possible treatments, and that he/she is giving another person the authority to make health care decisions on their behalf; and under no constraint or undue influence

### 3. How does a Health Care Proxy work?

- As a competent adult, you make your own health care decisions and direct your care
- If you have a serious illness or injury, and your attending physician determines in writing that you lack the ability to make or communicate health care decisions, your Health Care Agent steps in as your advocate with the authority to make health care decisions and get you the care you want
- If you regain your ability to make decisions, your Agent steps back and no longer has authority

### 4. Who can be my Health Care Agent?

- You can choose a spouse, family member, a friend – or someone you trust who knows what's important to you and can represent your wishes and make complex decisions
- Who cannot be an Agent? A person employed in a facility where you are a patient or resident or have applied for admission, unless they are related by blood, marriage or adoption

### 5. What decision making authority can I give my Health Care Agent?

- You can give your Agent full authority to make any and all health care decisions that come up, or
- Limit your Agent's decision making authority by writing it in your Health Care Proxy
- You can give your Agent specific instructions and information in your Personal Directive

### 6. Who can be a witness to sign the Health Care Proxy?

- Any competent adult can be a witness except your Health Care Agent and Alternate Agent
- Two adults must be present as witnesses when this document is signed. They watch as you sign the document, or as another person signs at your direction, and sign after you.

### 7. Can I change my mind or cancel or revoke a Health Care Proxy?

- As long as you are competent you can change your mind, and change your Agent, his/her authority, and your preferences for the care you want. It's your document and your choice.
- A Health Care Proxy is revoked if you sign a new one; if you divorce or legally separate and your spouse is your Agent; or tell your Agent or provider you revoked or intent to revoke your Proxy

## Massachusetts Health Care Proxy Instructions and Document

**Instructions:** Every competent adult, 18 years old and older, has the right to appoint a Health Care Agent in a Health Care Proxy. To create your Health Care Proxy, print this two page form and place the instructions page and the blank document in front of you. Follow the step-by-step instructions and sign and date the Health Care Proxy in front of two witnesses, who sign and date the document after you.

### 1. Your Name and Address *(Required)*

Print your full name in the blank space. Print your address.

### 2. My Health Care Agent is: *(Required)*

Print the name, address and phone numbers of your Health Care Agent.

- Choose a person you trust to make health care decisions for you based on your choices, values and beliefs, if you cannot make or communicate decisions yourself;
- Your Health Care Agent and Alternate Agent cannot be a person who is an operator, administrator or employee in the facility where you are a patient or resident or have applied for admission, unless they are related to you by blood, marriage or adoption.

### 3. My Alternate Health Care Agent *(Not required, but helpful to have an Alternate Agent)*

If possible, appoint a person you trust as a back-up or Alternate Agent, who can step-in to make health care decisions if your Health Care Agent is not available, not willing or not competent to serve, or is not expected to make a timely decision. Print the name, address and phone numbers.

### 4. My Health Care Agent's Authority *(Required)*

Here's where you give your Agent either the broadest possible decision-making authority to make "any and all" decisions including life sustaining treatments, or limit his/her authority:

- If you want to give "any and all" decision-making authority, just leave this area blank.
- If you do not want to give "any and all" decision-making authority, describe the way in which you want to limit your Agent's authority and write it down in the space provided.

### 5. Signature and Date *(Required)*

Do NOT sign ahead. Sign your full name & date in front of two adult witnesses who sign after you.

- You can have someone sign your name at your direction in front of two witnesses.

### 6. Witness Statement and Signature *(Required)*

Any competent adult can be a witness except your Health Care Agent and Alternate Agent.

- Two adults must be present as witnesses when this document is signed. They watch as you sign the document, or as another person signs at your direction, and sign after you to state that you are at least 18 years old, of sound mind, and under no constraint or undue influence.
- Have Witness One sign, then print his or her name and the date;
- Then have Witness Two sign and print his or her name and the date.

### 7. Health Care Agent Statement *(Optional)*

This section is not required, but it can help your doctors and family know the Agents you appointed have accepted the position. Your Agent(s) signs and prints the date in the spaces provided.

**Important:** Keep your original Health Care Proxy. Make a copy and give it to your Health Care Agent. Give a copy to your doctors and care providers to scan in your medical record so they know how to contact your Agent if you are ill or injured and unable to speak for yourself.

# Massachusetts Health Care Proxy

**1. I,** \_\_\_\_\_ **Address:** \_\_\_\_\_,

appoint the following person to be my Health Care Agent with the authority to make health care decisions on my behalf. This authority becomes effective if my attending physician determines in writing that I lack the capacity to make or communicate health care decisions myself, according to Chapter 201D of the General Laws of Massachusetts.

**2. My Health Care Agent is:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

**3. My Alternate Health Care Agent**

If my Agent is not available, willing or competent, or not expected to make a timely decision, I appoint:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

**4. My Health Care Agent's Authority**

I give my Health Care Agent the same authority I have to make any and all health care decisions including life-sustaining treatment decisions, except (list limits to authority or give instructions, if any):

\_\_\_\_\_  
\_\_\_\_\_.

I authorize my Health Care Agent to make health care decisions based on his or her assessment of my choices, values and beliefs if known, and in my best interest if not known. I give my Health Care Agent the same rights I have to the use and disclosure of my health information and medical records as governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d. Photocopies of this Health Care Proxy have the same force and effect as the original.

**5. Signature and Date.** I sign my name and date this Health Care Proxy in the presence of two witnesses.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**6. Witness Statement and Signature**

We, the undersigned, have witnessed the signing of this document by or at the direction of the signatory above and state the signatory appears to be at least 18 years old, of sound mind and under no constraint or undue influence. Neither of us is the health care agent or alternate agent.

***Witness One***

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Witness Two***

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**7. Health Care Agent Statement (Optional):**

We have read this document carefully and accept the appointment.

**Health Care Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Alternate Health Care Agent** \_\_\_\_\_ **Date** \_\_\_\_\_



## Things to Know About a Personal Directive

### 1. What is a Personal Directive?

- It is your personal document or personal statement, not legally binding in Massachusetts, which gives your Health Care Agent ('Agent'), family and care providers information about what's important to you and the kind of care you want & do not want. The Honoring Choices Personal Directive can be used:
  1. As a **discussion guide** to talk with your Agent, family, friends, clergy and care providers;
  2. To give **written instructions & information** to your Agent and family. It helps your Agent know how to make decisions on your behalf and represent your choices to your care providers;
  3. To **start your personal health care plan**, if you have not yet chosen an Agent. Simply fill out the Personal Directive and share it with your doctors & care providers to help them align quality care to your care goals, values and choices.

### 2. What's the difference between a Health Care Proxy and a Personal Directive?

- A **Health Care Proxy** is a legally binding document in which you appoint a person you trust, called a Health Care Agent ('Agent'), to make health care decisions on your behalf if you are not able to make or communicate decisions yourself.
- A **Personal Directive** is NOT a legally binding document, but a personal document in which you give your Health Care Agent and family specific information and instructions about the kind of care you want, sharing your values, religious and cultural beliefs, and choices and preferences for care.
- These two documents work hand-in-hand. You appoint an Agent in a Health Care Proxy with the legal power to make health care decisions on your behalf, and give your Agent essential information and instructions about the care you want in a Personal Directive.

### 3. Who can create a Personal Directive?

Every competent adult can exercise his/her right to create a Personal Directive. An adult must be:

- 18 years old and older, of sound mind and under no constraint or undue influence.

### 4. How does a Personal Directive work?

- As a competent adult, you have the right to make your own health care decisions.
- If you become unable to make decisions yourself, even for a short while, your Health Care Agent can step in to make health care decisions on your behalf.
- After talking with your health care providers to understand your current condition, prognosis, and possible treatments options and outcomes, your Agent uses your Personal Directive to make health care decisions in accordance with his/her understanding of your wishes, religious & moral beliefs. If there are areas where your wishes are not known, your Agent will make health care decisions in accordance with his or her assessment of your best interest.
- You can revise and update your Personal Directive as often as you like over time.

### 5. Can I change my mind or cancel or revoke a Personal Directive

- You can revise, cancel or revoke a Personal Directive anytime as long as you are competent.

### 6. How do I complete a Personal Directive?

It's simple. You can do it yourself without the help of an attorney or doctor. Just download and print the free Honoring Choices Personal Directive Instructions & Document from our website.

## Personal Directive

### Instructions and Document

A **Personal Directive** is a personal document, not legally binding in Massachusetts, in which you give your Health Care Agent ('Agent') and family information about what's important to you and instructions about the kind of care you want and do not want. It's your "voice & your choice" for the care you want.

Accidents and illness can happen at any time- when you are healthy, managing wellness as you age, or living with serious advancing illness. If you become unable to make or communicate effective decisions for yourself, even for a short while, your Agent can use this document to communicate your care choices and preferences to your family members and care providers, and know what to consider when making health care decisions on your behalf. Although not legally binding, this document offers first-hand information to your doctors & care providers to help them align the best possible care to your choices.

**Instructions:** To create a Personal Directive, print this 5-page form so you have the instructions page and the blank document in front of you. Write in what you'd like others to know about your values, beliefs, care goals and priorities. If more space is needed, write on the back pages. If questions don't apply right now, just leave them blank. You can make changes or add information as your health needs & choices change over time.

**On the first line** print your full name in the blank space, followed by your address.

#### I. My Personal Preferences, Thoughts and Beliefs

- Let your Agent know what's right for you in order to make decisions on your behalf.

#### II. My Choices and Preferences for Treatment

- List information and preferences regarding your specific health condition;
- Indicate your choices and preferences for life-sustaining treatment. Consider talking with your doctor about your current condition and the benefits/risks of each treatment.

#### III. People to Inform about My Choices and Preferences

- List the names of family, friends, and others you'd like your Agent to inform or to take action.

#### IV. My Religious, Spiritual, Cultural, and Personal Considerations

- Let your Agent know what beliefs, traditions, & values to consider when making care decisions;
- Let your Agent know your personal thoughts for end of life care.

#### V. My Preferences for Funeral Arrangements & Ceremonies

- Let your Agent know your choices and preferences, if any.

#### VI. Other Instructions and Messages

- You can include any instructions and messages you'd like your Agent to deliver or any actions you'd like your Agent to take.

#### SIGNATURE and Date

- Sign your full name and fill in the date you sign it.

**That's it for now.** Keep the original and give a copy to your Agent and anyone else you would like. You can make changes or add information all through your life, as long as you are competent.



## My Personal Directive

I, \_\_\_\_\_, residing at \_\_\_\_\_, write this directive for my Health Care Agent ('Agent'), family, doctors and care providers to inform you of my choices and preferences for care. If my attending physician determines in writing that I lack the ability to make or communicate health care decisions, even for a short while, my Agent will communicate my choices and make health care decisions on my behalf. After talking with my doctors and providers to understand my current condition, prognosis, possible treatments and side effects of each medical alternative, my Agent will make health care decisions in accordance with his/her understanding of my wishes, religious, and moral beliefs. In areas where my wishes are not known, my Agent will make health care decisions in accordance with his/her assessment of my best interest.

### I. My Personal Preferences, Thoughts and Beliefs

1. The things in life I value most that make life worth living are:
  
  
  
  
  
  
  
  
  
  
2. If I have an unexpected illness or injury and it is reasonably certain I will recover, possibly to a lesser degree, here's what is important to me and my priorities for a good quality of life:
  
  
  
  
  
  
  
  
  
  
3. My thoughts on what worries me most if I become ill and what would help reduce my concerns:
  
  
  
  
  
  
  
  
  
  
4. If I am not able to manage my affairs, even for a short time, here are the actions I'd like you to take:
  
  
  
  
  
  
  
  
  
  
5. My beliefs about when prolonging my life would not be acceptable to me:
  
  
  
  
  
  
  
  
  
  
6. My thoughts about what a peaceful death looks like to me:

## II. My Choices and Preferences for Treatment

### A. My Treatment Choices for My Specific Medical Condition

List your condition, if any, and preferences about medications, treatment facilities, professionals to contact, and care you want or do not want if you become disabled or incapacitated, even for a short while.

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### B. My Preferences for Life-Sustaining Treatment

Life-sustaining treatment refers to medical procedures such as cardiopulmonary resuscitation, artificial hydration and nutrition, and artificial ventilation/breathing intended to prolong life by supporting an essential function of the body, when the body is not able to function on its own. *Talk to your doctor about your current medical condition, the specific risks and benefits of treatments and possible outcomes.*

**1. Cardiopulmonary Resuscitation (CPR)** is a medical treatment used to restart the heartbeat and breathing when the heartbeat and breathing have stopped. My preferences are:

- ☐ I do not want CPR attempted if my heartbeat and breathing stop, but rather, want to permit a natural death;
- ☐ I want CPR attempted unless my doctor determines any of the following:
  - I have an incurable illness or irreversible injury and am dying
  - I have no reasonable chance of survival if my heartbeat and breathing stop
  - I have little chance of long-term survival if my heartbeat and breathing stop and the process of resuscitation would cause significant suffering
- ☐ I want CPR attempted if my heartbeat and breathing stop;
- ☐ I do not know at this time and rely on my Health Care Agent to make the decision.

Other thoughts:

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### 2. Treatments to Prolong My Life

If I reach a point where I can no longer make decisions for myself and my doctor believes it is reasonably certain that I will not recover my ability to know who I am:

- ☐ I want to withhold or stop all life-sustaining treatments that are prolonging my life and permit a natural death. I understand I will continue to receive pain & comfort medicines;
- ☐ I want all appropriate life-sustaining treatments for a *short term* as recommended by my doctor, until my doctor and Agent agree that such treatments are no longer helpful;
- ☐ I want all appropriate life-sustaining treatments recommended by my doctor;
- ☐ I do not know at this time and rely on my Health Care Agent to make treatment decisions.

Other thoughts:

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### III. People to Inform about My Choices and Preferences

List any family, friends, clergy, attorneys, and care providers you want to inform or prefer not to inform. Write down what role you'd like individuals to have or actions you'd like them to take, if any.

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### IV. My Religious, Spiritual, Cultural and Personal Considerations

Write down any religious or spiritual beliefs, cultural traditions, or personal values you'd like your Agent to consider when making decisions about your care throughout your lifetime, and at the end of life.

- ☐ I am of the \_\_\_\_\_ faith. Please contact \_\_\_\_\_ at \_\_\_\_\_ (name/place of clergy). I would like following:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ I would like a spiritual or cultural ceremony. Please contact \_\_\_\_\_ at \_\_\_\_\_ (name/place of advisor). I would like the following:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ I do not have any particular religious, spiritual, or cultural traditions that my Agent should consider. ☐ Here are some personal values that guide me (explain, if any)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Here's how I'd like to spend my final days and what a peaceful death means to me:  
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## V. My Preferences for Funeral Arrangements and Ceremonies

Here are my thoughts and wishes for others to consider.

☐ I'd like all the arrangements to be made by \_\_\_\_\_. My instructions:

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☐ I'd like a service, gathering, or ceremony. My instructions:

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☐ I'd like a burial in a casket. My instructions:

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☐ I'd like to be cremated and want my ashes distributed or buried. My instructions:

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## VI. Other Instructions and Messages

Write in anything that's important to you or a message for your Agent, family, and others.

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**Signature.** I sign this Personal Directive after giving much thought to my choices and preferences for care. I understand I can revise and affirm my decisions all through my life as long as I am competent.

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Talk to Your Doctors and Care Providers Discussion Guide

## 5 Things To Talk About With Your Care Providers

*To make a plan for the best possible care.*

## INFORMATION TO MAKE CHOICES

- 1. I'd like to understand more about my health or illness and treatment options:**
  - Here's what I know about my health or illness. Here's what I'd like to know today.
  - What's ahead for me? What information would help me to plan for the future?

## MY GOALS

- 2. I want to discuss my goals and explore the care I want and do not want:**
- Given my personal values, beliefs and priorities, here's what is important to me.
  - Here's what worries or concerns me.

## MY PLAN

- 3. Let's discuss my care plan and writing down my choices in planning documents:**
- What's the plan for getting me to my goals?; What are the next steps?.
  - I want to choose a Health Care Agent; can you help me with a Health Care Proxy?
  - Here's a copy of my Health Care Proxy; can you place it in my medical record?

## KNOW MY CHOICES

- 4. I'd like to make sure you know my choices and that my medical record is up-to-date:**
- Let's review my current health or illness, and changes in my priorities and choices.
  - I'd like to revise/add a planning document and review the documents in my record.

## HONOR MY CHOICES

- 5. I'd like to make sure my care providers honor my choices all through my life:**
- In an emergency, or if I can't speak with you, how will my choices be followed?
  - I'd like to bring in my family / Agent to talk about my plan and honoring my choices.

***5 Things to Talk About with Your Care Providers*** is a basic discussion guide to help you start a planning discussion to promote lifelong wellness and receive person-centered care. Start with one or more questions that make sense to you, and write down your own questions below to bring to your next appointment.

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