

Instructions for Completing and Signing your Living Will, Durable Power of Attorney for Health Care Decisions, and HIPPA Release Authorization

Living Will

The cover page (or first page) has the first blank line to be completed. You will be able to click here and type your name. You will be able to tab to the next line that needs to be filled in or you can click on the next box, whatever works best for you. All lines that need to be filled in by you have a place for you to type the information. If a blank line does not allow you to type leave it blank. You cannot complete those lines until you are in front of your witness' and notary. *Most banks offer notary services and have witness' available for their customers. There are several notary services available and easily located in an internet search.*

DECLARATION OF LIVING WILL (2nd page of this document) you will declare your wishes regarding end of life decisions. Specifically, if your life is being prolonged artificially, do you want to be kept on life sustaining treatment/equipment; or would you want to have artificial means of keeping you alive removed?

In the first line of this page, type your full legal name, as it appears on your driver's license. If you would like to add an alias name, follow your legal name with a/k/a and then type your alias name.

Notice that in the 1st section of your Living Will, there are three specific and different situations to consider. Type your initials next to your decision, **only choose one**.

You can also include 'other instructions' to direct your agents and doctors if you have more detailed wishes.

Several pages in this document will have a space at the bottom for you to type your legal name. For example: Living Will of _____(NAME)

Signing

Once you have completed the Living Will, you will need two witness' and a notary (none of these three people can be related to you) to finalize the document. You are able to type in your name, city, and county below your signature line, but all other blanks will need to be completed in front of the two witness' and notary.

Durable Power of Attorney for Health Care Decisions

The cover page for the Durable Power of Attorney is on page 5 and just needs to be filled in with your full legal name. In this document, on page 6, you will name one person to be your Agent. The Agent is the person who will act on your behalf for health care decisions if you are unable to act for yourself. You will also be able to select up to three additional Successor Agents if your Primary Agent is unable to act for you. Make sure you include each agent's date of birth as a piece of verifiable information.

If you have specific instructions or limitations for your Agents to follow or specific burial wishes, include those in the next two blank lines. If you do not have any specific instructions, you may leave those lines blank.

The withdrawal of life support options are next. Read each option carefully. If you choose #1 or #5, that is all you need to do. If you choose #2 then you **must** select #3 or #4 as well. Type your initials next to your selection(s).

Signing

This document also requires your signature witnessed by two people and a notary (none of these three people can be related to you) to finalize the document. You can type your name and date of birth below the signature line, but your signature and the date will need to be completed in front of the two witness' and notary.

Authorization to Disclose Protected Health Information

This final document will allow your agents to speak to your healthcare providers about your protected health information. Complete the top four lines with your information. Type the name of your agent and successor agents as listed in your Living Will.

Signing

This document will not require any witnesses only a notary signature. Type your name and date of birth below the signature line and make sure to sign this document in the presence of a notary.