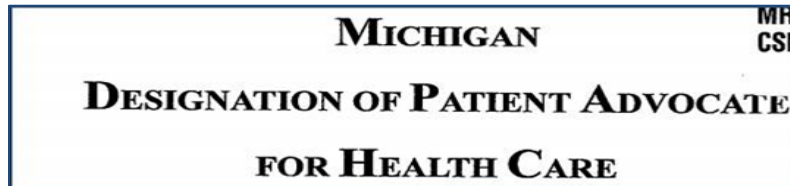


Examples of Document Types for Advance Care Directives

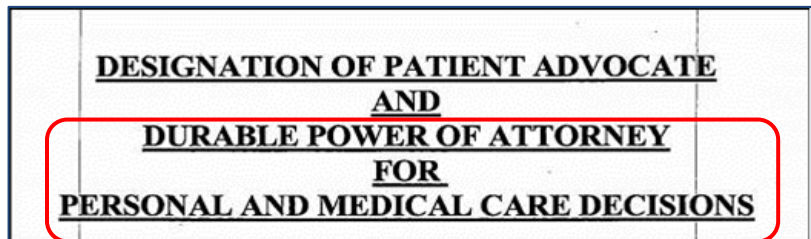
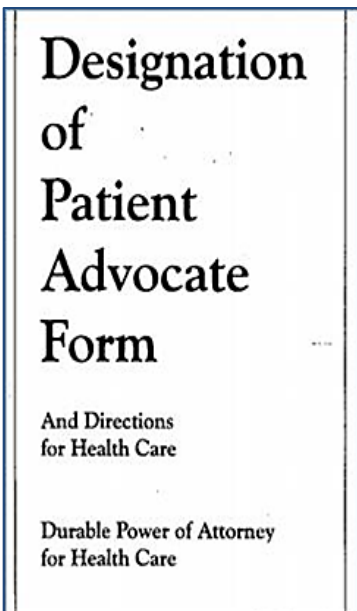
The following are examples of the types of documents that match to a specific Title.

Designation of Patient Advocate

If the document is specifically titled as such, then this label should be selected.



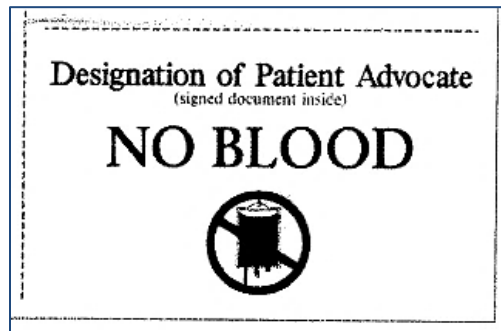
If this is only PART of the title and the form includes **Durable Power of Attorney for Healthcare**, then you can select **Durable Power of Attorney for Healthcare** instead.



Advance Care Directives Examples

Designation of Patient Advocate/NO BLOOD

The form is typically a 2 page document and includes the following on the second page:



ONLY select this title if the above symbol is in the document.

Durable Power of Attorney/Finance Only

The key on this type of document is that it does not reference health care. Keep in mind that referencing HIPAA is not the same as health care. The document will only focus on the patient's finances and estate.

Real Property:
I authorize my attorney-in-fact to manage, sell, enter into a sales agreement, execute deeds or land contracts, mortgage, or deal in any other way with any and all of my real property, including fixtures to that property, and to deal in any way with the proceeds of the property.

Personal Property:

1. I authorize my attorney-in-fact to manage, sell, purchase, use as collateral, or deal in any other way with any and all of my personal property, and to deal in any way with the proceeds of the property. This includes the power to apply for or transfer the certificates of title to automobiles or other motor vehicles;
2. I authorize my attorney-in-fact to have access to any safe deposit box of which I am tenant or co-tenant: to withdraw from or deposit to the box; to renew any contract for the box; and to perform all acts required by the lessor of the box, releasing the lessor of any liability for such acts.

Note: It is important to quickly scan through the document as we often see the Durable Power of Attorney for Health Care included on subsequent pages. If so, please submit the document either under the title of **Durable Power of Attorney for Finance and Healthcare** or **Durable Power of Attorney for Healthcare** as this is the key information for medical providers.

Durable Power of Attorney for Healthcare

There are many types of documents that fall into this category. Examples include:

MEDICAL DURABLE POWER OF ATTORNEY

The Power of Attorney is intended to be effective in the following states: MICHIGAN, WISCONSIN, MINNESOTA, ALABAMA, ARIZONA, ARKANSAS, CALIFORNIA, DELAWARE, FLORIDA, GEORGIA, HAWAII, ILLINOIS, INDIANA, KANSAS, KENTUCKY, MASSACHUSETTS, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS and VIRGINIA. Specific citations to the applicable laws of the states named above can be

Advance Care Directives Examples

To My Family, Doctors, Mental Health Professionals and All Concerned with My Care:

These instructions express my wishes about my medical and mental health care. I want my family, doctors, mental health professionals and everyone else concerned with my care to act in accordance with them.

CHOOSING MY PATIENT ADVOCATE

This form expresses my wishes about my medical and mental health care. I want my family, doctors, other health care providers, and anyone else concerned with my care to follow my wishes. For this reason, I give Saint Joseph Mercy Health System permission to send a copy of this document to other doctors, hospitals and health care providers that provide medical care to me.


Making Choices Michigan
Discuss. Decide. Document.

Advance Directive

*Durable Power of Attorney for Healthcare
(Patient Advocate Designation)*

HEALTH CARE DESIGNATION

*Your Health
Your Choice*

MY ADVANCE DIRECTIVE

Hospital DNR (Do Not Resuscitate)

This type of document is typically generated from within a hospital setting.

Do-Not-Resuscitate Declaration

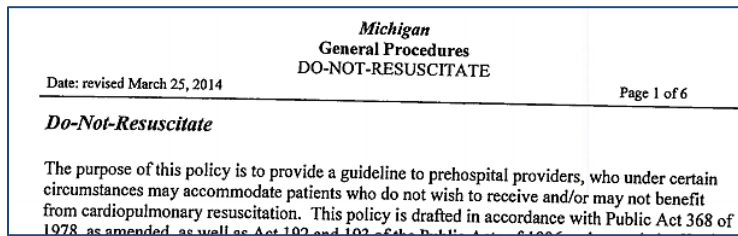
MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT

I have discussed my health status with my physician,
I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

Advance Care Directives Examples

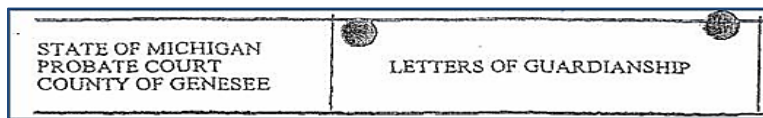
Out of Hospital DNR (Do Not Resuscitate)

Document is a specific legal document that provides guidelines to providers outside the hospital.



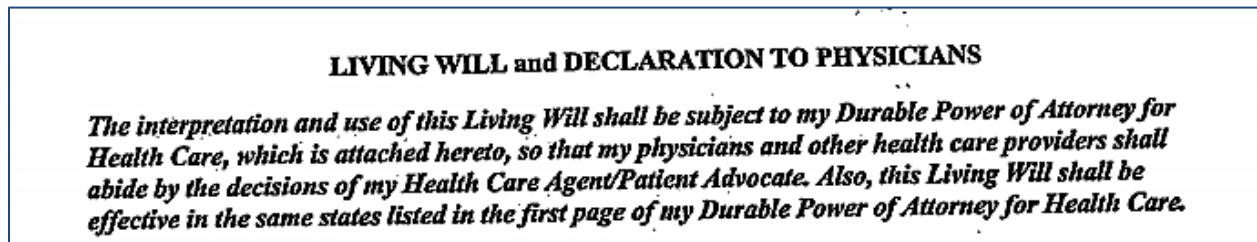
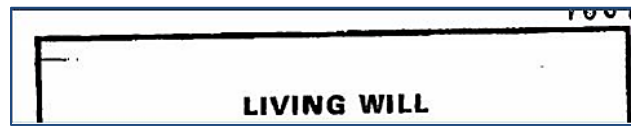
Letters of Guardianship

These documents are a specific legal document from a Probate Court and are labeled accordingly.



Living Will

The title of the document is easily identifiable.



However, if the document includes a **Durable Power of Attorney for Health Care**, the title should include either include **Living will and Durable Power of Attorney for Health Care** or just **Durable Power of Attorney for Health Care** in the title as this takes precedence.

Advance Care Directives Examples

Statement of Treatment Preferences (SOTP)

These documents specifically address a patient's preferences for treatment.

Authorization ADVANCE DIRECTIVES STATEMENT OF TREATMENT PREFERENCES, HEART - ADVANCE CARE PLANNING (ACP)	Patient Name: DOB: M/D/Y: Physician: FIN:
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Treatment Preferences (Goals of Care)

(This section is optional, but recommended)