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**INSTRUCTIONS FOR COMPLETING A
MINNESOTA HEALTH CARE DIRECTIVE**

Important Information about the Minnesota Health Care Directive

What a Minnesota Health Care Directive is:

The Minnesota Health Care Directive is a legal document. Its purpose is to offer individuals greater control over their health care decisions. With a health care directive, a person can state his/her views and wishes regarding their health care. The health care directive also allows an individual to name a person to make health care decisions at any time the individual is unable to make or to communicate decisions.

The person who is making the health care directive is called the principal. The person who is named to make decisions when the principal is unable to is called a health care agent. The agent is automatically granted four powers:

- 1) to make health care decisions for the principal;
- 2) to choose the principal's health care providers;
- 3) to choose where the principal will live while receiving health care;
- 4) to review the principal's medical records and to release those records to others.

In addition to these four automatic powers, the principal may grant the agent other powers, including:

- 1) to decide whether the principal's organs are donated upon death;
- 2) to decide what will happen to the principal's body after death;
- 3) to make health care decisions for the principal even if the principal is capable of making or communicating those decisions;
- 4) to make decisions about mental health treatment including electroconvulsive therapy and antipsychotic medication, including neuroleptics.

If the principal has included written instructions in the health care directive, the agent is charged with making decisions according to those instructions. Without written instructions, the agent is to act in the principal's best interests.

What a Minnesota Health Care Directive is not:

The Minnesota Health Care Directive is NOT A WILL. It does not allow an individual to write instructions related to his or her property, financial accounts, or business affairs.

The Minnesota Health Care Directive is also NOT A FINANCIAL POWER OF ATTORNEY. It does not provide the agent with the power to pay for medical treatments from the principal's accounts. The agent is not granted any control over the principal's finances, and may not access bank accounts, safe deposit boxes, or other financial property.

An individual who would like to make advance plans for management of his or her finances in case he or she becomes incapacitated should consult an estate planning attorney.

How to choose a health care agent:

Your health care agent must be 18 years or older. The agent should be a person you trust to act on your behalf, according to your wishes. It is important that you and your agent talk at length about your opinions, values, and wishes regarding health care. Your agent should be willing to take the time to understand your wishes and willing to act accordingly.

Your agent must also be reasonably available in case a decision needs to be made. A good agent will be willing and able to advocate for the principal's wishes to doctors and other medical staff, other health care providers, family members, and friends. Your agent should be a person you trust to make difficult decisions during periods of high stress.

A person who is currently providing health care to the principal or who is employed by the principal's health care provider may not serve as agent unless:

- 1) the principal and agent are related by blood, marriage, adoption, or registered domestic partnership;
- OR
- 2) the principal states in the health care directive reasons for appointing that person as agent.

What to do with a completed Minnesota Health Care Directive:

The original document should be kept in a safe place. A safe deposit box is generally not a good place for a health care directive because it is not always accessible to the agent in an emergency situation. Copies of the document should be made and given to:

- * your health care agent
- * your doctor
- * the hospital
- * alternate agent(s)
- * health care provider(s)
- * family and trusted friends

The health care directive should be a part of your medical records, including the file kept by your doctor, the hospital, nursing home, or other health care provider. It is important to speak to your doctor about your wishes and to ask whether he or she is willing to follow your instructions. Talking to family members and friends about your wishes while you are healthy can also reduce confusion or arguments at a time when emergency decisions must be made.

You may document on your Minnesota Driver's License that you have a health care directive. In case of an emergency, information that you have a health care directive and how to reach your health care agent should be kept with the other identification you carry.

Where to get more information on completing a Minnesota Health Care Directive:

Talking to your doctor about health care options is an important step in completing a health care directive. Nurses, medical social workers, and other health care professionals are also good sources of information about what types of issues can be addressed with a health care directive.

General Instructions for Completing a Minnesota Health Care Directive

The Three-Part Form

The Minnesota Health Care Directive form contains three parts:

- Part I is the section for naming a health care agent who will make decisions for you if you are unable to make decisions or communicate decisions about your health care.
- Part II is the section for writing instructions regarding your health care.
- Part III is the section which will make the form a legal document.

You may complete Part I or Part II, or both Part I and Part II.

Part III must be completed if you want the form to be a valid and legal document.

Part I: Naming a Health Care Agent

The Health Care Agent's Automatic and Optional Powers

Page 3 of the Minnesota Health Care Directive lists the four powers automatically given to a health care agent:

- 1) Your agent may make your health care decisions if you are unable to make or to communicate them. This includes decisions about beginning or stopping treatments which will prolong your life, such as feeding tubes, ventilators/respirators, dialysis, transfusions, or CPR;
- 2) Your agent may choose your health care provider(s), including which doctor provides treatment, or which home care agency provides services to you at home;
- 3) Your agent may choose where you live during medical care, including hospital or nursing home placement;
- 4) Your agent may review your medical records and may release those records to other individuals or health care providers.

If there are any automatic powers you DO NOT want your agent to have, you must state so in the section called "Limits on My Agent's Powers."

Page 3 lists powers you can give to your agent ONLY if you initial next to the power on the Health Care Directive. They include:

- 1) Making the decision whether to donate your organs after you die;
- 2) Making the decision about burial, cremation, or body disposition when you die;
- 3) Making decisions for you even if you are able to make or communicate them;
- 4) Making the decision whether to consent to mental health treatment including electroconvulsive therapy (ETC) and anti-psychotic medication;
- 5) Continuing the authority of your proxy even if you become divorced, legally separated, your marriage is annulled, or you are no longer domestic partners.

Part II: Health Care Instructions

Complete any section in Part II that is important to you. You may leave any section blank.

A. General Views About Your Health Care

This section raises some basic issues about health care. You can state your views about what you would want done for you in certain health conditions, your views regarding pain relief, and how you feel about finances in relation to health care choices. This section allows your agent, family, and doctor to know your general philosophy about health care.

B. Specific Medical Treatments

This section lists a number of specific treatments. You may write in your opinions about these treatments and when you would or would not wish these to be performed. There is also a section for you to write instructions about any other medical treatment you would like to address, as well as space for stating when you believe medical treatment would be futile.

C. Religious and Spiritual Beliefs

If your religious or spiritual beliefs are important to you in making decisions regarding your health care, you may state so in this section. You may also choose to write in a spiritual advisor or leader to be consulted regarding certain health care decisions.

D. Care When You Are Dying

In this section, you may list your preferences regarding health care when you are terminally ill, including where you would like to die.

E. Organ Donation

You may state your wishes regarding donation of organs, tissues, or other body parts.

F. Body Disposition

You may state your wishes regarding burial, cremation, or other body disposition (such as donating your body to a medical institution).

You have the option of writing additional instructions on a separate sheet and attaching it to the document. If you do this, make a note in the "Instructions" section.

Part III: Making the Document Legal

You must complete Part III to make a Minnesota Health Care Directive a legal document.

The first requirement is a signature. Either you, the "Principal", must sign, or you must authorize someone to sign on your behalf. The signature must then be notarized or witnessed. The date must also be filled in.

If another person signs for you, that person must also print his or her name. At the time this other person signs, you must acknowledge to the notary or witnesses that this is your choice.

The signature on the document either must be:

1. Witnessed by a Notary Public who then notarizes the document

OR

2. Witnessed by two people

If there are witnesses, each witness must be at least 18 years of age. Any person named as health care agent or alternate health care agent MAY NOT sign as a witness. Only one of the two witnesses may be a health care provider or employee of a health care provider currently providing care to you.