

Durable Power of Attorney for Healthcare

This document allows you to name individual(s) of your choice that will make decisions on your behalf for the type of medical treatment you receive in the event you are unable to make decisions or communicate about your medical care. Known as your health-care agents.

Healthcare Advance Directive

A written plan that identifies and names your healthcare agent and allows you to provide detailed instructions for the type of medical treatment you want to receive in a medical emergency. This document will only go into effect if you cannot communicate your wishes to your medical team on your own.

Living Will

Part of your Advance Directive which includes your choices about life sustaining medical treatments you do or do not want during a medical crisis or at the end of life.

POST Form

Physician Orders for Scope of Treatment or referred to as a POST, is a medical order with treatment instructions for people with a serious illness or nearing end of life. This form must be signed by you and your health care provider.

This is optional and not part of your Advance Directive

Information for Durable Power of Attorney for Healthcare (Advance Directive page 1)

If I am unable to make healthcare decisions for myself (temporary or permanent), I want these individuals to make decisions on my behalf. These are my healthcare agents (full names, addresses, and phone numbers.)

- 1) _____
- 2) _____
- 3) _____

Information for Living Will (Advance Directive page 4)

If my doctor told me I was going to die within days or hours from a serious injury, illness, or other non-restorative health condition, I would like to be:

- In my home with end-of-life care focusing primarily on comfort care.
- In the hospital receiving artificial nutrition and hydration (food and liquids) through tubes.
- In the Intensive Care Unit at the hospital connected to life support machines.

Information for Living Will: "Special Provisions" (Advance Directive page 8)

If I have a serious injury or illness and as a result am unable to think clearly, recognize my family, and require full-time care in a nursing home, I would:

- Prefer to be made as comfortable as possible
- Want all medical treatments given to me

For more information about creating your Advance Directive, contact your healthcare team or speak with a representative of the Idaho Healthcare Directive Registry.



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<https://healthandwelfare.idaho.gov/advancedirective>



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