

## Your Advance Directive (AD): Next Steps

After you complete your AD there are several steps you should take. Use the list below to make sure you cover all the steps. You can check them off to help you keep track.

1. Once the documents are complete and correct, you need to get them signed and witnessed.

You must sign your AD in the presence of two (2) witnesses.

- Witnesses must be at 18 years old.
- Your agent, or your successor agent, if you have chosen either, should not be witness to your signature.

2. Virginia does not require that you sign in front of a notary, but it doesn't hurt to do so if possible.

Sign in the presence of a notary (optional).

3. If you gave your agent the special powers to authorize health care over your objection (Section 1-C), you will need to get a physician or licensed psychologist to sign the boxed-in area on the AD form.

Discuss your decision with a physician or a licensed psychologist.

Ask him/her to sign the statement that you understand this section and the possible consequences.

- You can get this signature before or after you and your witnesses sign. But try to get the signatures as close in time as possible.

4. Once your AD has all the signatures you need, give copies to the people you decide should know about your AD instructions, information and preferences. Keep track of who you give copies of your AD to because if you want to change or revoke (terminate) your AD, you will need to let everyone who has a copy know how your AD has changed. Remember if you decide to cancel (revoke) your AD you just have to destroy it and let everyone know by telling them or writing them.

You keep the original AD.

Your agent gets a copy.

You may want to give copies to your:

Primary care doctor \_\_\_\_\_

Psychiatrist, psychologist or therapist \_\_\_\_\_

Local hospital \_\_\_\_\_

Other health care providers \_\_\_\_\_

You can also give copies to your:

Family members \_\_\_\_\_

Case manager \_\_\_\_\_

Clergy \_\_\_\_\_

Others you feel should know your wishes \_\_\_\_\_

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