



Appointing a Health Care Agent and Making an Advance Health Care Plan (Living Will) in Tennessee



Why is this important?

People have the right to make their own health care decisions. When you are well enough to make decisions, you only get care you agree to. You can also refuse care.

If you ever get too sick to speak for yourself, you will need someone else to make health care decisions for you. This person is called your **health care agent**. Your agent can tell your doctors and your family what care you want. If you get better, then you can make your own health care decisions again. You can choose who you want to be your health care agent. Just fill out and sign the **Appointment of Health Care Agent** paper inside this brochure.

You can also tell your doctor and agent in writing what care you want if you become very sick and cannot get better. You do this with an **Advance Care Plan**. Your agent and doctor **must** follow the instructions in your Advance Care Plan. You can fill out and sign the **Advance Care Plan** paper inside this brochure.



What is a Health Care Agent?

A health care agent is someone who makes your health care decisions for you. They only do this when you are too sick to do it. You pick who your agent will be. The agent will be the person the doctor listens to when you cannot speak for yourself. Your agent will also be able to see your medical records. Your health care agent is sometimes called your “power of attorney for health care.”

Your agent should be someone you trust to make good decisions. Make sure your agent knows

what kind of care you will want. Make sure the person is willing to be your agent. It is a good idea to name a second person as the backup agent. They will be your agent if the first person can't.



What if I don't name a Health Care Agent and get too sick to decide for myself?

Your doctor may pick someone to make health care decisions for you. This person is called a health care surrogate. The doctor uses a paper called an **Appointment of Surrogate**. This person may be a relative, friend or even the doctor. A surrogate can be chosen quickly without the need to go to court. Just like your agent, a surrogate **must** follow your Advance Care Plan.

Also, the court might appoint someone to make health care decisions for you. To do this, the court sets up a conservatorship for you. The court would only do this after finding you can't make decisions yourself. If this happens, a judge will choose someone to make your health care decisions. This person is called the **conservator**.

Want to choose the person making health care decisions for you? Then fill out the **Appointment of Health Care Agent** paper inside this booklet.

What is an Advance Care Plan?

An **Advance Care Plan** is a paper you fill out and sign. It tells your doctors, family and agent what kind of care you want if you are sick or dying. Example: You may not want to be kept alive by machines if you can't breathe on your own. Your doctor, family and agent **must** do what you say in

your Advance Care Plan. The Plan says what kind of care you want and don't want. You can also tell people how you want to be buried or if you want to be an organ donor.



An Advance Care Plan is only used when:

- You get too sick to decide for yourself **AND**
- You have a permanent health problem **AND**
- You are not expected to get better no matter what treatment you get.

It is sometimes called a “living will.”

Your Advance Care Plan can't cover everything that might happen. **The most important thing you can do is talk to your family and health care agent.** Tell them now what kind of care you want. Tell them who you picked as your health care agent.

Do I need to have both an Advance Care Plan and Name a Health Care Agent?

Everyone needs to name a health care agent. Your agent will make your health care decisions if you can't. This tells your doctor who to listen to when you can't make health care decisions. **Example:** You have surgery after a car accident, but are expected to get better. Your health care agent could make decisions while you are unconscious. Once you are better, you will be able to make your own decisions again. It is likely everyone will need a health care agent at some point.

You should also have an Advance Care Plan. It gives instructions to your agent, doctor and family. It says what care you want when you are suffering from an end-of-life sickness or condition. Are you sure that your health care agent will know what care you will want? Then you may not need an advance care plan.

What if I only want a Health Care Agent?

Then only fill out and sign the **Appointment of Health Care Agent** side of the paper. Put a large “X” in the box saying you do **not** want an advance care plan. This tells your doctor and agent there are no written instructions for them to follow.

What if I only want an Advance Care Plan?

Then only fill out and sign the **Advance Care Plan** part of the paper. Put a large “X” in the box saying you do **not** want a health care agent. This tells your doctor you have not chosen someone to make health care decisions for you. The Plan says what kind of care you want if you are very sick and dying.

What if my Health Care Agent disagrees with my Advance Care Plan?

Your doctor and health care agent **must** follow your Advance Care Plan. It is your instructions, written down while you were still able to make health care decisions. If your doctor and agent know your wishes, they must follow them.

Who can sign an Advance Care Plan or name a Health Care Agent?

To sign, you must still be able to understand what you are signing. You must be able to say what you want. You must be at least 18 years old or an emancipated child.

Do I need a lawyer for this?

No. You can make an Advance Care Plan or choose a health care agent without a lawyer. You can use the papers inside this brochure. Does the paper not seem right for you? Do you have questions not answered here? Then you may want advice from a lawyer.



How can I sign these papers to make them legal?

You must sign this paper in front of a notary **OR** in front of two witnesses. Your health care agent cannot be a witness. The witnesses must not be related to you by blood, marriage or adoption. The witnesses must not be people who will inherit your property. Need to find a notary? Ask at your bank, insurance company, funeral homes or law offices.

What do I do with my Advance Care Plan and Health Care Agent papers?

A copy of your Advance Care Plan or Appointment of Health Care Agent papers is just as good as the original. **Always keep a copy of the papers with you in your wallet or purse.** Give copies to:

- Your doctor(s),
- Your main hospital,
- Your health care agent,
- Your backup health care agent and
- Your close relatives

Ask those people to read the paper. Ask them to talk with you about anything that is not clear. Keep the original somewhere safe. Make sure your family can find it or has copies.

What if I change my mind?

You can change your Advance Care Plan and Appointment of Health Care Agent at any time. The best way is to fill out, date and sign a new one. This will cancel the old one. Be sure and get all the old copies back. Give the new paper to your doctor, agent and family.

What if you change your mind while in a hospital or doctor's office? If you can't sign a new paper, just tell the doctor what you want. **Remember: As long as you can say what you want, your doctor will always do what you say.** The papers and your agent only matter if you can't decide for yourself.

NOTE: This booklet is not meant to take the place of legal advice. Each case is different and needs individual attention.



Appointment of Health Care Agent and Advance Care Plan (Tennessee)



My name is: _____ My birth date is: _____

Appointment of Health Care Agent

Check one:

- I **DO NOT** want a Health Care Agent.
- I **DO** want a Health Care Agent. My Agent will make health care decisions for me if I cannot decide for myself. This includes any health care decision that I could have made for myself if able, except **my Agent must follow the instructions in my Advance Health Care Plan below.** If my Agent cannot or will not serve, the Alternate will take my Agent's place. My Agent is also my personal representative for purposes of federal and state privacy laws, including HIPAA. If I ever need a conservator of my person, I want it to be my Agent.

Health Care Agent:

Name: _____ Relation: _____

Address: _____

Telephone Numbers: _____

Alternate Health Care Agent: (If the person I picked as Agent can't do it)

Name: _____ Relation: _____

Address: _____

Telephone Numbers: _____

Advance Care Plan

Check one:

- I **DO NOT** want to give written instructions about my health care.
- I **DO** want to give written instructions about my health care. If I can't make health care decisions for myself, this is how I want to be treated by doctors and other health care providers:

Part 1. Health Condition: Check "YES" to the conditions below that you would want to live with as long as possible. Check "NO" to the conditions that would be an unacceptable quality of life to you (meaning you would not want your life to be artificially prolonged).

Yes **No** If I have a **Permanent Unconscious Condition** I want to be kept alive as long as possible.

Permanent Unconscious Condition means:

- I am in a coma and there is little chance I will ever wake up;
- **OR** I am not aware of people or where I am and there is little chance I will get better;
- **AND** I can't make medical decisions.

Yes **No** If I have **Permanent Confusion**, I want to be kept alive as long as possible.

Permanent Confusion means I am so confused:

- I can't talk with others and make sense;
- I can't recognize my family and friends;
- There is little chance I will get better;
- **AND** I can't make medical decisions.

Yes **No** If I am **Completely Dependent on Others**, I want to be kept alive as long as possible.

Completely Dependent on Others means:

- I can't talk or let others know what I want;
- I must have help to eat, bathe, dress, and walk;
- There is little chance I will get better;
- **AND** I can't make medical decisions.

Yes **No** If I am in the **Last stage of Terminal Illness**, I want to be kept alive as long as possible.

Examples: last stage of cancer or heart failure. **Last stage of Terminal Illness** means:

- My medical problem no longer responds to treatment;
- I will die from my medical problem no matter what treatment I get;
- **AND** I can't make medical decisions.

Part 2. Treatment: If I get a serious health condition that I marked "No" to above (meaning I would not want my life to be artificially prolonged) and I am not expected to get better, I want the following treatment:

I do don't want my heart and breathing to be re-started by electric shock, CPR or other means.

I do don't want to be kept alive by machines that help me breathe, circulate blood or help other organs keep working.

I do don't want treatment for new health problems even if it won't help my main sickness. Example:
Give me antibiotics for infections, even if it won't help my main sickness.

I do don't want to get food or water through a tube.

I do don't want pain relief even if it might shorten my life or cause harm.

I do don't want to donate my organs/tissues. This may mean they must keep me alive a little longer.

Also, here are some other things I want for my care, burial instructions, etc. (Add more pages if needed):

Signing to make this paper legal

A notary OR 2 witnesses must watch you sign. Then they must sign below.

I, _____ (Patient) am in my right mind and know what I am
(put your name here)

doing. I understand what this paper says. I want my doctor and family to do what this Plan says. I am signing this paper on the _____ day of _____, 20____.
(Date) (Month) (Year)

X _____
(Patient) Sign here but wait until the witnesses or notary are watching.

If witnesses watch you sign, they must sign this part. Your Health Care Agent can't be a witness.

We, _____ and _____ know the adult person who signed this paper in front of us. We believe this person is in their right mind and knows what they are signing. We believe no one forced this person to sign or talked them into it. We are not related to this person by blood, marriage or adoption. We will not get any of this person's belongings when they die.

Date: _____ Witness Signature: _____

Date: _____ Witness Signature: _____

OR if you have a notary watch you sign, the notary must sign this part.

STATE OF TENNESSEE
COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the "patient". The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud or undue influence.

My Commission Expires: _____ Notary Public: _____



Legal Aid Society

of Middle Tennessee & the Cumberlandands

Working Together. Doing Justice. Restoring Hope.

1-800-238-1443

On the internet at **www.las.org**