

Notes

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# Advance Medical Directives

## Appointment of a Healthcare Representative

Name \_\_\_\_\_

Date Executed \_\_\_\_\_

Copies given to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Dupont Hospital

Case Management (260) 416-3058

Pastoral Care (260) 416-3068

### Lutheran Hospital

Case Management/Social Services (260) 435-7141

Pastoral Care (260) 435-7117

### Rehabilitation Hospital of Fort Wayne

Case Management Services (260) 435-6100

Pastoral Care (260) 435-7117

### St. Joseph Hospital

Pastoral Care (260) 425-3090

### Dukes Memorial Hospital

Case Management Services (765) 472-8037  
or (765) 472-8019

Pastoral Care (765) 473-2277



# ADVANCE MEDICAL DIRECTIVES

# APPOINTMENT OF A HEALTHCARE REPRESENTATIVE

## INDIANA FORM

Dupont Hospital

Lutheran Hospital

Rehabilitation Hospital of Fort Wayne

St. Joseph Hospital

Dukes Memorial Hospital

As a patient at Dupont Hospital, Lutheran Hospital, Rehabilitation Hospital, St. Joseph Hospital or Dukes Memorial Hospital, you have the right to make your own decisions about the medical care you receive. By appointing a Healthcare Representative, that right continues even if you are unable to speak or are no longer able to make your own decisions.

An Appointment of a Healthcare Representative document tells your doctor and family that if you are no longer competent, you want your Healthcare Representative to make decisions in your best interest about the medical care you receive. You must be 18 years old or be a legally emancipated minor to appoint a Healthcare Representative. Make sure you discuss your philosophies and ideologies regarding healthcare with your Healthcare Representative to ensure the individual acts in your best interest. Your Healthcare Representative must act in good faith and consistent with the terms outlined in the appointment document.

An appointment of a Healthcare Representative may be revoked in writing, by destroying the document, or by telling others that the appointment is revoked. The revocation of your appointment of a Healthcare Representative is not effective until you notify your doctors.

Make sure you give copies of your appointment document to anyone who would be contacted in the event of an emergency. For your convenience, you can list the people who receive a copy of your Appointment of a Healthcare Representative on the reverse side of this document. If you make changes to your appointment document, provide updated copies to your family, physicians and anyone else who may be contacted in an emergency.

You should discuss your decision to execute a living will with your family, doctors, lawyer, social worker and/or a clergyperson. Representatives from this hospital are available for consultation and further information. A hospital chaplain is on call 24 hours a day. For legal issues regarding living wills, you are urged to contact an attorney.

## Points to Remember

### An Appointment of a Healthcare Representative must be ...

- Voluntary, in writing and dated
- Signed by you or, if you are unable to sign on your own, signed in your presence by someone you have authorized to sign for you
- Signed in the presence of a witness

### Your Witness ...

- Must be at least 18 years old
- Cannot be the person you authorized to sign the appointment document for you if you are unable to sign on your own behalf
- Cannot be the person you are appointing as your Healthcare Representative

### Your Representative ...

- Must be at least 18 years old
- Makes medical decisions in your best interest — your Representative's decisions cannot be overruled by your family or doctor without court intervention
- Begins making medical decisions for you when your doctor certifies in writing that you are no longer able to consent
- Shall inform the appointor, the appointor's legal representative and any healthcare providers if he or she resigns or refuses to comply with the appointment

### You can revoke your appointment of a Healthcare Representative by ...

- Destroying the declaration document
- Notifying the Healthcare Representative orally or in writing
- Verbally or in writing telling your doctor that you revoked the appointment — your revocation is not effective until you notify your doctor.

This form was created to comply with Indiana Code. Laws vary from state to state. See your attorney for information about Advance Medical Directives in other states.

## Appointment of a Healthcare Representative

I, \_\_\_\_\_ voluntarily appoint \_\_\_\_\_,  
whose telephone number and address are: \_\_\_\_\_

\_\_\_\_\_

as my healthcare representative who is authorized to act for me in all matters of healthcare in accordance with I.C. 16-36-1-7 and I.C. 30-5 et. seq., except as otherwise specified below.

I authorize my healthcare representative to make decisions in my best interest concerning withdrawal or withholding of healthcare. If at any time, based on my previously expressed preference and the diagnosis and prognosis, my healthcare representative is satisfied that certain healthcare is not or would not be beneficial, or that such healthcare is or would be expressly burdensome, then my healthcare representative may express my will that such healthcare be withheld or withdrawn and may consent on my behalf that any and all healthcare be discontinued or not instituted, even if my death may result.

My healthcare representative must try to discuss this decision with me. However, if I am unable to communicate, my healthcare representative may make such a decision for me, after consultation with my physician or physicians and other relevant healthcare givers. To the extent appropriate, my healthcare representative may also discuss this decision with my family and others to the extent they are available.

This appointment is to be exercised in good faith and in my best interest subject to the following terms and conditions (if any):

This appointment becomes effective and remains effective if I am incapable of consenting to my healthcare. I do authorize my healthcare representative hereby appointed to delegate decision-making power to another. This appointment supercedes and revokes any and all prior powers and appointments.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month, year)

Signature \_\_\_\_\_ Printed \_\_\_\_\_

Address \_\_\_\_\_

I declare that I am an adult at least 18 years of age and that, at the request of the above-named individual making the appointment, I witnessed the signing of this document by the above-named individual or a person authorized to sign on his or her behalf on the date noted above.

Witness Signature \_\_\_\_\_ Printed \_\_\_\_\_

Address \_\_\_\_\_