

Use this Checklist after you have completed your AHCD document and BEFORE you have either Your Witnesses (Option 1) OR a Notary Public (Option 2) complete the last page WITH YOU.

Overall Review:

- Are Only your NAME and DATE of BIRTH filled out on the TOP of each page?

NOTE: The DATE spaces and Signatures are left BLANK and will be filled in the presence of your witnesses or Notary.

ON PAGE 1:

PART 1: HEALTH CARE POWER OF ATTORNEY – DESIGNATION OF AGENT:

- Is the information for your Agent accurate and complete? Is it easily readable?
- Is the information for your Alternate Agent accurate and complete? Is it easily readable?
- Did you CHECK the box under WHEN AGENT’S AUTHORITY BECOMES EFFECTIVE?
 - If you did, do you understand that your Agent’s authority is effective **immediately**?
 - And did you also INITIAL on the line in front of the checked box?
 - If you left this BLANK, do you understand that this document becomes effective when your primary physician determines YOU are UNABLE to make your OWN decisions?

PART 2: INDIVIDUAL INSTRUCTIONS

A. END OF LIFE DECISIONS

- Did you MODIFY or STRIKE THRU anything listed under this heading?
- If you did, did you INITIAL and DATE EACH of those modifications?

THEN I direct that my health-care providers. (CHOOSE ONLY ONE)

- Did you select ONE of the choices listed here?
- Did you INITIAL your choice and CHECK the box?

ON PAGE 2:

B. ARTIFICIAL NUTRITION AND HYDRATION

- In Paragraph A (above), if you chose to STOP or Withdraw any medical treatment that prolongs your life, DO NOT CHECK this box, leave it blank

C. RELIEF FROM PAIN

- If you checked this box, do you understand that you wish to be given medication that will make you comfortable and pain free?
- If you did NOT check this box, do you understand that you will NOT be given ANY medication to relieve pain that you may be experiencing? (Please note that even unconscious patients can experience pain.)

D. OTHER

- Are you attaching additional pages to your AHCD document?
 - If NOT, leave blank.
- If you are, did you check the box and LEAVE BLANK spaces on each additional page for your SIGNATURE and DATE that will be completed with your witnesses or Notary?

E. WHAT IS IMPORTANT TO ME

- To assist you with wording in this section, please refer to Handout: AHCD PART 2 E. WHAT IS IMPORTANT TO ME It provides examples of what others have expressed.
- This section is optional, so it is OK to leave it blank.

ON PAGE 3: WITNESSES: CHOOSE EITHER OPTION 1 OR 2 --- NOT BOTH

- Did you choose only ONE of these options?
- You will need to show a valid photo ID to either the Witnesses or the Notary Public to confirm your name and date of birth. For example, a driver's license, a State ID or a valid passport, or US military ID.
- Do you understand that you will SIGN and DATE in the **presence** of your witnesses or Notary as follows?
 - SIGN in space indicated at the TOP, "Your Signature".
 - Then, for Option 1. Witnesses – both your witnesses will sign and complete their information.
 - For Option 2. Notary Public, will complete, sign, and affix their seal.

FINALLY, now that all these steps have been completed – Remember:

1. Your AHCD document should be copied and distributed to your Agents, Doctors, and loved ones.
2. You retain your original document for your use and to make additional copies as needed.
3. Your AHCD document must be accessible especially when you need it quickly. The document should NOT be hidden or LOCKED in a Safe or Safety Deposit box.
4. You review your AHCD annually.
5. You need to complete a new document form if you want to make changes to a witnessed or notarized document.
6. Copies of your AHCD document carry the same weight as your Original and can be used to follow your wishes, so be sure to DESTROY all old copies and REPLACE those with your current and updated AHCD document.