

DESIGNATION FOR PATIENT ADVOCATE FOR CARE, CUSTODY, AND MEDICAL TREATMENT DECISIONS

I am (full name) and I live at (street address) in (City), (State). I want (full name of advocate), my advocate, to help me if I am sick and if I need to go to the doctor. My advocate read this paper to me before I signed the paper and I understood what they told me about this paper.

If I am sick, my advocate should take me to the doctor. If (he/she) is not at my house when I become sick, please call (her/him) at (contact #) to go the doctor's office. I would like the doctor to talk to (her/him) about what is the matter with me.

I would like the doctor to ask my advocate what we have decided the doctor should do. I would like the doctor to do what the advocate tells the doctor to do in regards to my treatment.

Sometimes a doctor says that I need to have a shot or some other care. Sometime the doctor says I need to take pills or medicine. My advocate and I will talk about it and decide if I should have the shot, or take a pill, or some other medicine. My advocate will also help me decide what other care I should have, but (she/he) will talk to me about what care I need.

If I am very sick, I might need to go to a hospital. My advocate will help me decide if I need to go to the hospital. I would like all the people at the hospital to speak with my advocate and myself about what the people at the hospital should do for me. I would like my advocate to assist me to decide about my care at the hospital even if I am unable to understand what the doctor says about me. This is very important since I want the people at the hospital to try very hard to care for me if I am sick. If I need to have an operation because am very sick, I would like to have the people at the hospital talk to my advocate. My advocate will say "yes" or "no" and that is what the people at the hospital are to do.

I would like my advocate to be considered my designated lay caregiver in agreement with Title 50, Chapter 5.

I understand that I want my advocate to help decide what care I need, and I want people to listen to (her/him) about my care.

If my advocate is not happy with my doctor, then (she/he) is able to get another doctor to take care of me.

(Full Legal Name)