

The following is a detailed user guide for the Advanced Healthcare Directive process so that first-time users know what to expect before starting.

The Advanced Healthcare Directive tells your healthcare providers who should speak for you and what medical decisions they should make if you become unable to speak for yourself. The process is divided into five main parts, followed by a review stage. You should note that there are no required fields in the form; the amount of instructions you give is entirely up to you.

Advanced Healthcare Directive User Guide

Introduction and Preliminary Steps

- The document serves as a **valid, legal document** only if you remember to print and witness it properly at the end.
- The system begins by asking: **Is this your first Advance Healthcare Directive?**
- You will be asked to confirm or edit your profile information

Part 1. Personal

- This section asks for some basic information about yourself to get started.

Part 2. Physician

- This is where you can select your preferred physician and hospital for your end-of-life care.

- **Designated Primary Physician** (Optional):

- Who is your designated primary physician?
- What is your primary physician's email address and physical address?

- **Designated Alternate Physician** (Optional):

- This person is chosen in case your primary physician is not willing, able, or reasonably available to care for you.

- Who is your designated alternate physician?.
- What is your alternate physician's email address and physical address?

- **Preferred Hospital** (Optional):

- What is your preferred hospital, and what is its address?

Part 3. Agent

- This section helps you select the person who will make your healthcare decisions if you become unable to do so. This person will be called your “**agent**” or, in some places, “**healthcare proxy**”.

- **Designated Primary Agent** (Required):

- Who is your designated primary agent?.
- What is your primary agent's email address, address, phone number, and relationship to you?.
- **When should your agent be able to make decisions for you?**
 - Options include: *Right after I sign this form*
 - Options include: *Only after my physician determines I cannot make my own decisions*
 - Options include: *On a certain date that I will specify*

- **Alternate Agents** (Optional):

- You can select a **first alternate agent** and a **second alternate agent** in case your primary agent is not willing, able, or reasonably available.
- For each alternate agent, you will be asked for their full legal name, email address, physical address, phone number, and relationship to you.

- **Excluded Agents** (Optional):

- Is there anyone you would not like to be your healthcare agent?.

- **HIPAA Agents** (Optional):

- Who would you like to trust with your private health information? (Note: anyone you designated as a primary or alternate agent does not need to be listed again here; they already have HIPAA access as your agent).

Part 4. Values

- This is the most important thing to share with healthcare providers, as your goals and values guide decisions made on your behalf. Remember that **all questions in this section are optional**.

- You will be asked about your perception of quality of life.

- **My life is only worth living if I can:**

- Options include: *Talk to family or friends*
- Options include: *Wake up from a coma*
- Options include: *Feed, bathe, or take care of myself*
- Options include: *Be free from pain*
- Options include: *Live without being hooked up to machines*
- Options include: *Other*

- What matters most to me is...?

- If I were having a good day, I would be doing the following...?

- Is religion or spirituality important to you? (Yes/No). (It is acknowledged that this document might not address all moral or religious views, and you are encouraged to reach out to your trusted community).

Part 5. Wishes

- Here you can leave **specific instructions for end-of-life care** you would want to receive if you meet certain conditions: (1) having a terminal condition leading to passing away in a short time, (2) becoming permanently unconscious, or (3) realizing the potential risks of treatment outweigh the potential benefits. This section is entirely optional.

- **End-of-Life Instruction:** What would you like your instruction to be?

- Options include: *I do not want my life to be prolonged*
 - Options include: *I want to specify which life-prolonging procedures are allowed to be performed*
 - Options include: *I want my life to be prolonged as long as possible*
- **Location of Care:** Where would you like to receive your end-of-life care? (Options include At home, In the hospital, or Other).

- **Healthcare Wishes During Pregnancy:** Do you want to answer questions to inform how your healthcare would be managed if you were pregnant and near end-of-life, permanently unconscious, or unable to communicate your wishes?

- **Autopsies:** After you pass away, would you allow your agent to authorize an autopsy to be done?

- **Organ Donation:** Would you like to give any of your organs, tissues, or parts after you pass away?

- **Other Wishes:** Are there any other wishes you would like to include in this directive?.

Part 6. Review and Finalize

- After completing the sections, the final step involves **printing and signing** your Advance Healthcare Directive.

- You must **follow the included instructions to sign and finalize it** and have the document witnessed properly to ensure it is a valid, legal document.

- You will also be presented with an opportunity to create a free will and continue your end-of-life planning