



Hennepin Health

Dear Hennepin Health Member,

If a time comes when your doctor or someone close to you must make health care decisions on your behalf, would they know what you want?

Attached are questions and answers regarding the area of advanced directives – advanced planning for health care decisions if you should become severely ill and lose your ability to make decisions about your health care.

One of your basic rights as a competent adult patient is the right to make decisions about your health care. After being informed about available options, you have the right to consent to or refuse care. Minnesota state law requires that health maintenance organizations inform you of these rights at the time of enrollment. Accordingly, Hennepin Health has developed a set of policies and procedures to assist you in advanced planning of your health care.

To formalize your advanced health care decisions, fill out a health care directive form available from your Hennepin Health primary care clinic or Hennepin County Medical Center.

If you have questions regarding advanced directives, be sure to address them with your Hennepin Health primary care doctor.

Sincerely,

Hennepin Health

612-596-1036

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໂປທີໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-0021 (3-13)

This information is available in other forms to people with disabilities by calling 612-596-1036, or 1-800-627-3529 (TTY), or 711, or through the Minnesota Relay direct access numbers at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over) or 1-877-627-3848 (speech-to-speech).



**Hennepin
Health**



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HEALTH CARE DIRECTIVES

Questions and Answers About Minnesota Law

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so others know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

If you want more information about health care directives, contact your health care provider, your attorney or Minnesota Board on Aging Senior LinkAge Line 1-800-333-2433. A suggested health care directive form is available on the Internet at www.mnaging.org.

This information is available in other forms to people with disabilities. Call Hennepin Health Member Services 612-596-1036 (toll free), or 1-800-627-3529 (TTY) or 711, or at 1-877-627-3848 (speech to speech relay service).

Hennepin Health will accept all eligible persons who choose or are assigned to Hennepin Health. We will not treat you differently because of your race, color, national origin, religion, sex, marital status, sexual orientation, political beliefs or physical, mental or emotional condition.

What is a health care directive?

A health care directive is a written document that informs others of your wishes about your health care. It allows you to name a person (agent) to decide for you if you are unable to or if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

Why have a health care directive?

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

Must I have a health care directive? What happens if I don't have one?

You don't need to have a health care directive. But, writing one helps to make sure your wishes are followed.

You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences. But, the best way to be sure your wishes are followed is to have a health care directive.

How do I make a health care directive?

There are forms for health care directives. You can get them from your health care provider or attorney. A suggested health care directive form is available on the Internet at www.mnaging.org (Minnesota Board of Aging). You don't have to use a form, but to be legal, your health care directive must:

- be in writing and dated.
- state your name.
- be signed by you or someone you authorize to sign for you when you can understand and communicate your health care wishes.
- have your signature verified by a notary public or two witnesses.
- include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.



I prepared my directive in another state. Is it still good?

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or Minnesota requirements. Requests for assisted suicide will not be followed.

What can I put in a health care directive?

You have many choices of what to put in your health care directive. For example, you may include:

- the person you trust as your agent to make health care decisions for you.
You may name alternate or joint agents if the first agent is unavailable.
- your goals, values and preferences about health care.
- the kinds of medical treatment you would want (or not want).
- how you want your agent or agents to decide.
- where you want to receive care.
- instructions about artificial nutrition and hydration.
- mental health treatments that use electroshock therapy or neuroleptic medications.
- instructions if you are pregnant.
- donation of organs, tissues and eyes.
- funeral arrangements.
- who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.



Are there any limits to what I can put in my health care directive?

There are some limits about what you can put in your health care directive.

For instance:

- your agent must be at least 18 years of age.
- your agent cannot be your health care provider, unless the health care provider is a family member, or you give reasons for the naming of the agent in your directive.
- you cannot request health care treatment that is outside of reasonable medical practice.
- you cannot request assisted suicide.

How long does a health care directive last? May I change it?

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- a written statement saying you want to cancel it.
- destroying it.
- telling at least two other people you want to cancel it.
- writing a new health care directive.

What if my health care provider refuses to follow my health care directive?

Your health care provider must follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent may not request treatment that the provider cannot provide or will not help you. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agent to arrange to transfer you to another provider who will follow the agent's directions.



What if I've already prepared a health care document? Is it still good?

Before August 1, 1998, Minnesota law provided for several other directives, including living wills, durable health care powers of attorney and mental health declarations.

The law changed, so people can use one form for all their health care instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

What should I do with my health care directive after I have signed it?

You should inform family members, your health care agent or agents and your health care providers that you have a health care directive and give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it can be easily found.

What if I believe a Health Care Provider Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (Metro Area) or Toll-free at 1-800-369-7994.

What if I Believe a Health Plan Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Minnesota Health Information Clearinghouse at 651-201-5178 or Toll-free at 1-800-657-3793.



*Health Care Directives, Questions and Answers,
6th page.*

How to Obtain Additional Information

If you want more information about health care directives, please contact your health care provider, your attorney, or:

Minnesota Board on Aging's Senior LinkAge Line® 1-800-333-2433.

A suggested health care directive form is available on the internet at: www.mnaging.org.



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MINNESOTA HEALTH CARE DIRECTIVES

Purpose of Form

Part I. Allows you to appoint another person (called an agent) to make health care decisions if a doctor decides you are unable to do so.

Part II. Allows you to give written instructions about what you want.

Part III. Requires you and others to sign and date to make this legal.

My Personal Information

Name: _____

Address: _____

Home phone: () _____

Work phone: () _____

Date of birth: _____

Social Security #: _____

I revoked all living wills, Durable Powers of Attorney for health care, or other written advance health care directives I have signed in the past.

This information is available in other forms to people with disabilities by calling 612-596-1036, or 1-800-627-3529 (TTY) or 711, or at 1-877-627-3848 (speech to speech relay service).

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Part 1: NAMING AN AGENT

Agent Duties

My health care agent may:

- Make health care decisions for me if I am unable to make and communicate decisions for myself.
- Make decisions based on my instructions in Part II of this document, or in other documents.
- Make decisions based on what he or she knows about my wishes.
- Act in my best interests if instructions are not available.

When naming a health care agent, choose one of the following. Initial the line in front of the statement you want:

Act Alone

_____ I appoint one person to serve as my primary health care agent to make decisions for me if I am unable to make or communicate these decisions for myself. My primary agent may act alone. If my primary agent is not able, willing or available, each alternate agent I name may act alone, in the order listed.

Act Together

_____ I appoint two or more persons to act together as my health care agent. My primary agent and alternate agents must act together and be in agreement when making decisions. If they are not all readily available, or if they disagree, a majority of the agents who are readily available may make decisions for me.

My Primary Health Care Agent

I appoint:

Agent's Name: _____

Address: _____

Home phone: ()

Work phone: ()



My First Alternative Health Care Agent

I appoint:

Agent's Name: _____

Address: _____

Home phone: ()

Work phone: ()

My Second Alternative Health Care Agent

I appoint:

Agent's Name: _____

Address: _____

Home phone: ()

Work phone: ()

Part 2: HEALTH CARE INSTRUCTIONS

- I give the following instructions about my health care (my values and beliefs, what I do and do not want, views about medical treatments or situations)

- I am attaching additional instructions concerning my health care values and preferences.

Initial one line: _____ YES _____ NO

- I authorize donation of my organs, tissue or other body parts after my death.

Initial one line: _____ YES _____ NO



Part 3: MAKING THIS DOCUMENT LEGAL

My Signature/Mark and Date

I agree with everything in this document and have made this document willingly:

My signature: _____

Date: _____

(day / month / year)

Notary Public or Witnesses

STATE OF MINNESOTA, County of _____

Notary Public

(NOTE: Must not be named as agent or alternate agent.)

This document was signed or acknowledged before me this _____ of
_____, _____ by the above named principal.

Signature of Notary Public _____

Two Witnesses

(NOTE: Only one witness may be a direct care provider or employee of a provider on the day this is signed.)

This document was signed or acknowledged in my presence. I am not an agent or alternate agent in this document.

Witness signature: _____

Address: _____

Date: _____

(day / month / year)

Witness signature: _____

Address: _____

Date: _____

(day / month / year)

