

MONTANA
Advance Directive
Planning for Important Healthcare Decisions

Caring Connections

1731 King St., Suite 100, Alexandria, VA 22314

www.caringinfo.org

800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are up to date.

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and healthcare providers
- E**ngage in personal or community efforts to improve end-of-life care

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Using these Materials

BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive healthcare.
2. These materials include:
 - Instructions for preparing your advance directive, please read all the instructions.
 - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

ACTION STEPS

3. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
4. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
5. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
6. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, healthcare providers and/or faith leaders so that the form is available in the event of an emergency.

Introduction to Your Montana Advance Directive

This packet contains two legal documents that protect your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself:

1. The **Montana Appointment of Agent** lets you name someone to make decisions about life-sustaining treatment if you are in a terminal condition and can no longer speak for yourself. The term terminal condition means an incurable or irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of your doctor or advanced practice registered nurse, result in death within a relatively short time. The Appointment becomes effective when your doctor or advanced practice registered nurse determines that your death would occur without the use of life-sustaining treatment.
2. The **Montana Declaration** is your state's living will. It lets you state your wishes about medical care in the event that you develop a terminal condition and can no longer make your own medical decisions. The Declaration becomes effective when your doctor or advanced practice registered nurse determines that your death would occur without the use of life-sustaining treatment.

Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).

Instructions for Completing Your Montana Advance Directive for Healthcare

Whom should I appoint as my agent?

Your agent is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your agent may be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent must be at least 18 years of age, clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (An agent may also be called an “attorney-in-fact” or “proxy.”)

You can appoint a second person as your alternate agent. The alternate will step in if the first person you name as agent is unable, unwilling or unavailable to act for you.

How do I make my Montana Appointment of Agent legal?

The law requires that you sign your Appointment, or direct another to sign it, in the presence of two witnesses, at least 18 years of age, who must also sign the document to show that you voluntarily signed the document in their presence. There are no restrictions on who may act as a witness, but we recommend that you do not use your agent as a witness.

Note: You do not need to notarize your Montana Appointment of an Agent.

Should I add personal instructions to my Montana Appointment of Agent?

One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your medical condition changes and deal with situations that you did not foresee. If you add instructions to this document, you might unintentionally restrict your agent’s power to act in your best interest.

Talk with your agent about your future medical care and describe what you consider to be an acceptable “quality of life.” If you want to record your wishes about specific treatments or conditions, you should use your Montana Declaration (the living will).

What if I change my mind?

You may revoke your Montana Appointment of Agent at any time and in any manner, regardless of your mental or physical condition. Your revocation becomes effective once you, or a witness to your revocation, notify your doctor, advanced practice registered nurse, or other healthcare provider, who must then make the revocation part of your medical record.

What other important facts should I know?

Due to restrictions in the state law, your agent does not have the authority to make medical decisions on your behalf if you are pregnant and it is probable that the fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

Instructions for Completing Your Montana Declaration

How do I make my Montana Declaration legal?

The law requires that you sign your Declaration, or direct another to sign it, in the presence of two witnesses, at least 18 years of age, who must also sign the document to show that you voluntarily signed the document in their presence. There are no restrictions on who may act as a witness, but we recommend that you do not use your agent, if you have appointed one, as a witness.

Note: You do not need to notarize your Montana Declaration.

Can I add personal instructions to my Declaration?

Yes. You can add personal instructions in the part of the document called "Other directions."

If you have appointed an agent and you want to add personal instructions to your Declaration, it is a good idea to write a statement such as "Any questions about how to interpret or when to apply my Declaration are to be decided by my agent."

What if I change my mind?

You may revoke your Montana Declaration at any time and in any manner, regardless of your mental or physical condition. Your revocation becomes effective once you, or a witness to your revocation, notify your doctor, advanced practice registered nurse, or other healthcare provider, who must then make the revocation part of your medical record.

What other important facts should I know?

Due to restrictions in the state law, a pregnant patient's Montana Declaration will not be honored if it is probable that the fetus will develop to the point of a live birth with the continued application of life-sustaining treatment.

MONTANA APPOINTMENT OF AGENT – PAGE 1 OF 2

INSTRUCTIONS

If I should have an incurable or irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician or attending advanced practice registered nurse, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I appoint

PRINT THE NAME OF YOUR AGENT

(name of agent)

or, if he or she is not reasonably available or is unwilling to serve,

PRINT THE NAME OF YOUR ALTERNATE AGENT

(name of alternate agent)

to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain, pursuant to the Montana Rights of the Terminally Ill Act.

If the individual(s) I have appointed are not reasonably available or are unwilling to serve, I direct my attending physician or advanced practice registered nurse, pursuant to the Montana Rights of the Terminally Ill Act, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

SIGN AND DATE THE DOCUMENT AND PRINT YOUR PLACE OF RESIDENCE

Signed this _____ day of _____, _____.
(day) (month) (year)

Signature _____

City, County, and State of Residence _____

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MONTANA APPOINTMENT OF AGENT - PAGE 2 OF 2

WITNESSING
PROCEDURE

WITNESSES MUST
SIGN AND PRINT
THEIR ADDRESSES

The declarant voluntarily signed this document in my presence.

Witness _____

Address _____

Witness _____

Address _____

Name and address of agent.

Name _____

Address _____

Name and address of alternate agent.

Name _____

Address _____

PRINT THE NAME
AND ADDRESS OF
YOUR AGENT

PRINT THE NAME
AND ADDRESS OF
YOUR ALTERNATE
AGENT

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*Courtesy of Caring Connections
1731 King St., Suite 100, Alexandria, VA 22314
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MONTANA DECLARATION – PAGE 1 OF 2

INSTRUCTIONS

If I should have an incurable or irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician or attending advanced practice registered nurse, pursuant to the Montana Rights of the Terminally Ill Act, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

ADD PERSONAL INSTRUCTIONS (IF ANY)

Other directions:

ORGAN DONATION (OPTIONAL)

Organ Donation

Unless the individual has made an anatomical gift, or has specifically refused to make such a gift in the advance directive (or by designation on their drivers license), their healthcare agent will be able to make the organ donation decision for the patient.

CHECK ALL THE STATEMENTS THAT REFLECT YOUR WISHES

Donation of Organs at My Death

- [] I **do not** wish to donate any of my body, organs, or tissues.
- [] I **do** wish to donate my entire body.
- [] I wish to donate **only** the following

Check all that apply:

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Any organs, tissues, or body parts | <input type="checkbox"/> Lungs | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> Liver |
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> Eyes | <input type="checkbox"/> Other(s) |
-

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MONTANA DECLARATION – PAGE 2 OF 2

INSTRUCTIONS

SIGN AND DATE
THE DOCUMENT
AND PRINT YOUR
PLACE OF
RESIDENCE

Signed this _____ day of _____, _____
(day) (month) (year)

Signature _____

City, County, and State of Residence _____

WITNESSING
PROCEDURE

WITNESSES
MUST SIGN AND
PRINT THEIR
ADDRESSES

The declarant voluntarily signed this document in my presence.

Witness _____

Address _____

Witness _____

Address _____

You Have Filled Out Your Advance Directive, Now What?

1. Your Montana Appointment of Agent and Montana Declaration are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them.
2. Give photocopies of the signed originals to your agent and alternate agent, doctor(s), family, close friends, clergy and anyone else who might become involved in your healthcare. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records.
3. Be sure to talk to your agent and alternate, your doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your documents after they have been signed and witnessed, you must complete new documents.
5. Remember, you can always revoke one or both of your Montana documents.
6. Be aware that your Montana documents will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop.

Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. We suggest you speak to your physician for more information. **Caring Connections does not distribute these forms.**

In December 2005, the Montana legislature directed the Montana Attorney General to establish and maintain a secure Healthcare Declaration Registry database. The purpose of the database is to store declarations that are filed with the Attorney General and provide authorized healthcare providers with immediate access to the registry at all times. Currently, there is no requirement that you store your declaration in the registry. However, if you would like to have your declaration maintained in this registry, you will need to file your declaration with the Attorney General. Instructions for including your declaration in this registry are available at: <http://doj.mt.gov/consumer/consumer/advancedirectives.asp> or Contact the End-of-Life Registry Program at 1-866-675-3314

Note: Healthcare providers are NOT required to access the registry in order to determine if you filed a declaration with the Attorney General.