IOWA
Advance Directive
Planning for Important Health Care Decisions

CaringInfo
1731 King St., Suite 100, Alexandria, VA 22314
www.caringinfo.org
800/658-8898

CaringInfo, 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.

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:

Learn about options for end-of-life services and care
Implement plans to ensure wishes are honored
Voice decisions to family, friends, and health care providers
Engage in personal or community efforts to improve end-of-life care

Note: The following is not a substitute for legal advice. While CaringInfo updates the following information and form to keep them up-to-date, changes in the underlying law can affect how the form will operate in the event you lose the ability to make decisions for yourself. If you have any questions about how the form will help ensure your wishes are carried out, or if your wishes do not seem to fit with the form, you may wish to talk to your health-care provider or an attorney with experience in drafting advance directives.

Using these Materials

BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive health care.

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

1. You may want to photocopy or print a second set of these forms before you start so you will have a clean copy if you need to start over.

2. When you begin to fill out the forms, refer to the gray instruction bars — they will guide you through the process.

3. 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.

4. 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, health care providers and/or faith leaders so that the form is available in the event of an emergency.

5. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.

Introduction to Your Iowa Advance Directive

This packet contains a legal document that protects 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. You may complete Part One, Part Two, or both, depending on your advance planning needs.

Part One. The **Iowa Durable Power of Attorney for Health Care** lets you name someone to make decisions about your medical care — including decisions about life-sustaining procedures — if you can no longer speak for yourself. The Durable Power of Attorney for Health Care is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life. The person you choose is called your "agent." You may also hear the term "attorney-in-fact."

Your Iowa Durable Power of Attorney goes into effect when your doctor determines that you are no longer able to make or communicate your health-care decisions.

You may also appoint a designee to make choices regarding the final disposition of your remains.

Part Two. The **Iowa Declaration** is your state's living will. It lets you state your wish to have life-sustaining procedures withheld or withdrawn in the event that you develop a terminal condition and can no longer make your own medical decisions. If this is not your wish, you should not fill out part two.

Your Iowa Declaration goes into effect when your doctor determines that you have a terminal condition and can no longer make your own health-care decisions or that you are permanently unconscious.

Part Three contains the signature and witness provisions so that your document will be effective.

Following the advance directive form is an **Iowa Organ Donation Form**.

These forms do not expressly address mental illness. If you would like to make advance care plans involving mental illness, you should talk to your physician and an attorney about a durable power of attorney tailored to your needs.

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

Completing Your Iowa Advance Directive Form

How do I make my Iowa Advance Directive legal?

The law requires that you sign and date your advance directive. You must also have it witnessed in one of two ways:

1. Have your signature witnessed by a notary public, **OR**

2. Sign your document, or direct another to sign it, in the presence of two witnesses. These witnesses **cannot** be:
   - your doctor or other treating health-care provider,
   - an employee of your treating health-care provider,
   - the person you appointed as your agent, or
   - an individual who is less than 18 years of age.

At least one of your witnesses must be a person who is not related to you by blood, marriage, or adoption within the third degree of consanguinity. This means that your agent must be more distantly related to you by blood or adoption than your uncles, aunts, nephews, nieces, great-grandparents, and great-grandchildren or by marriage than your step uncles, step aunts, step nephews, step nieces, step great grandparents, and step great-grandchildren.

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 should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you.

The person you appoint as your agent cannot be:
- your doctor or other treating health-care provider, or
- an employee of your treating health-care provider, unless he or she is related to you by blood, marriage, or adoption within the third degree of consanguinity.

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

Should I add personal instructions to my Iowa Advance Directive?

One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions to this document it may help your agent carry out your wishes, but be careful that you do not unintentionally restrict your agent's power to act in your best interest. In any event, be sure to talk with your agent about your future medical care and describe what you consider to be an acceptable "quality of life."

What if I change my mind?

You may revoke your Durable Power of Attorney for Health Care or Declaration at any time and in any manner, regardless of your mental or physical condition. Your revocation becomes effective when you, or someone else, communicate this revocation to your attending physician.

If you appoint your spouse as your agent and your marriage ends, your agent's power is automatically revoked.

If you decide to declare a designee to make choices regarding the final disposition of your remains, you may only revoke that power in a signed writing.

INSTRUCTIONS

PRINT YOUR NAME AND ADDRESS

PRINT THE NAME, ADDRESS AND TELEPHONE NUMBERS OF YOUR ATTORNEY IN FACT

Part One: Durable Power of Attorney for Health Care

I hereby designate _____, of
(name of attorney-in-fact)

_____
(address)

_____
(city) (state) (zip code)

_____
(home telephone number) (work telephone number)

as my attorney-in-fact (my "agent") and give to my agent the power to make health-care decisions for me. This power exists only when I am unable, in the judgment of my attending physician, to make those health-care decisions. The attorney in fact must act consistently with my desires as stated in this document or otherwise made known.

In the event the person I designate above is unable, unwilling or unavailable to act as my agent, I hereby designate

_____, of
(name of alternate agent)

_____
(address)

_____
(city) (state) (zip code)

_____
(home telephone number) (work telephone number)

as my agent.

INSTRUCTIONS

POWERS OF YOUR AGENT

OPTIONAL

PRINT THE NAME OF THE PERSON YOU WOULD LIKE TO DESIGNATE TO MAKE DECISIONS REGARDING THE FINAL DISPOSITION OF YOUR REMAINS

Part One: Durable Power of Attorney for Health Care (continued)

Except as otherwise specified in this document, this document gives my agent the power, where otherwise consistent with the law of this state, to consent to my physician not giving health care or stopping health care which is necessary to keep me alive.

This document gives my agent power to make health-care decisions on my behalf, including to consent, to refuse to consent, or to withdraw consent to the provision of any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of my desires and any limitations included in this document.

My agent has the right to examine my medical records and to consent to disclosure of such records.

Final Disposition Declaration (optional)

I hereby designate _____ as my designee under the Iowa Final Disposition Act. My designee shall have the sole responsibility for making decisions concerning the final disposition of my remains and the ceremonies to be performed after my death. This final disposition declaration hereby revokes all prior final disposition declarations. This designation becomes effective upon my death.

My designee shall act in a manner that is reasonable under the circumstances.

I may revoke or amend this final disposition declaration at any time. I agree that a third party (such as a funeral or cremation establishment, funeral director, or cemetery) who receives a copy of this final disposition declaration may act in reliance on it. Revocation of this final disposition declaration is not effective as to a third party until the third party receives notice of the revocation. My estate shall indemnify my designee and any third party for costs incurred by them or claims arising against them as a result of their good faith reliance on this declaration.

Part One: Durable Power of Attorney for Health Care (continued)

Optional instructions:

ADD OTHER INSTRUCTIONS, IF ANY, REGARDING YOUR ADVANCE CARE PLANS

THESE INSTRUCTIONS CAN FURTHER ADDRESS YOUR HEALTH CARE PLANS, SUCH AS YOUR WISHES REGARDING HOSPICE TREATMENT, BUT CAN ALSO ADDRESS OTHER ADVANCE PLANNING ISSUES, SUCH AS YOUR BURIAL WISHES

ATTACH ADDITIONAL PAGES IF NEEDED

Part Two: Declaration

If I should have an incurable or irreversible condition that will result either in death within a relatively short period of time or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, it is my desire that my life not be prolonged by the administration of life-sustaining procedures. If I am unable to participate in my health-care decisions, I direct my attending physician to withhold or withdraw life-sustaining procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.

Additional, specific directions (if any):

ADD OTHER INSTRUCTIONS, IF ANY, REGARDING YOUR ADVANCE CARE PLANS

THESE INSTRUCTIONS CAN FURTHER ADDRESS YOUR HEALTH CARE PLANS, SUCH AS YOUR WISHES REGARDING HOSPICE TREATMENT, BUT CAN ALSO ADDRESS OTHER ADVANCE PLANNING ISSUES, SUCH AS YOUR BURIAL WISHES

ATTACH ADDITIONAL PAGES IF NEEDED

Limitations or special wishes, if any, list below:

SIGN AND DATE YOUR FORM

YOUR SIGNATURE MUST BE EITHER WITNESSED OR NOTARIZED

WITNESS # 1

WITNESS # 2

ONE WITNESS MUST ALSO AGREE WITH THIS STATEMENT AND SIGN HERE

OR

A NOTARY PUBLIC MUST COMPLETE THIS SECTION OF YOUR DOCUMENT

Part Three: Execution

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

Signature _____

Alternative No. 1, Witnesses:
The declarant is known to me and voluntarily signed this document in my presence.

Witness _____

Address _____

_____

Witness _____

Address _____

_____

I further declare that I am not a relative of the declarant by blood, marriage, or adoption within the third degree of consanguinity.

_____
(signature of first or second witness)

- OR -

Alternative No. 2, Acknowledgment by Notary Public:

On _____, before me came _____,
(Date) (name of declarant)

whom I know to be such person, and the declarant did then there execute this declaration.

Sworn to before me this _____ day of _____, 20_____.

_____
(notary public)

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ORGAN DONATION (OPTIONAL)

INITIAL THE OPTION THAT REFLECTS YOUR WISHES

ADD NAME OR INSTITUTION (IF ANY)

PRINT YOUR NAME, SIGN, AND DATE THE DOCUMENT

YOUR WITNESSES MUST SIGN AND PRINT THEIR ADDRESSES

AT LEAST ONE WITNESS MUST BE A DISINTERESTED PARTY

Initial the line next to the statement below that best reflects your wishes. You do not have to initial any of the statements. If you do not initial any of the statements, your attorney-in-fact, guardian, or other agent, or your family may have the authority to make a gift of all or part of your body under Iowa law.

_____ I do not want to make an organ or tissue donation and I do not want my attorney-in-fact, guardian, other agent, or family to do so.
_____ I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution:

Name of individual/institution:_____

_____ Pursuant to Iowa law, I hereby give, effective on my death:

_____ Any needed organ or parts.
_____ The following part or organs listed below:

For (initial one):

_____ Any legally authorized purpose.
_____ Transplant or therapeutic purposes only.

Declarant name: _____

Declarant signature: _____, Date: _____

The declarant voluntarily signed or directed another person to sign this writing in my presence.

Witness _____Date_____

Address _____

_____

I am a disinterested party with regard to the declarant and his or her donation and estate. The declarant voluntarily signed or directed another person to sign this writing in my presence.

Witness _____Date_____

Address _____

_____

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You Have Filled Out Your Health Care Directive, Now What?

1. Your Iowa Advance Directive is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.

2. Give photocopies of the signed original to your agent and alternate agent, doctor(s), family, close friends, clergy, and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.

3. Be sure to talk to your agent(s), doctor(s), clergy, family, and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.

4. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.

5. If you want to make changes to your documents after they have been signed and witnessed, you must complete a new document.

6. Remember, you can always revoke your Iowa document.

7. Be aware that your Iowa document will not be effective in the event of a medical emergency. Ambulance and hospital emergency department personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate directive that states otherwise. These directives called "prehospital medical care directives" or "do not resuscitate orders" are designed for people whose poor health gives them little chance of benefiting from CPR. These directives instruct ambulance and hospital emergency personnel not to attempt CPR if your heart or breathing should stop.

   Iowa authorizes an "Out-of-Hospital Do-Not-Resuscitate Order." We suggest you speak to your physician if you are interested in obtaining one. **CaringInfo does not distribute these forms.**

Congratulations!

You've downloaded **your free, state specific advance directive.**

You are taking important steps to make sure your wishes are known. Help us keep this free.

Your generous support of the National Hospice Foundation and CaringInfo allows us to continue to provide these FREE resources, tools, and information to educate and empower individuals to access advance care planning, caregiving, hospice and grief services, and information.

I hope you will show your support for our mission and make a tax-deductible gift today.

Since 1992, the National Hospice Foundation has been dedicated to creating FREE resources for individuals and families facing a life-limiting illness, raising awareness for the need for hospice care, and providing ongoing professional education and skills development to hospice professionals across the nation.

Your gift strengthens the Foundation's ability to provide FREE caregiver and family resources.

Support your National Hospice Foundation by returning a **generous tax-deductible gift of $23, $47, $64,** or the most generous amount you can send.

You can help us provide resources like this advance directive FREE by sending in your gift to help others.

Please help to make this possible with your contribution! Cut along the dotted line and use the coupon below to return a check contribution of the most generous amount you can send. Thank you.

- -

YES! I want to support the important work of the National Hospice Foundation.

$23	helps us provide free advance directives
$47	helps us maintain our free InfoLine
$64	helps us provide webinars to hospice

Return to:
National Hospice Foundation
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OR donate online today: www.caringinfo.org/donate