

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. Idaho maintains an Advance Directive Registry. By filing your advance directive with the registry, your health care provider and loved ones may be able to find a copy of your directive in the event you are unable to provide one. You can read more about the registry, including instructions on how to file your advance directive, at <http://www.sos.idaho.gov/hcdr/index.html>.
6. 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 Idaho Advance Directive

This packet contains an **Idaho Living Will and Durable Power of Attorney for Health Care**. This is 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:

The first part of your document is a **Living Will**. This section lets you state your wishes about medical care in the event that you are terminally ill or in a persistent vegetative state and can no longer make your own medical decisions. Your Living Will becomes effective when your doctor determines that either (a) that you are terminally ill that the application of artificial life-sustaining procedures would only serve to prolong artificially your life, and that your death will occur with or without the use of life-sustaining procedures, or (b) that you are in a persistent vegetative state.

The second part of your document is a **Durable Power of Attorney for Health Care**. This section lets you name someone to make decisions about your medical care — including decisions about life sustaining treatment — if you can no longer speak for yourself.

Your 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. 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.

This form does 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.

Following your Living Will and Durable Power of Attorney for Health Care is an **Organ Donation Form**.

Idaho law provides for the preparation of a Physician Orders for Scope of Treatment (POST) form, which is appropriate in cases where a patient has an incurable or irreversible injury, disease, illness or condition, or is in a persistent vegetative state. It is similar to a do not resuscitate order, but broader. It must be obtained from, and signed by, your health care provider. If there is a conflict between the instructions included in an individual's POST and their Living Will and Durable Power of Attorney for Health Care, the orders of the POST will be followed. We suggest you speak to your health care provider if you are interested in obtaining this form. **Caring Info does not distribute these forms.**

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

Instructions for Completing your Idaho Living Will and Durable Power of Attorney for Health Care

How do I make my Idaho Living Will and Durable Power of Attorney for Health Care legal?

Idaho law requires that you sign your Living Will and Durable Power of Attorney for Health Care. Although state law does not require you to sign your Directive for Health Care in the presence of a witness, it is a good idea to have your Living Will witnessed by at least one person who also signs the document to show that he/she personally knows you and believes you to be of sound mind. Your witnesses **should not** be

- your agent,
- your doctor or other treating healthcare provider,
- an employee of your treating healthcare provider, unless he or she is related to you,
- an operator of a community care facility, or
- an employee of an operator of a community care facility, unless he or she is related to you

Note: You do not need to notarize your Idaho Living Will and Durable Power of Attorney for Health Care.

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.

You can appoint several alternate agents. The alternates will step in if the first person you name as an appointed person is unable, unwilling, or unavailable to act for you.

The person you appoint as your agent or alternate agent **cannot** be:

- your doctor or other treating healthcare provider,
- an employee of your treating healthcare provider, unless he or she is related to you,
- an operator of a community care facility, or
- an employee of an operator of a community care facility, unless he or she is related to you

Instructions for Completing your Idaho Living Will and Durable Power of Attorney for Health Care (Continued)

Should I add personal instructions to my Idaho Living Will and Durable Power of Attorney for Health Care?

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 Living Will and Durable Power of Attorney for Health Care at any time by:

- canceling, defacing, obliterating, burning, tearing, or otherwise destroying the document, or directing another to do so in your presence,
- signing a written revocation, or
- orally expressing your intent to revoke your document.

What other important facts should I know?

If you are pregnant, the terms of your Living Will will not be honored during the course of your pregnancy. Your agent will still be able to make decisions for you, if you cannot make your own decisions.

In 2010, the Idaho Legislature passed the Freedom of Conscience for Health Care Professionals Act, which gives a physician the right to abstain from providing any health care service—including end-of-life treatment and care—that violates his or her conscience. Under the new law, "conscience" means the religious, moral, or ethical principles sincerely held by any person. Because this new law may have consequences regarding your advance-care planning, it is important that you talk to your health care provider about your advance-care wishes.

**5. Inspection and Disclosure of Information Relating to my
Physical or Mental Health.**

- A. General Grant of Power and Authority. Subject to any limitations in this Directive, my agent has the power and authority to do all of the following:
1. Request, review and receive any information, verbal or written, regarding my physical or mental health including, but not limited to, medical and hospital records;
 2. Execute on my behalf any releases or other documents that may be required in order to obtain this information;
 3. Consent to the disclosure of this information; and
 4. Consent to the donation of any of my organs for medical purposes. (If you want to limit the authority of your agent to receive and disclose information relating to your health, you must state the limitations in paragraph 4, "Statement of Desires, Special Provisions, and Limitations," above.)
- B. HIPAA Release Authority. My agent shall be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the MIB Group, Inc. (formerly the Medical Information Bureau, Inc.) or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any other agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

**IDAHO LIVING WILL AND DURABLE POWER OF ATTORNEY FOR
HEALTH CARE — PAGE 7 OF 9**

6. Signing Documents, Waivers, and Releases.

Where necessary to implement the health care decisions that my agent is authorized by this Directive to make, my agent has the power and authority to execute on my behalf all of the following: (a) Documents titled, or purporting to be, a "Refusal to Permit Treatment" and/or a "Leaving Hospital Against Medical Advice"; and (b) Any necessary waiver or release from liability required by a hospital or physician.

7. Designation of Alternate Agents.

(You are not required to designate any alternate agents but you may do so. Any alternate agent you designate will be able to make the same health care decisions as the agent you designated in paragraph 1 above, in the event that agent is unable or ineligible to act as your agent. If an alternate agent you designate is your spouse, he or she becomes ineligible to act as your agent if your marriage is thereafter dissolved.) If the person designated as my agent in paragraph 1 is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me, then I designate and appoint the following persons to serve as my agent to make health care decisions for me as authorized in this Directive, such persons to serve in the order listed below:

ALTERNATE
AGENTS

PRINT THE NAMES,
ADDRESSES AND
TELEPHONE
NUMBERS OF YOUR
ALTERNATE
AGENTS

A. 1st Alternate Agent _____

Address _____

Telephone number _____

B. 2nd Alternate Agent _____

Address _____

Telephone number _____

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**IDAHO LIVING WILL AND DURABLE POWER OF ATTORNEY FOR
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PRINT THE NAMES,
ADDRESSES AND
TELEPHONE
NUMBERS OF YOUR
ALTERNATE
AGENTS

C. 3rd Alternate Agent _____

Address _____

Telephone number _____

8. Prior Designations Revoked.

I revoke any prior durable power of attorney for health care.

**IDAHO LIVING WILL AND DURABLE POWER OF ATTORNEY FOR
HEALTH CARE — PAGE 9 OF 9**

Date and Signature of Principal.

(You must date and sign this Living Will and Durable Power of Attorney for Health Care.)

I sign my name to this Statutory Form Durable Power of Attorney for Health Care _____ at
(date)

_____, _____
(city) (state)

(signature)

Witnesses (Optional)

Witness 1

Signature: _____

Print _____ name:

Residence address: _____

Date: _____

Witness 2

Signature: _____

Print _____ name:

Residence address: _____

Date: _____

SIGN AND DATE
YOUR DOCUMENT

WITNESSING
PROCEDURE

IDAHO LAW DOES
NOT REQUIRE THAT
YOU HAVE YOUR
SIGNATURE
WITNESSED, BUT IT
IS RECOMMENDED
TO ENSURE THAT
YOUR WISHES ARE
HONORED

TWO WITNESSES
MAY SIGN AND
DATE YOUR
DOCUMENT AND
PRINT THEIR
NAMES AND
ADDRESSES

IDAHO ORGAN DONATION FORM — Page 1 OF 1

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

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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 agent or your family may have the authority to make a gift of all or part of your body under Idaho law.

_____ I do not want to make an organ or tissue donation and I do not want my 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 Idaho 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 _____

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

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

1. Your Idaho Living Will and Durable Power of Attorney for Health Care 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, health care provider(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 document placed in your medical records.
3. Be sure to talk to your agent(s), health care provider(s), clergy, family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. Idaho maintains an Advance Directive Registry. By filing your advance directive with the registry, your health care provider and loved ones may be able to find a copy of your directive in the event you are unable to provide one. You can read more about the registry, including instructions on how to file your advance directive, at <https://sos.idaho.gov/hcdr/index.html>
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 health care provider(s), family, and others who you want to take an active role in your advance care planning.
6. If you want to make changes to your documents after they have been signed and witnessed, you must complete a new document.
7. Remember, you can always revoke your Idaho document.
8. Be aware that your Idaho 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.

Idaho law also provides for the preparation of a Physician Orders for Scope of Treatment (POST) form, which is appropriate in cases where a patient has an incurable or irreversible injury, disease, illness or condition, or is in a persistent vegetative state. It is similar to a do not resuscitate order, but broader. It must be obtained from, and signed by, your health care provider. If there is a conflict between the instructions included in an individual's POST and their Living Will and Durable Power of Attorney for Health Care, the orders of the POST will be followed.

We suggest you speak to your health care provider if you are interested in obtaining these forms. **Caring Info 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. Please consider helping us keep this resource free.

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


Please show your support for our mission and consider making a tax-deductible gift to the National Hospice Foundation 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 and palliative care, and providing ongoing professional education and skills development to hospice and palliative care professionals across the nation. To learn more, please visit www.NationalHospiceFoundation.org

You may wonder if a gift of \$35, \$50 or \$100 to the National Hospice Foundation would make a difference, but it is only because of the generosity of others like you that these FREE resources are made available.

Please consider supporting our mission by returning a **generous tax-deductible donation.** Every gift makes a difference! Your gift strengthens the Foundation's ability to provide FREE caregiver and family resources.


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.

\$35	helps us provide webinars to hospice professionals
\$50	helps us provide free advance directives
\$100	helps us maintain our free InfoLine
\$ _____	to support the mission of the National Hospice Foundation.

Return to:
National Hospice Foundation
PO Box 824401
Philadelphia, PA 19182-4401

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OR donate online today: www.NationalHospiceFoundation.org/donate