INTRODUCTION TO YOUR MISSISSIPPI ADVANCE HEALTH-CARE DIRECTIVE

This packet contains a legal document, a **Mississippi Advance Health-Care Directive,** 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 any or all of the first four parts, depending on your advance planning needs. You must complete part 5.

Part 1 is a **Power of Attorney for Health Care**. This part lets you name someone (an agent) to make decisions about your health care in the event that you can no longer speak for yourself. The power of attorney for health care becomes effective when your doctor determines that you can no longer make or communicate your health-care decisions, unless you elect for it to be effective immediately.

Part 2 includes your **Individual Instructions**. This is your state's living will. It lets you state your wishes about health care in the event that you can no longer speak for yourself and

- are terminally ill,
- are permanently unconscious, or
- the likely risks and burdens of the proposed treatment would outweigh the expected benefits.

Your individual instructions go into effect when your physician determines that you can no longer communicate your wishes and one of the conditions listed above exists.

Part 3 allows you to express your wishes regarding organ donation.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

Part 5 contains the signature and witnessing provisions so that your document will be effective.

This form does not expressly address mental illness. If you would like to make advance care plans regarding mental illness, you should talk to your physician and an attorney about an advance directive tailored to your needs.

Note: These documents will be legally binding only if the person completing them is a competent adult who is 18 years of age or older or an emancipated minor.

Instructions for Completing Your Mississippi Advance Health-Care Directive

How do I make my Advance Health-Care Directive legal?

In order to make your Advance Health-Care Directive legally binding you have two options:

1. Sign your document in the presence of two witnesses. Your witnesses must be at least 18 years of age. Neither of your witnesses can be:
    - the person you appointed as your agent,
    - a health-care provider, or
    - an employee of a health-care provider or facility.

In addition, one of your witnesses **cannot** be:

- related to you by blood or marriage or adoption,
- entitled to any part of your estate either under your last will and testament or by operation of law.

OR

2. Sign your document in the presence of a notary public.

Who should I appoint as my agent?

Your agent is the person you appoint to make decisions about your health 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 health-care decisions for you.

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.

Unless related by blood, marriage, or adoption, your agent cannot be an owner, operator, or employee of a residential long-term health-care institution at which you are receiving care.

Should I add personal instructions to my Advance Health-Care Directive?

One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your health-care 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?

To revoke the designation of an agent in Part 1 of your Mississippi Advance Health-Care Directive, you must do so in a signed writing or by personally informing your primary physician or the provider who has undertaken primary responsibility for your healthcare.

Unless you provide otherwise, a decree of annulment, divorce, dissolution of marriage, or legal separation automatically revokes a previous designation of your spouse as your agent.

You make revoke all or part of your advance health-care directive, other than the designation of an agent, at any time and in any manner that communicates an intent to revoke by, for example, destroying the advance health-care directive.

A later advance directive that conflicts with an earlier advance directive will revoke the earlier advance directive to the extent of the conflict.

PART 3
PRIMARY PHYSICIAN
(OPTIONAL)

PRINT THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR PRIMARY PHYSICIAN

(11) I designate the following physician as my primary physician:

_____
(name of physician)

_____
(address) (city) (state) (zip code)

_____
(phone)

PRINT THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR ALTERNATE PRIMARY PHYSICIAN

If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

_____
(name of physician)

_____
(address) (city) (state) (zip code)

_____
(phone)

PART 4
AUTHORIZATION FOR ORGAN DONATION
(OPTIONAL)

CROSS OUT AND INITIAL THIS STATEMENT IF YOU DO NOT AUTHORIZE YOUR AGENT TO MAKE AN ANATOMICAL GIFT OF YOUR ORGANS OR PHYSICAL PARTS

(12) I authorize my agent to make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires.

Upon my death, I wish to donate:
_____ My body for anatomical study if needed.
_____Any needed organs, tissues, or eyes.
_____ Only the following organs, tissues, or eyes:

_____
_____
_____

OTHERWISE, INITIAL YOUR ORGAN DONATION WISHES

I authorize the use of my organs, tissues, or eyes:
_____ For transplantation
_____ For therapy
_____ For research
_____ For medical education
_____ For any purpose authorized by law.

ADD INSTRUCTIONS HERE ONLY IF YOU WANT TO LIMIT YOUR ANATOMICAL GIFT

This authority granted to my patient advocate to make an anatomical gift is limited as follows (here list limitations or special wishes, if any):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Add additional sheets if needed.)

PART 5: EXECUTION

This advance directive will not be valid unless it is EITHER:

IF YOU CHOOSE TO SIGN WITH WITNESSES, USE ALTERNATIVE 1, BELOW (P. 15)

(A) Signed in the presence of two adult witnesses, at least 18 years of age, who must also sign the document to show that they personally know you and believe you to be of sound mind and under no duress, fraud, or undue influence.

Neither of your witnesses can be:

- the person you appointed as your agent,
- a health-care provider, or an employee of a health-care provider or facility.

In addition, one of your witnesses cannot be:

- related to you by blood or marriage or adoption,
- entitled to any part of your estate either under your last will and testament or by operation of law.

(If you choose to sign with witnesses, use alternative 1 below).

OR

IF YOU CHOOSE TO HAVE YOUR SIGNATURE NOTARIZED, USE ALTERNATIVE 2, BELOW (P. 16)

(B) Witnessed by a notary.

(If you choose to have your signature notarized, use alternative 2, below).

SIGN AND DATE YOUR ADVANCE DIRECTIVE

PRINT YOUR NAME AND ADDRESS

YOUR WITNESSES MUST SIGN, DATE, AND PRINT THEIR NAMES HERE

WITNESS NO. 1 MUST BE UNRELATED TO YOU AND NOT HAVE ANY INTEREST IN YOUR ESTATE

Alternative No. 1: Sign Before Witnesses

_____ _____
(signature) (date)

_____
(printed name)

_____
(address)

DECLARATION OF WITNESSES

Witness No. 1

I declare under penalty of perjury pursuant to Section 97-9-61, Mississippi Code of 1972, that the principal is personally known to me, that the principal signed or acknowledged this advance directive in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility. I am not related to the principal by blood, marriage or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

_____ _____
(signature of witness) (date)

_____
(printed name of witness)

Witness No. 2

I declare under penalty of perjury pursuant to Section 97-9-61, Mississippi Code of 1972, that the principal is personally known to me, that the principal signed or acknowledged this advance directive in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility.

_____ _____
(signature of witness) (date)

_____
(printed name of witness)

SIGN AND DATE YOUR ADVANCE DIRECTIVE

PRINT YOUR NAME AND ADDRESS

A NOTARY PUBLIC SHOULD COMPLETE THIS SECTION OF YOUR DOCUMENT

Alternative No. 2: Sign Before a Notary Public

_____ _____
(signature) (date)

_____
(printed name)

_____
(address)

Notary Public

State of _____

County of _____

On this _____ day of _____, in the year_____,

before me, _____ (insert name of notary public)

appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Notary Seal

_____
(Signature of Notary Public)

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 Mississippi Advance Health-Care 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 agents, 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 Mississippi document.

7. Be aware that your Mississippi 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.

   Currently not all states have laws authorizing these orders. 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. 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.

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PO Box 824401
Philadelphia, PA 19182-4401

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