

Introduction to Your Puerto Rico Advance Directive

This packet contains a Puerto Rico Advanced Statement of Will Regarding Treatment, which 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 I or Part II depending on your advance planning needs, but you must complete Part III if you complete either Part I or Part II. You may also complete Part IV.

Part I, Designation and Powers of My Executor, lets you name someone, your “executor,” to make decisions about your health care—including decisions about life-prolonging procedures—if you can no longer speak for yourself.

Part I goes into effect when your physician diagnoses you with a terminal health condition or determines that you are in a persistent vegetative state.

Part II, My Health Care Instructions, lets you state your wishes about health care in the event you cannot speak for yourself.

Part II goes into effect when your physician diagnoses you with a terminal health condition or determines that you are in a persistent vegetative state.

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

Note: Parts I, II, and III will be legally binding only if the person completing it is a competent adult (at least 21 years old).

Part IV allows you to record your organ and tissue donation wishes.

Note: Part IV will be legally binding only if the person completing it is at least 18 years old.

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.

Completing Your Puerto Rico Advance Directive

How do I make my Puerto Rico Advanced Statement of Will Regarding Treatment legal?

You must sign and date your advance directive in the presence of a physician and two witnesses who are at least 21 years old. The physician and your two witnesses cannot be your heirs or participants in your direct care.

In the alternative, you may sign and date your advance directive in the presence of a notary. The notary cannot be related to you or a beneficiary under your will.

Whom should I appoint as my executor?

Your executor is the person you appoint to make decisions about your health care if you are unable to make those decisions yourself. Your executor may be a family member or a close friend whom you trust to make serious decisions. The person you name as your executor 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 executor. The alternate will step in if the first person you name as executor is unable, unwilling, or unavailable to act for you.

Should I add personal instructions to my Puerto Rico Advanced Statement of Will Regarding Treatment?

One of the strongest reasons for naming an executor 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 executor carry out your wishes, but be careful that you do not unintentionally restrict your executor's power to act in your best interest. In any event, be sure to talk with your executor about your future medical care and describe what you consider to be an acceptable "quality of life."

What if I change my mind?

If you wish to make any changes or modifications to your Puerto Rico Advanced Statement of Will Regarding Treatment, you must create a new advance directive and fulfill all of the same requirements.

You may revoke your Puerto Rico Advanced Statement of Will Regarding Treatment in its totality at any time by writing or verbally stating your intent to revoke. If your revocation is in writing, it must contain your express will to revoke the provisions in your advance directive, your signature, and the date of the revocation. You must inform your physician that you revoked your advance directive.

What other important facts should I know?

You may not limit treatments needed to alleviate your pain or to hydrate and feed you unless your death is imminent and/or your body can no longer absorb the nutrients and hydration administered.

If you are pregnant, your advance directive will not be effective.

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.

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

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