



## CHOOSING AN ADVOCATE and PREPARING DOCUMENTS

---

☐ **I HAVE CHOSEN** my advocate (or advocates). My advocate is \_\_\_\_\_.

- The person I have chosen can be readily available.
- My advocate has his/her own means of transportation.
- My advocate is comfortable speaking to doctors on my behalf.

☐ **I HAVE DISCUSSED** my health care wishes with my advocate(s).

☐ **I HAVE DOCUMENTED** my wishes using:

- A Medical Power of Attorney form (my named agent can be different from my advocate). My agent is \_\_\_\_\_.
- An Advance Directive (living will).
- A HIPAA Authorization form (allows doctors to share information with your advocates).
- A Do Not Resuscitate Order if applicable.

☐ **I HAVE GIVEN** my advocate(s) a copy of my documents and I have the original documents in a safe location.

- My advocates know where to find my original documents, if needed.
- My original documents are located: \_\_\_\_\_  
\_\_\_\_\_.