Wishes for Health Care: Short Form[1]
Minnesota Health Care Directive

See other side for completion directions

HDIR

Full name _____ Date of birth _____

1. **I appoint the following person to serve as my primary (main) health care agent.** When I am unable to speak for myself, my health care agent may: (1) consent, refuse, withdraw care, treatment, service or procedure; (2) review and release my health care records; (3) choose my health care providers; and (4) choose where I live. I understand my health care agent cannot request care that is outside standard medical practice.

   Name _____ Relationship _____

   Cell phone _____ Other phone _____

   (Optional): **I appoint this person as my alternate health care agent** in the event my first health care agent is not available:

   Name _____ Relationship _____

   Cell phone _____ Other phone _____

2. *(Optional):* **I give the following instructions about my health care** (my values and beliefs, what I do and do not want, views about specific medical treatments or situations): *If you need more space, continue on other side.*

Signature _____ ***Print form prior to signing in presence of Notary Public.***

Notary Public in the State of Minnesota

County of _____ Notary seal

In my presence on (date) _____ , (name) _____ acknowledged his or her signature on this document or that he or she authorized the person signing this document sign on his or her behalf.

Signature of Notary _____

My commission expires (date) _____

OR Statement of Witnesses

Witness 1 _____ Witness 2 _____

Print name_____ Print name_____

(Witnesses must be 18 years of age or older and cannot be your primary or alternate health care agent. One witness cannot be your health care provider or an employee of your health care provider.)

1 A long form (12246) is available if you wish to more fully describe your health care wishes.

20623 (8/2021)

Do I have to complete this Health Care Directive?
No. You may complete it today or at a later date, or you can decline to complete it. However, completing this form will help make sure you get the care you want. Putting your choices in writing helps loved ones know if they're doing what you would want.

What information am I being asked for?

Question 1: This question is about your health care "agent". Your agent is someone you choose to speak and make health care decisions for you if you cannot. Consider naming a family member or friend who knows you well and understands your values. **Showing your agent this document and talking about it with him or her is important.** Make extra copies to share with your health care agent, health care providers, and other important people in your life.

Question 2 *(Optional)*: This question is about health care and other wishes you may have. You may be as specific or general as you like. You may include:

- your goals, values, and preferences about medical care
- the types of medical treatment you would want or not want
- how you want your agent or agents to decide
- where you would like to receive care (such as at home or a hospital)
- whether or not you would like to donate your organs, tissues, and eyes
- any additions or limitations to powers of your health care agent

Notary Public or Witness
A notary public or 2 witnesses must verify your signature on this Health Care Directive. The witnesses must be 18 years of age or older, and cannot be your primary or alternate health care agent. At least one witness cannot be your health care provider or employee of your health care provider.

What should I do after I complete this Health Care Directive?
Tell the people you named as your primary and alternate health care agents, if you have not already done so. Make sure they feel able to do this important job for you in the future. Give a copy of your health care directive to your health care provider. Keep additional copies for your records and to share with your health care agents and family or others as you wish.

Who can I talk with if I have questions?
Your health care provider can answer your questions or concerns. He or she may refer you to an Advance Care Planning Facilitator for help. Additional resources can be found by searching "advance directive" at healthpartners.com

Use the space below to continue your wishes about your health care (question 2 from front page), or to add comments.