Cleveland Clinic

Center for End of Life Care

Ohio Advance Directives
Completion Guide

Cleveland Clinic recommends that every adult have Advance Directives in their electronic medical record.

Advance Directive documents can be brought to any Cleveland Clinic registration desk or faxed to 216-445-9733 to be placed in your electronic medical record. If you have any questions about completing Advance Directives, please ask any Cleveland Clinic caregiver during your appointment. We can also assist you with witnessing the document.

The key legal requirements for valid Advance Directive documents are highlighted in yellow.

Health Care Power of Attorney (HCPOA)

Page 1: Document your name and date of birth.

The rest of Page 1 and all of Page 2 are important health care definitions.

Page 3: Identify who you want your decision-maker (Agent) to be.

Write the name, relationship with you, and telephone number.

You can identify alternates also; they will be your decision maker in case your primary Agent is not available.

If you would like your Agent to have access to your medical records at any point from here forward, even if you still have the ability to make your own decisions, place your initials in the box at the top of Page 3.

Page 4: Describes decisions your Agent can make for you. You may cross out portions, adding your initials, or add specific information.

Page 5: Optional. If you do not have a Living Will, and if you wish to authorize your Agent to refuse or withdraw consent to nutrition and hydration, place your initials in the box at the top of Page 5. If you have any additional instructions or limitations, note them at the bottom of this page.

Page 6: Optional. Allows you to nominate a guardian of person, if ever needed. If you choose to nominate a guardian of your person and wish to nominate your Agent as your guardian, you may initial, sign, or check the applicable box on Pages 6. If you want a different person, you write the name, relationship with you, and telephone number.

Page 7: Optional. Allows you to nominate a guardian of your state, if ever needed. If you choose to nominate a guardian of your estate and wish to nominate your Agent as your guardian, you may initial, sign, or check the applicable box on Pages 6. If you want a different person, you write the name, relationship with you, and phone number. An additional box on Page 7 allows you to mark that you would not want this guardian of estate to have to place a bond, a form of financial protection like insurance. Otherwise, the Probate Court requires a bond be placed by this person.

Page 8: Sign, date, and document your location.

Page 9: Two witness signatures, dates and location OR a notary.

The Health Care Power of Attorney must be EITHER notarized OR witnessed by two persons.

Witnesses **cannot** be the Agent(s); related to you by blood, marriage, or adoption; your attending physician, or the administrator of a nursing home where you are receiving care.

LIVING WILL

The Living Will allows you to document your wish that life-sustaining treatment, including artificially or technologically supplied nutrition and hydration, be withheld or withdrawn in the case two physicians evaluate you and determine that you are terminally ill and unable to communicate, or in a permanently unconscious state.

If you meet criteria above for the Living Will to be in effect, the Living Will declaration takes precedence over a Health Care Power of Attorney.

Page 1: Describes the purpose of the Living Will declaration.

Page 2: Document your name and date of birth.
The rest of Page 2 and all of Page 3 contain a list of definitions.

Page 4: Allows you to indicate if you have a Health Care Power of Attorney. There is also an option to provide the names and contact information of individuals you would want notified if the physician determines that life-sustaining treatment should be withheld or withdrawn. The bottom of Page 4 directs your physician to let you die naturally, providing only comfort care if you are declared terminally ill or permanently unconscious by two doctors.

Page 5: Provides specific guidance to the physician about the treatment and technological support that you are choosing in advance not to receive. If you intend to have artificially or technologically supplied nutrition and hydration withheld or withdrawn, you must place initials in the box in the middle of Page 5. The bottom of Page 5 (and other pages if needed) are to be used if any additional instructions or limitations are desired.

Page 6: Signature of the Patient, date, and name of the city you are in when signing the document.

Page 7: Witness signatures, dates and location OR a notary.

The Living Will must be EITHER notarized OR witnessed by two persons. Witnesses cannot be the Agent(s) under a Living Will, if any; related to you by blood, marriage or adoption; your attending physician, or the administrator of a nursing home where you are receiving care.

Cleveland Clinic Caregivers, including physicians, residents and fellows, can act as witnesses if they do not fall into the previous categories.

Each of the two witnesses attests that you signed in the presence of each witness and appear to be of sound mind and not under or subject to duress, fraud or undue influence.