



Kelly St. Martin, LMSW, ACHP-SW

Your Specialist in Advance Care Planning

Contact Kelly at **231-327-8573** or **KStMartin@HarborHospiceMI.org** to schedule your appointment.

Kelly has been specially trained to assist you in completing your Durable Power of Attorney for Healthcare. This assistance is provided at no cost to you. Once completed, these documents should be shared with your primary care physician and your chosen advocates.

HARBOR
PALLIATIVE CARE

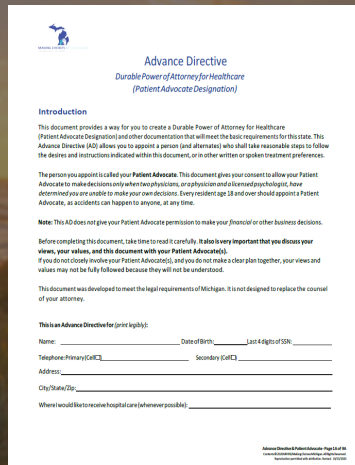



PALLIATIVE CARE

An Advance Directive is a personalized plan detailing your wishes in the event of a serious medical condition. This document is also called a Durable Power of Attorney for Healthcare and it guides your loved ones and healthcare providers in decisions about your care if you're unable to do so.

Advance Care Planning includes:

- Electing an advocate to speak for you if you are unable
- Sharing your values and treatment preferences with your loved ones
- Sharing your completed document



 **Advance Directive**
Durable Power of Attorney for Healthcare
(Patient Advocate Designation)

Introduction

This document provides a way for you to create a Durable Power of Attorney for Healthcare (Patient Advocate Designation) and other documentation that will meet the basic requirements for this state. This Advance Directive (AD) allows you to appoint a person (and alternates) who shall take reasonable steps to follow the desires and instructions indicated within this document, or in other written or spoken treatment preferences.

The person you appoint is called your **Patient Advocate**. This document gives your consent to allow your Patient Advocate to make decisions only when two physicians, or a physician and a licensed psychologist, have determined you are unable to make your own decisions. Every resident age 18 and over should appoint a Patient Advocate, as accidents can happen to anyone, at any time.

Note: This AD does not give your Patient Advocate permission to make your financial or other business decisions.

Before completing this document, take time to read it carefully. It also is very important that you discuss your views, your values, and this document with your Patient Advocate(s). If you do not closely involve your Patient Advocate(s), and you do not make a clear plan together, your views and values may not be fully followed because they will not be understood.

This document was developed to meet the legal requirements of Michigan. It is not designed to replace the counsel of your attorney.

This is an Advance Directive for (print legibly):

Name: _____ Date of Birth: _____ and 4 digits of SSN: _____

Telephone: Primary (Cell) _____ Secondary (Cell) _____

Address: _____

City/State/Zip: _____

Where I would like to receive hospital care (whenever possible): _____

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