

Durable Power of Attorney for Health Care Wallet Identification Card

The attached wallet card is provided for the purpose of alerting emergency medical personnel to the existence of a Durable Power of Attorney for Health Care (DPAHC) in the event that you require medical treatment and are unable to verbally inform health care providers that a Patient Advocate has been appointed to act in your behalf. It is recommended that you complete the card by filling in the indicated names and telephone numbers and carry it with you at all times.

Instructions:

1. On the front of the card below, print your full name in the space labelled "Patient's Name."
2. On the back of the card, print the names and telephone numbers of the persons you have appointed as your Patient Advocate and Successor Patient Advocate(s) in the spaces provided. (Make sure the names and telephone numbers are the same as those listed in your Designation Form.) Space is also provided on the card to write in the name and telephone number(s) of a third person who has a copy of your Designation Form. This may be the person you have named as your Second Successor Patient Advocate or, if you have not designated a Second Successor Patient Advocate, any other person to whom you have given a copy of your completed form.
3. Carefully tear off the card along the perforated line and place it in an obvious place in your wallet or billfold. Be sure to update the information on the card if there is a change in the telephone number(s) of any of the people you have listed on it, or if you subsequently complete a new Designation Form in which different individuals are designated to act as your Patient Advocate and/or Successor Patient Advocate(s).

IMPORTANT NOTICE TO EMERGENCY MEDICAL PERSONNEL

I, _____
Patient's Name
have executed a Durable Power of Attorney for Health Care pursuant to 1990 Public Act 312, MCL 700.496. If I am unable to make my own health care decisions, my Patient Advocate has the legal authority to make those decisions on my behalf, including decisions concerning life-sustaining treatment. In such an event, one of the persons listed on the reverse of this card who has a copy of my Durable Power of Attorney for Health Care should be contacted immediately, in the order listed. (See Reverse)

Q&A about Durable Power of Attorney for Health Care

And Appointment of a Patient Advocate

The Michigan legislature has authorized the use of a Durable Power of Attorney for Health Care in our state. By creating a Durable Power of Attorney for Health Care, you can appoint another individual to make decisions concerning your care, custody, medical treatment, and mental health treatment when you are unable to participate in medical treatment decisions.

The Durable Power of Attorney for Health Care ensures that your desire to accept or refuse medical treatment is honored when you are unable to participate in medical treatment decisions.



How Does It Work?

The creation of a Durable Power of Attorney for Health Care is a simple matter. A person who wishes to create a Durable Power of Attorney for Health Care is called the Patient. The Patient appoints another individual to act as the Patient's Advocate. To appoint an advocate, the Patient fills out a written document called a Designation of Patient Advocate Form.

What Does It Do?

The Durable Power of Attorney for Health Care provides many benefits for you and your family. When you are unable to participate in medical treatment decisions, a Patient Advocate is authorized to make any medical treatment decision that you could make on your own behalf, subject to the limitations set forth in your Designation Form and as limited by law. A Patient Advocate's powers are not limited to decisions concerning medical treatment itself, but also extend to any determination concerning your care and custody.

What is the Physician's Role?

Your attending physician plays an important role in the implementation

and other health care providers cannot require you to appoint a Patient Advocate as a precondition to providing health care services.

Is a Durable Power of Attorney for Health Care Different Than a “Living Will” or “Medical Directive”?

A Designation Form is not a “living will” or a “medical directive.” Both a “living will” and a “medical directive” permit you to state your wishes not to receive life-sustaining treatment if you are terminally ill and the treatment would only artificially prolong the dying process. However, Michigan statutory law does not recognize the so-called “living will” or “medical directive,” and they thus provide little assurance that your wishes will be carried out. There are no special legal protections for doctors who voluntarily choose to follow your instructions as stated in the “living will” or “medical directive.”

A properly implemented Durable Power of Attorney for Health Care under Michigan law gives physicians legal protection for their actions. Unlike either the “living will” or “medical directive,” the Durable Power of Attorney for Health Care applies in *all* situations in

which you are unable to make health care decisions for yourself, not just when you are terminally ill. A Durable Power of Attorney for Health Care allows you to state *any* desires you may have concerning care, custody and medical treatment decisions, including a desire that you receive maximum treatment when you are terminally ill or desires concerning health matters unrelated to terminal illness. Only a Durable Power of Attorney for Health Care allows you to choose someone you trust and who knows you well enough to make health care decisions for you. By discussing your health care desires with the person you have selected, you can best ensure that your wishes will be respected if any unforeseen illness or injury leaves you unable to decide for yourself.

Who Can You Appoint to Make Health Care Decisions for You?

You may appoint almost any adult to be your Patient Advocate. You may select a member of your family such as a spouse or adult child, a friend, or someone else you trust. However, before you fill out a Designation Form, you should discuss the matter with the person you have chosen and make sure that person understands and agrees to

accept the responsibility by signing the Acceptance of Patient Advocate portion of the Designation Form.

You may identify more than one person who is willing to make health care decisions for you. If the person you select as your Patient Advocate is unable or unwilling to act on your behalf, your physician may rely on decisions made by one of your Successor Patient Advocates. You should not choose a person who is reluctant to participant.

How Can I Order a Durable Power of Attorney Form?

Call us at: (517) 336-5772

Write us at:

Patient Advocate
120 W. Saginaw St.
East Lansing, MI 48823

On the web at:

<http://msms.org/dpa>

Tear Out Wallet Card — See Reverse Side

1. Patient Advocate: _____
Work: () _____ Home: () _____

2. Successor Patient Advocate: _____
Work: () _____ Home: () _____

3. Other: _____
Work: () _____ Home: () _____

Organ Donor: Yes No
(See Reverse)