

***User's Guide: Oregon Advance Directive
For Discussion Purposes Only
Updated June 2020***

1. Purpose of the Oregon Advance Directive

The Oregon Advance Directive is a legal document that lets you name another person to make your health care decisions if you cannot make them for yourself. The Advance Directive gives you a place to write down your goals and preferences for medical care in specific situations.

The person you choose is called your health care representative. They can make health care decisions on your behalf only if providers determine you are incapable of making health care decisions for yourself. The decisions made by your health care representative should be consistent with your wishes, values, and goals.

Oregon law (ORS 127.663) specifies that the Oregon Advance Directive Form is the only form that is legally recognized in Oregon for this purpose.

The form is designed for all persons who can legally give consent for medical care, no matter their age.

2. Sections of the Oregon Advance Directive
Appointment of a Health Care Representative

- You should appoint at least one health care representative. This form allows you to appoint up to three representatives; a primary health care representative, a first alternate and a second alternate.
- Only one health care representative can represent you at a time. If your primary health care representative cannot serve, the responsibility will pass to the first alternate, then to the second.
- When appointing a health care representative, make sure they have permission to see your medical records (HIPAA authorization).
- If you do not designate a health care representative, a decision-maker will be assigned as established under Oregon's Advance Directive law ORS 127.635.
- Talk to your health care representative about your wishes. You can use your Advance Directive to start these conversations.

Information for your health care representative

- The section contains questions to assist in conversations with your health care representative and to provide guidance to them and your health care providers.
- This section is the place for you to express your wishes and values.
- Even if you have not named a health care representative, your answers to these questions can help your health care providers make decisions that align with your preferences.

Supplemental information

- The Oregon Advance Directive allows you to add additional information to guide your care. This might be documents you have written expressing values, forms you have completed from other sources (such as Five Wishes), or any other information you want to share.

- Note: Supplemental documents must be listed on the completed Oregon Advance Directive to be valid.

3. Legal requirements for a valid Oregon Advance Directive

To be legally valid, the Oregon Advance Directive must:

- Contain your name, date of birth, address and other contact information.
- Be signed and dated by you.
- *Either* be witnessed and signed by at least two adults (neither may be the designated health care representative(s)) or the document must be notarized.
- Contain the name, date of birth, address and other contact information for the primary health care representative and each alternate. Each health care representative must accept the appointment by signature or other applicable means.

It is recommended that you complete all parts of the form. If you don't choose a health care representative, but you express your wishes and the document is signed by you, those wishes can guide your health care providers. If you only appoint a representative and don't express your wishes, as long as the representative has accepted the appointment, it will be valid.

4. Reviewing your Advance Directive

Our perspectives may change over time. You are encouraged to review and update your Advance Directive on a regular basis. If your goals and preferences change, complete a new advance directive and talk to your health care representative, your health care providers, and everyone who has copies of this Advance Directive.

In addition, review and update your Advance Directive whenever any of the “Five **Ds**” occur:

- **Decade** – when you start each new decade of your life.
- **Death (or Dispute)** – when a loved one or a health care agent dies (or disagrees with your preferences).
- **Divorce** – when divorce (or annulment) happens. If your spouse or domestic partner is your agent, your Advance Directive is no longer valid. You must complete a new Advance Directive, even if you want your ex-spouse or ex-partner to remain your representative.
- **Diagnosis** – when you are diagnosed with a serious illness.
- **Decline** – when your health gets worse, especially when you are unable to live on your own.

5. After completing the Advance Directive

1. Talk to the person you named as your health care representative about your goals and preferences for future health care. Make sure they feel able to do this important job for you. Do the same with your two alternates if you have them.
2. Give your health care representative a copy of your Advance Directive. (Remember – they must sign it for the appointment to be valid.)
3. Talk to the rest of your family and close friends who might be involved if you have a serious illness or injury. Make sure they know who your health care representative is and what your preferences are.
4. Give a copy to your health care provider and/or your health care facility. Make sure your preferences are understood.
5. Keep a copy of this Advance Directive where it can be easily found.
6. Fill out the card at the bottom of these instructions and keep it in your wallet.

6. Other important issues

What does the Oregon Advance Directive *not* cover?

The Oregon Advance Directive is not a medical order. It provides guidance for health care planning to your health care representative and health care providers if you are unable to give guidance yourself.

What is a POLST?

The Oregon Portable Order for Life Sustaining Treatment (POLST) is a specific medical order that is completed by a medical professional to turn a person's wishes into action. You can talk with your health care professional about the treatments you do and do not want and they will complete and sign a POLST for you.

What is the difference between the Oregon Advance Directive and the POLST?

- The Advance Directive is for all capable adults regardless of health status.
 - The POLST is for those with serious illness, frailty or are nearing the end of their lives.
- The Advance Directive appoints a health care representative, provides guidance for decision-making and is signed by the individual.
 - The POLST is a medical order for specified treatments and is signed by a health care professional.
- The Advance Directive provides guidelines for future situations which may or may not arise and for which a person wants to express preferences for specific medical interventions.
 - The POLST provides orders about CPR, hospitalization and intensive care. It provides orders to guide treatment in a medical emergency and is most useful for those who wish to avoid some treatments that would otherwise be provided.
 - As people get sicker they often have both a POLST and an Advance Directive. The Advance Directive appoints a surrogate (someone to speak for you if you cannot speak for yourself) and it provides guidance to the surrogate about your wishes for care and treatment if you get sicker and can no longer make decisions for yourself.

Other forms related to the Advance Directive

- *Dementia decisions* <https://dementia-directive.org>
- *POLST* <https://oregonpolst.org/patientfamilyresources>
- *Declaration for Mental Health Treatment if there is a mental health diagnosis.* **Need reference or citation**
- *Instructions regarding directions about your remains.* **Need reference or citation.**

Complete the card below, fold it, and keep it in your wallet.

I HAVE AN ADVANCE DIRECTIVE	Cardholder Information:
Name: _____	Address: _____ City/State/Zip: _____
Date: _____	Phone: _____ Date of Birth: _____
	Email: _____
	Health Care Representative:
	Name: _____
	Address: _____ City/State/Zip: _____
	Phone(s): _____
	Email: _____ <i>** List alternate health care representatives on opposite side.</i>

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