

Healthcare Decision Authority

Who can speak for you if you cannot speak for yourself. Fill it in now, while you can.

NAME / PERSON THIS SHEET IS FOR

DATE OF BIRTH

DATE COMPLETED

1 My healthcare decision-maker

This is the person named in your healthcare power of attorney. In California the form is called an Advance Health Care Directive; other states use other names.¹

PRIMARY DECISION-MAKER (NAME)

RELATIONSHIP TO ME

MOBILE PHONE / OTHER PHONE

EMAIL

BACKUP DECISION-MAKER (NAME)

RELATIONSHIP / PHONE

- ☐ I asked each person, and they agreed to do this for me.
- ☐ I talked with them about what matters most to me and what I would and would not want.
- ☐ They each have a copy of my signed form, or know exactly where it is.

TRU-TIP • Pick the person who will speak up, not the person who is closest

The best decision-maker is someone who will follow your wishes even when they are hard to hear, and who will ask questions at 2 a.m. in an emergency room. That may not be your closest relative. Have the real conversation now, so they never have to guess.⁴

2 My signed documents

Document	Have it?	Date signed	Where the original is kept
Healthcare power of attorney / advance directive			
Living will or treatment wishes			
POLST / physician orders ³ for serious illness, signed with your doctor			
Do-not-resuscitate (DNR) order, if I have one			
HIPAA release lets named people talk to my care team			
Financial power of attorney			

TRU-TIP • A HIPAA release is the step most people skip

Without one, a hospital or insurance company may refuse to share information with a family member who is trying to help, even in a crisis. Ask each clinic and your insurance plan for their release form and name the people who may talk with them.²

3 Who has a copy

- ☐ My decision-maker and backup
- ☐ My main hospital or health system
- ☐ A photo on my phone, in a folder I can find fast
- ☐ My primary care provider (added to my chart)
- ☐ My Emergency Life Binder, at the front
- ☐ My state registry, if my state has one

NOTES

4 What matters most to me

Write it in your own words. This guides your decision-maker and care team. It does not replace your signed forms.

IF I AM SERIOUSLY ILL, WHAT MATTERS MOST TO ME IS...

TREATMENTS I WOULD WANT, OR WOULD NOT WANT

WHERE I WOULD WANT TO BE CARED FOR, AND WHO I WANT WITH ME

SPIRITUAL, CULTURAL, OR RELIGIOUS WISHES

5 People who may NOT make decisions or get my information

NAMES (OPTIONAL)

6 Review and update

Review this sheet and your forms after any of these, and at least once a year.

- ☐ A new diagnosis or a big change in health
 - ☐ A move to a new state
 - ☐ My decision-maker can no longer serve
 - ☐ A hospital stay
 - ☐ Marriage, divorce, or a death in the family
 - ☐ My wishes changed

[illegible]

Want to go further? The SynquUp™ Emergency Life Binder by Chuck Kinney keeps your decision-makers, documents, medicines, and care team in one place, so the people helping you can act fast. Free tools: chuckkinney.com/free

Be Proactive. Not Reactive.