

## Overview of Advance Directive Documents

Directive / Brief Description	Witnesses Required	Notary Required
<b>Directives Pertaining to Medical Care</b>		
<p><b>Directive to Physicians and Family or Surrogates</b></p> <p>This directive (referred to as a <i>Living Will</i> in some other states) allows you to communicate your wishes about medical treatment if you are unable to make your wishes known because of illness or injury.</p> <p>The <b>witness</b> designated as <b>Witness (1)</b> may <b>not</b> be:</p> <ul style="list-style-type: none"> <li>• the person you appointed as your health care agent</li> <li>• related to you by blood or marriage</li> <li>• a person entitled to any portion of your estate after your death</li> <li>• a person with a claim against any portion of your estate after your death</li> <li>• your attending physician or an employee of your attending physician</li> <li>• a health care facility employee directly involved in your care</li> <li>• an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility</li> </ul> <p>See <a href="http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.166.htm">http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.166.htm</a></p>	Yes <b>OR</b> Yes (2 witnesses)	
<p><b>Medical Power of Attorney (MPoA)</b></p> <p>This directive (sometimes referred to as a Health Care Proxy) permits competent persons to appoint an <b>agent</b> (or proxy) to act for them with regard to health care decisions if they are unable to make such decisions for themselves.</p> <p>The <b>witness</b> designated as <b>Witness (1)</b> may <b>not</b> be:</p> <ul style="list-style-type: none"> <li>• the person you appointed as your health care agent</li> <li>• related to you by blood or marriage</li> <li>• a person entitled to any portion of your estate after your death</li> <li>• a person with a claim against any portion of your estate after your death</li> <li>• your attending physician or an employee of your attending physician</li> <li>• a health care facility employee directly involved in your care</li> <li>• an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility</li> </ul> <p>See <a href="http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.166.htm">http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.166.htm</a></p>	Yes <b>OR</b> Yes (2 witnesses)	

(over)

Brief Description	Witnesses Required	Notary Required
<b>Form Pertaining to Medical Care</b>		
<p><b>Out-of-Hospital Do Not Resuscitate Order (OOH DNR)</b></p> <p>This document becomes effective immediately on the date of execution for health care professionals acting in out-of-hospital settings. It remains in effect until the person is pronounced dead by authorized medical or legal authority or the document is revoked. Comfort care will be given as needed.</p> <p>See <a href="http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.166.htm">http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.166.htm</a></p> <p>Due to the many variable circumstances under which this form might apply, please refer to instructions on the back of the form.</p> <p>Additional information at <a href="http://dshs.texas.gov/emstraumasystems/dnr.shtm">http://dshs.texas.gov/emstraumasystems/dnr.shtm</a></p> <p>After completing the Texas OOH DNR <b>Order form</b>, the patient may obtain, at the patient's expense, an optional means of identification. Options:</p> <p>(1) An intact, unaltered, easily identifiable <b>plastic identification OOH DNR bracelet</b>, with the word "Texas" (or a representation of the geographical shape of Texas and the word "STOP" imposed over the shape) and the words "Do Not Resuscitate", shall be honored by qualified EMS personnel in lieu of an original OOH DNR Order form.</p> <p><b>OR</b></p> <p>(2) An intact, unaltered, easily identifiable <b>metal bracelet or necklace</b> inscribed with the words, "Texas Do Not Resuscitate - OOH" shall be honored by qualified EMS personnel in lieu of an OOH DNR Order form.</p> <p>Approved vendors for OOH-DNR "devices" (bracelets and pendants) listed at <a href="http://dshs.texas.gov/emstraumasystems/dnr.shtm">http://dshs.texas.gov/emstraumasystems/dnr.shtm</a></p>	<p>Yes <b>OR</b> Yes (2 witnesses) <b>plus signature(s) of attending physician(s)</b></p> <p><b>Persons who have signed the document in any section must sign the document a second time at the bottom.</b></p> <p>* The use of a notary in place of the two witnesses is optional, which means that the person making the declaration may have it witnessed by either two witnesses or a notary.</p> <p>However, a person making an <b>oral</b> declaration may not use a notary.</p> <p>In addition, if two physicians execute the order, neither a notary nor two witnesses is required.</p>	

<b>Directives Pertaining to Body Disposition</b>		
<p><b>Body Disposition Authorization</b></p> <p>This directive permits competent persons to declare their wishes with respect to body disposition, <b>including cremation</b>, thus avoiding the need to secure the approval of their survivors for the chosen disposition.</p> <p>Note: If you select body donation, always have a back-up plan in case the body is not acceptable for donation at the time of death.</p>	N/A	Yes
<p><b>Appointment for Disposition of Remains</b></p> <p>This directive permits competent persons to appoint an agent to make all decisions about the disposition of their remains after death.</p> <p>See <a href="http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.711.htm">http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.711.htm</a> (section 711.002)</p>	N/A	<p style="text-align: center;">Yes</p> <p>The agent's signature does not have to be notarized.</p>