WHAT IS A HEALTH CARE DIRECTIVE?  

In Colorado, the following kinds of advance directives are recognized: the “living will” (which applies only in cases of terminal illness); the “medical durable power of attorney” (which allows you to name an agent who can make decisions for you) and a “CPR Directive” which is a directive telling emergency, other health care personnel and others not to perform CPR on you. (“CPR” means cardio pulmonary resuscitation).

Any Living Will, Medical Durable Power of Attorney and CPR Directive may include a written statement indicating a decision regarding organ and tissue donation. Organ donation may also be accomplished by signing a separate document executed in accordance with the provisions of the “Uniform Anatomical Gift Act”. You should consult your health care provider for specifics. You should also notify your family of your decision to give an anatomical gift. Completion of an anatomical gift is voluntary.

If you have prepared and signed an advance directive it will represent your wishes if you become unable to make health care decisions for yourself. These documents do not take away your right to decide what you want, if you are able to do so at the time a decision is needed.

If you have an advance directive from another state, it may still be valid in Colorado. However, it is recommended you prepare a new advance directive under Colorado law.

MEDICAL DURABLE POWER OF ATTORNEY

A medical durable power of attorney is a document you sign naming someone to make your health care decisions. The person you name is called your agent. Your agent stands in for you when it is time to make any and all medical or other health care decisions with your doctor. Your agent can get copies of your medical records and other information to make medical decisions for you.

A medical durable power of attorney can cover more health care decisions than a living will does and is not limited to terminal illness. You may put instructions or guidelines into your medical durable power of attorney telling your agent what you really want. You can cancel (revoke) your medical durable power of attorney at any time.

Your medical durable power of attorney can become effective immediately, or you can make it become effective when you become unable to make your own medical decisions.

You can appoint ANYONE to be your health care agent as long as that person is at least 18 years old, mentally competent and willing to be your agent. Your agent does NOT have to live in Colorado, although you may want to choose someone nearby. If you

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1 Information in this section is taken from the Colorado Hospital Association: http://www.cha.com/index.php?option=com_frontpage&Itemid=1
appoint your spouse as your agent, and then later you are divorced, legally separated, or your marriage is annulled, your former spouse is automatically removed as your agent unless expressly stated otherwise in your medical durable power of attorney.

**CARDIO PULMONARY RESUSCITATION**

A CPR (Cardio Pulmonary Resuscitation) Directive allows you, your agent, guardian, or proxy to refuse resuscitation. CPR is an attempt to revive someone whose heart and/or breathing has stopped by using special drugs and/or machines or very firm pressing on the chest.

If you have a CPR Directive, and your heart and/or lungs stop or malfunction, then paramedics and doctors, emergency personnel or others will not try to press on your chest or use breathing tubes, electric shock, or other procedures to get your heart and/or lungs working again.

Even if you have other types of advance directives, the use of a CPR Directive is strongly recommended if you do not want to be resuscitated. Colorado law does not require that a specific CPR Directive form be used. There is a state approved CPR form but other CPR Directive forms may be used. Regardless of the form you use, you should inform family members of your wishes and about the locations of the CPR Directive form. *If this directive is not found or you are not wearing a CPR necklace or bracelet, CPR will probably be initiated.*

Signing a CPR Directive will not prevent you from receiving other kinds of needed medical care such as treatment for pain, bleeding, broken bones or other comfort care. A CPR Directive may be canceled at any time by the person who has signed it. If so, all original forms must be canceled.

*CPR Directive forms may be obtained from your physician or from licensed health care facilities.* This directive must be signed by you, or your agent or proxy AND your doctor. The original copy must be available to appropriate personnel, and you are urged to order and wear a necklace or bracelet that will quickly identify you as someone who does not want to be resuscitated. Order forms for the state approved necklace or bracelet are available at the time you and your doctor sign a CPR Directive form.

- Talk with your health care providers about your wishes and beliefs. Make sure that copies of your advance directives are included in your medical records. **IT IS YOUR RESPONSIBILITY TO PROVIDE THESE COPIES TO YOUR HEALTH CARE PROVIDERS.**

- You must be given written information about your health care providers’ policies and procedures regarding advance directives. Be sure to discuss whether your directives will be honored. If you determine their policies are not consistent with your advance directives, you may wish to transfer to another facility or provider.
• If you do not want your family and close friends to select a substitute decision maker (proxy) to make medical decisions for you, you should have an advance medical directive such as a medical durable power of attorney in which you name the person who will make decisions for you.

• You do not need to use a lawyer to complete your living will, medical durable power of attorney, or CPR Directive. If you have legal questions, however, you may wish to talk to a lawyer.

• If you have a living will, medical durable power of attorney or CPR Directive, give a copy of it to your doctor, your family, your agent, if applicable, and to your health care facility. Talk with your doctor, family, and agent, if applicable, while you are still in good health, so they will understand what you want.

• If you have completed a CPR Directive, be sure it is readily available at all times.

IT IS IMPORTANT TO TALK WITH YOUR DOCTOR, YOUR FAMILY AND YOUR AGENT ABOUT YOUR MEDICAL CARE CHOICES AND YOUR ADVANCE DIRECTIVES.

IMPORTANT INFORMATION ABOUT THE MEDICAL DURABLE POWER OF ATTORNEY

Before signing this document, it is very important for you to know and understand these facts:

• This document gives the person you name as your agent the power to make health care decisions if you are unable to do so. (These decisions and powers are not limited to terminal conditions and life support decisions.)

• After you have signed this document, you still have the right to make health care decisions for yourself if you are able to do so.

• You may state in this document any type of treatment that you want to receive or want to avoid. If you want your agent to make decisions about life sustaining treatment, it is best to so state in your medical durable power of attorney.

• You have the right to take away the authority of your agent unless you have been determined to be incompetent by a court. If you withdraw (revoke) the authority of your agent, it is recommended that you do so in writing and give copies to all those who received the original document.

• You should not sign this document unless you understand it. You may wish to talk to others or a lawyer.

• The attached sample Medical Durable Power of Attorney form may be used; however, it may not meet your individual needs. Other medical durable power of
attorney forms are acceptable according to Colorado law. Be sure the form you sign meets your needs.

- The enclosed *Medical Durable Power of Attorney* form complies with Colorado law; however, witness, notary and other requirements vary from state to state. If you should move to another state, be sure to check that state’s requirements.

Your medical durable power of attorney should contain the following information:

- The name, address and telephone number of the person you choose as your agent, and your second choice of agent to act if your first agent is unable to act for you.

- Any instructions about treatment you do or do not wish to receive such as surgery, chemotherapy, or life sustaining treatment such as artificial feeding, kidney dialysis or breathing support, etc…

**PLEASE CONTACT AN ATTORNEY IF YOU HAVE LEGAL QUESTIONS REGARDING ADVANCE CARE PLANNING**