



Residential Home Health is a Medicare-approved and nationally recognized home care company that provides in-home nursing and therapy services as ordered by patients' physicians.

Residential Palliative Care provides a comprehensive assessment of the physical, psychosocial, and spiritual aspects of a patient's illness and makes recommendations to address the individual needs of each patient and family.

With a team of specially trained professionals and volunteers, **Residential Hospice** provides health care, comfort, support, and dignity to patients and their families when they are no longer seeking cure-oriented treatments.

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FIVE WISHES[®]

MY WISH FOR:

The Person I Want to Make Care¹ Decisions for Me When I Can't

The Kind of Medical Treatment² I Want or Don't Want

How Comfortable³ I Want to Be

How I Want People⁴ to Treat Me

What I Want My Loved Ones⁵ to Know

print your name

birthdate

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Five Wishes

There are many things in life that are out of our hands. This Five Wishes document gives you a way to control something very important—how you are treated if you get seriously ill. It is an easy-to-complete form that lets you say exactly what you want. Once it is filled out and properly signed it is valid under the laws of most states.

What Is Five Wishes?

Five Wishes is the first living will that talks about your personal, emotional and spiritual needs as well as your medical wishes. It lets you choose the person you want to make health care decisions for you if you are not able to make them for yourself. Five Wishes lets you say exactly how you wish to be

treated if you get seriously ill. It was written with the help of The American Bar Association’s Commission on Law and Aging, and the nation’s leading experts in end-of-life care. It’s also easy to use. All you have to do is check a box, circle a direction, or write a few sentences.

How Five Wishes Can Help You And Your Family

- It lets you talk with your family, friends and doctor about how you want to be treated if you become seriously ill.
- Your family members will not have to guess what you want. It protects them if you become seriously ill, because they won’t have to make hard choices without knowing your wishes.
- You can know what your mom, dad, spouse, or friend wants. You can be there for them when they need you most. You will understand what they really want.

How Five Wishes Began

For 12 years, Jim Towey worked closely with Mother Teresa, and, for one year, he lived in a hospice she ran in Washington, DC. Inspired by this first-hand experience, Mr. Towey sought a way for patients and their families to plan ahead and to cope with serious illness. The result is Five Wishes and the response to it has been

overwhelming. It has been featured on CNN and NBC’s Today Show and in the pages of *Time* and *Money* magazines. Newspapers have called Five Wishes the first “living will with a heart and soul.” Today, Five Wishes is available in 27 languages.

ACCEPTANCE BY HEALTH CARE AGENT (PATIENT ADVOCATE)

1. This designation shall not become effective unless the patient is unable to participate in medical treatment decisions.
2. A Patient Advocate shall not exercise powers concerning the patient’s care, custody and medical treatment that the patient, if the patient were able to participate in the decision, could not have exercised on his or her own behalf.
3. This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient’s death.
4. A Patient Advocate may make a decision to withhold or withdraw treatment which would allow a patient to die only if the patient has expressed in a clear and convincing manner that the Patient Advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient’s death.
5. A Patient Advocate shall not receive compensation for the performance of his or her authority, rights and responsibilities, but a Patient Advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights and responsibilities.
6. A Patient Advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient’s best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical treatment decisions are presumed to be in the patient’s best interests.
7. A patient may revoke his or her designation of a Patient Advocate at any time and in any manner sufficient to communicate an intent to revoke.
8. A Patient Advocate may revoke his or her acceptance to the designation at any time and in any manner sufficient to communicate an intent to revoke.
9. A patient admitted to a healthcare facility or agency has the rights enumerated in Section 20201 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being Section 333.20201 of the Michigan Compiled Laws.
10. A patient may waive his or her right to revoke the Patient Advocate designation as to the power to make mental health treatment decisions, and if such a waiver is made, his or her ability to revoke as to certain treatment will be delayed for 30 days after the patient communicates his or her intent to revoke. MCL § 700.5507(4).

I understand the above conditions and I accept the designation as Patient Advocate for: _____

| | |
|------|---|
| Date | Signature of Patient Advocate |
| Date | Name of Patient Advocate |
| Date | Signature of Successor Patient Advocate |
| Date | Name of Successor Patient Advocate |
| Date | Signature of Successor Patient Advocate |
| Date | Name of Successor Patient Advocate |

Five Wishes is meant to help you plan for the future. It is not meant to give you legal advice. It does not try to answer all questions about anything that could come up. Every person is different, and every situation is different. Laws change from time to time. If you have a specific question or problem, talk to a medical or legal professional for advice.

Five Wishes Wallet Card — Cut Out Card, Fold and Laminate for Safekeeping

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| <p>Important Notice to Medical Personnel: I have a Five Wishes Advance Directive.</p> <p>_____ Signature</p> <p>Please consult this document and/or my Health Care Agent in an emergency. My Agent is:</p> <p>_____ Name _____ Address City/State/Zip _____ Phone</p> | <p>My primary care physician is:</p> <p>_____ Name _____ Address City/State/Zip _____ Phone</p> <p>My document is located at:</p> <p>_____ _____ _____</p> |
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