

# Advance Care Planning Guide for North Carolina



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# Protect your right to control your healthcare decisions.

Healthcare is vitally important to everyone. Wherever you are, whatever the situation, you want to be sure you receive excellent medical treatment. But even more importantly, you want your medical choices to be understood and honored.

The law guarantees your rights to make those decisions about your medical care, even when you are too sick or injured to make your wishes known. These “rights” give you control over your choices at a critical time in your life. You can choose to accept or refuse any medical treatment that is offered. Your physicians will talk to you about the risks and benefits of the medical interventions and possible alternatives.

How can you be sure that your choices will be honored if you are unable to speak for yourself? If you plan now, in advance, you can make sure your wishes are known, and that you get the kind of care you want and relieve your family of having to make difficult and stressful choices. You decide, in advance, in writing, what your healthcare choices are if you cannot speak for yourself, and you can ask for the kind of medical treatment you do or do not want if you become terminally ill, or have a permanent and severe brain injury with no hope of improvement or recovery. You can let your family, friends, doctors, and healthcare providers know your treatment wishes through your Advance Care Plan (Advance Directive).

Tell us your values and beliefs about your healthcare.

**T**ake time to have the conversation with your physician and your family.

**A**lways be open and honest.

**L**eave no doubt about your values and preferences.

**K**eep your documents up to date and available.

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**We want to know your wishes so we can honor them.**

To complete an Advance Care Plan:

- Go to [sentara.com/AdvanceDirectives](https://www.sentara.com/AdvanceDirectives)
- Call the Sentara Center for Healthcare Ethics for assistance at (757) 252-9550 or 1-800-Sentara (736-8272)
- Contact the Sentara hospital closest to you or ask your physician or healthcare provider

## Important conversations about your healthcare choices

An Advance Care Plan may shape how you experience a period of disability or the very final stage of your life. You and your family may have to face some critical treatment choices. We respect your right to make individual decisions that are based on the medical information you have been given and your personal beliefs and values. You can help others respect your wishes in these circumstances if you take steps beforehand to talk about your personal beliefs and values.

How do you ensure that your family knows what your beliefs and values are around your medical care? One way to do this is by developing your own “values history” and have a clear understanding of your health. For example, you could discuss your values and wishes with loved ones or advisors, or write down your responses to questions such as:

- What do I know and feel about my health situation today?
- What complications might I experience from my current health condition?
- Is it important for me to be independent and self-sufficient in my life?
- What are my thoughts about illness, disability, dying and death?
- How do I feel about donating my organs?
- How do I feel about giving my body as an anatomical gift for research?
- How do my personal relationships affect medical decision-making?
- What role do I wish my physicians and others to play in medical decision-making?
- What kind of living environment is important to me?
- What role do religious, spiritual, ethnic or cultural beliefs play in my life?
- What are my thoughts about life in general, that is, my hopes and fears, enjoyments and sorrows?



An Advance Care Plan form is provided in the center of this booklet and is also available at [sentara.com/AdvanceDirectives](http://sentara.com/AdvanceDirectives) or by calling 1-800-SENTARA (736-8272).



## Terms you may need to know

The following terms are referred to in this booklet. We hope this list will help you understand some of the terms and what they may mean for you as you make healthcare choices for your future.

### **Advance Care Plan**

An Advance Care Plan is another term for Advance Directive or Living Will. While the content may be the same or similar, the main difference is an Advance Care Plan puts more emphasis on talking with family, physicians and spiritual advisors about your wishes.

### **Advance Care Planning**

A process of decision-making done in advance of an illness or injury to plan with your family, physicians, or spiritual leader what choices you would make if you became unable to communicate those choices for yourself. Sometimes the talk is done with a trained Advance Care Planning Facilitator.

### **Cardiopulmonary Resuscitation (CPR)**

CPR involves chest compressions, medications, electric shock, and a breathing tube connected to a mechanical ventilator. The risks and benefits of this treatment should be discussed with your physician when you have a change in your health or a serious or life-limiting illness.

### **Declarant/principal**

A declarant is another word for the individual signing an Advance Directive for a Natural Death. A principle refers to the individual appointing healthcare agent(s) pursuant to a Healthcare Power of Attorney. Because the declarant and principal are the same person, these terms are often used interchangeably.

### **Do Not Resuscitate order (DNR)**

In a hospital or other healthcare facility, DNR is a physician's order to withhold CPR from you in the event your heart or breathing stops (cardiac or respiratory arrest). An Advance Care Plan does not automatically become a DNR order. This must be discussed with and implemented by your physician.

# Terms you may need to know (continued)

## Healthcare agent

An adult appointed by you to make healthcare decisions for you. This person speaks for you only when you can no longer speak for yourself. If you have made your wishes known through an Advance Care Plan or have personally discussed your wishes with your healthcare agent, that individual is bound by law to make decisions

in accordance with your wishes. If you grant them the right to override, or if they do not know your wishes, alternative treatments should be based on the known preferences of the patient, or if unknown, the patient's best interests. This agent may also be identified as a Medical Power of Attorney or Healthcare Proxy depending on the source of the document.

## Life-prolonging procedure

Any medical procedure, treatment or intervention which: (i) uses mechanical or other artificial means to support and prolong your life if you have no reasonable expectation of recovery from a terminal condition; and (ii) when applied to you in a terminal condition, would serve only to prolong the dying process. The term includes artificially administered hydration and nutrition. Life-prolonging procedures do not include giving you medication or performing any medical procedure necessary to provide you with comfort care or to alleviate your pain.

## Living Will

Often thought of as medical instructions only for end of life, a Living Will can actually capture healthcare preferences or your beliefs and values for any healthcare crisis. This "plan" is now incorporated in Advance Care Plans and is part of the larger process. The terms Living Will, Advance Directive and Advance Care Plan are often used in the same way.

## MOST (Medical Orders for Scope of Treatment)

A written physician's order which includes orders to provide or to withhold CPR in the event of cardiac or respiratory arrest, but also may include orders for other treatment options. Like the PDNR, this form travels with the patient. MOST forms are classified in the North Carolina Statute and meet the same statutory requirements for Code Status as the PDNR, to be honored by Emergency Medical Services.

## Organ and tissue donation

Donation of your organs (such as heart, lungs, liver or kidneys) or other parts of the body (such as eyes, skin and bone) after death.

## Persistent vegetative state

A condition, caused by injury, disease or illness, that causes a loss of consciousness with no behavioral evidence of self awareness or awareness of your surroundings and from which, to a reasonable degree of medical probability, there can be no recovery. Your eyes may open and your body may move, but it is without any self-awareness or conscious thought.

## Portable Do Not Resuscitate order (PDNR)

A written provider's order to withhold CPR in the event of cardiac or respiratory arrest that can travel with the patient. To be honored by Emergency Medical Services, the DNR order must be on a State-approved form, such as a PDNR or MOST.

# Terms you may need to know (continued)

## Surrogate decision maker

Individual(s) designated by law to make healthcare decisions on your behalf, when you are unable to make decisions for yourself, if you have not named a healthcare agent on an Advance Care Plan. In order of priority, those persons are:

1. A guardian of the patient's person.
2. A healthcare agent appointed in a valid healthcare power of attorney.
3. The patient's attorney-in-fact, if granted these powers by the patient.
4. The patient's legal spouse.
5. Majority of the patient's parents and adult children.
6. Majority of the patient's adult siblings.
7. Any adult who has an established relationship with the patient, who is acting in good faith on behalf of the patient, and who can reliably convey the patient's wishes.

## Terminal condition

An advanced, irreversible condition caused by injury or illness that has no cure and from which doctors expect the person to die, even with maximum medical treatment. Life-sustaining treatments will not improve the person's condition and will only prolong the dying process.

## Witness

A person who will verify your signature on an Advance Care Plan. The North Carolina Advance Directive for a Natural Death or Medical Power of Attorney must be witnessed by two people over 18 years of age, along with a Notary.

All witnesses must comply with the following:

- Must not be related by blood or marriage to the declarant.
- Should not have any reasonable expectation that they would be entitled to any portion of the estate of the declarant upon the declarant's death under any existing will or codicil of the declarant, or pursuant to the Intestate Succession Act.
- May not be the attending physician, a licensed healthcare provider that is a paid employee of the attending physician, a paid employee of a health facility in which the declarant is a patient, or an employee of a nursing home or any adult care home in which the declarant resides (excludes notary public).
- May not have a claim against the declarant or the estate of the declarant at the time of declaration.
- The document must be proved before a clerk of court or a notary public.



## What powers am I giving to my healthcare agent?

Once it has been determined that you no longer are able to speak for yourself, your healthcare agent has the power to:

- Consent, refuse, or withdraw consent for any type of healthcare treatment, surgical procedure, diagnostic procedure, medication and the use of mechanical or other procedures that affect any bodily function, including but not limited to artificial respiration, artificially administered nutrition and hydration, and cardiopulmonary resuscitation. This authorization specifically includes the power to consent to the administration of dosages of pain-relieving medication in an amount sufficient to relieve pain, even if such medication carries the risk of addiction or of inadvertently hastening your death.
- Request, receive, and review any information, regarding your physical or mental health and to consent to the disclosure of this information.

- Employ and discharge your healthcare providers.
- Authorize your admission to or discharge from any medical care facility.
- The power to authorize the giving or withholding of mental health treatment.
- Authorize participation in healthcare research.
- Take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.

Other provisions or limitations may apply. For a complete listing, please see North Carolina Code § 32A-15 et. seq.

Your agent does not have the power to make decisions regarding who may visit you; if you wish to grant them this ability, please initial the appropriate section on your Advance Care Plan.

NOTE: Healthcare agent powers may be authorized or limited in your Advance Care Planning documents.

“Having mom’s Advance Care Plan made things so much easier at a difficult time. Now I am doing the same for my own family.”



# My Advance Care Plan

## Have a conversation — leave no doubt with your family about your healthcare wishes.

- Use the attached form to document your healthcare wishes.
- Remember that the most important part of making medical choices is to talk about them.
- Talk about your Advance Care Plan with your family and your healthcare agents.
- Talk about it with your doctor.

If you have questions about making medical choices or completing your Advance Care Plan, call the Sentara Center for Healthcare Ethics at 757-252-9550 for assistance.

Atención: si habla español, tiene a su disposición servicios lingüísticos gratuitos. Llame al 844-809-6648.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-809-6648 번으로 전화해 주십시오.

注意: 如果您讲中文普通话, 则将为您提供免费的语言辅助服务。请致电 844-809-6648。

*ATTENTION: Language assistance services are available to you free of charge. Call 844-809-6648.*

*Sentara complies with applicable Federal Civil Rights Laws and does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, culture, color, religion, marital status, age, sex, sexual orientation, gender identity, gender expression, national origin, disability, or source of payment.*

## U.S. Advance Care Plan Registry® (formerly U.S. Living Will Registry)

This service is provided by Sentara FREE of charge to our community. You can store your Advance Care Plan on the Registry so it will be available to any healthcare provider in Virginia and North Carolina as well as any providers across the U.S. Once registered, you will receive an acknowledgement along with a wallet card and stickers for your ID cards that will alert medical professionals that you have an Advanced Care Plan on file with the registry and the 800 number so they can retrieve it.

If you want to have your document registered, you must complete the U.S. Advance Care Plan Registry® (formerly U.S. Living Will Registry), giving the Registry permissions to store your Advance Care Plan and provide it to any healthcare facility that requests a copy, and attach your Advance Care Plan.

## What do I do with my ACP?

1. Make enough copies\* and provide one each to:
  - Your appointed healthcare agents
  - Family members
  - Doctor
  - The US Living Will Registry through the Sentara Center for Healthcare Ethics\*\*
2. Keep the original yourself in a safe and accessible place.

3. \*\*Mail a copy of your document to:

**The Sentara Center for Healthcare Ethics**  
**1330 Sentara Park**  
**Virginia Beach, VA 23464**

or fax to our secure line at 757-965-2804

*\*Copies are the same as original in Virginia*



# U.S. Advance Care Plan Registry® Registration Agreement

**Registrant's Identifying Information** (Please print clearly)

**SOURCE CODE:** 36901001

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Date of birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_ (4 digits)

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ (If registrant does not have an email address, please insert the email address of the emergency contact person instead)

\*\*\*Annual update reminders will be sent via email – email addresses will never be shared or sold\*\*\*

Emergency Contact Name: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ ("Registrant" or "I"), authorize U.S. Advance Care Plan Registry®, with a mailing address of P.O. Box 2789 Westfield, NJ 07091-2789 ("Registry"), to electronically store a copy of my advance care planning document(s) provided to Registry with this registration form or submitted subsequently, including but not limited to an advance directive, living will, health care proxy, durable power of attorney for health care and/or financial matters, Medical or Physician Orders for Life-Sustaining Treatment (MOLST or POLST), Do Not Resuscitate (DNR) order, organ donation wishes and emergency contact information (hereinafter "document(s)"). I further authorize the Registry to make available a copy of the stored document(s) to any health care provider or other person believed charged with giving effect to my document(s) or assisting in same, who requests it in conjunction with my care, provided such a request is consistent with the Registry's policies and procedures, or as deemed advisable by the Registry in an emergency situation, or as required by law. The document(s) that I am providing is my current, effective document(s), and was signed and witnessed in accordance with the law of the state of my residence.

I hereby authorize Registry to make available a copy of my document(s) to hospitals, physicians, or other health care providers involved with my care, or to anyone who has access to the wallet identification card provided to me by Registry. I understand this authorization is voluntary. I agree to notify Registry immediately if I decide to revoke or change my document(s) that is stored with Registry, and to provide Registry with a copy of any additional document(s) that I sign. I understand that unless I terminate this authorization or inform Registry of revocation or changes to my document(s), the document(s) stored with Registry will be provided to health care providers in accord with Registry's policies and practices.

I understand that Registry makes no representations about the validity of my document(s) under federal or state law and that Registry bears no responsibility for the actions taken by health care providers in relation to my document(s). I hereby waive any and all legal claims against Registry for the actions and omissions by any health care providers who receive a copy of my document(s) from Registry and for any damages arising from the transmission or disclosure of the document(s) I provide to Registry. Registry shall not be liable for the loss, destruction or unavailability of all or part of my document(s).

I understand that I may revoke this authorization at any time by giving written notice of my revocation to Registry. This Agreement will remain in force until revoked by me or until terminated in accordance with the agreement between me and Registry or until registration is cancelled pursuant to the Registry's policies and procedures. When the Agreement is terminated, I understand that Registry will remove my document(s) from its files.

I understand that anyone who gains access to my wallet ID card provided by Registry can use it to gain access to my document(s) and personal information stored with Registry, and I will not hold the Registry liable for such authorized or unauthorized access.

I hereby agree to the terms set forth herein.

X \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Registrant

# My Advance Care Plan—North Carolina

## Communicating my healthcare wishes

Name \_\_\_\_\_ Social security number XXX - XX - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Cross out any section(s) you do not wish to include in your document.)

### Section 1: Healthcare agent

If I am unable to make decisions for myself, or unable to communicate my healthcare wishes about treatment, I appoint the person(s) listed below to be my designated healthcare agent(s), who will make my wishes known to my healthcare providers. I direct my healthcare providers and family to respect and honor my wishes.

#### Primary healthcare agent

Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Secondary healthcare agent

Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ If I initial this line, my agent **WILL** have the authority to restrict visitors in a healthcare facility.  
(Initials)

### Section 2: Advance directive for a natural death

The below information will guide the decisions of your healthcare agent and providers if you can no longer make decisions for yourself. **Initial** beside any below instructions you wish to include.

If I lack sufficient understanding or capacity to make or communicate decisions relating to my healthcare, and:

\_\_\_\_\_ I have an incurable or irreversible condition that will result in my death within a relatively short period of time.  
(Initials)

\_\_\_\_\_ I become unconscious, and my healthcare providers determine, to a high degree of medical certainty, I will never regain  
(Initials) consciousness.

\_\_\_\_\_ I suffer from advanced dementia or any other condition which results in the substantial loss of my cognitive ability and my healthcare  
(Initials) providers determine, to a high degree of medical certainty, this loss is not reversible.

#### Then:

\_\_\_\_\_ I do not want any treatments to prolong my life. This includes tube feeding, IV fluids, cardiopulmonary resuscitation (CPR), ventilator/  
(Initials) respirator (breathing machine), kidney dialysis or antibiotics. I am aware that this declaration authorizes a physician to withhold or discontinue these life prolonging measures. I will still receive treatment to relieve pain and make me comfortable. **OR**

\_\_\_\_\_ I want all treatments to prolong my life as long as possible within the limits of generally accepted healthcare standards.  
(Initials)

\_\_\_\_\_ If medically appropriate, I wish to include the following treatment instructions: \_\_\_\_\_  
(Initials)



# Advance Care Planning worksheet

Helping you plan before completing your Advance Care Plan

## What is important to you?

Answer these statements by circling a number, 1 through 5, where 1 is **not important** and 5 is **very important** to you.

	not important....very important				
	1	2	3	4	5
<b>To live as long as possible</b> (no matter the quality of life)	1	2	3	4	5
<b>To die naturally</b> , without the use of life-sustaining medical treatments (CPR, breathing machine, dialysis, feeding tube, etc.)	1	2	3	4	5
<b>To be independent</b> (able to care for myself, feed/bathe)	1	2	3	4	5
<b>To be alert</b> with family/friends (even if it means my pain is less controlled)	1	2	3	4	5
<b>To receive care focused on relieving pain and controlling symptoms</b> (even if it means I am less alert with family/friends)	1	2	3	4	5
<b>To receive end of life care at home</b>	1	2	3	4	5
<b>To follow specific spiritual beliefs and traditions</b> (please explain below)	1	2	3	4	5

Other items/experiences you feel are important: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a strong feelings about any of the following medical treatments:

CPR: \_\_\_\_\_

Mechanical breathing/ventilator: \_\_\_\_\_

Feeding tubes/IV hydration: \_\_\_\_\_

Dialysis: \_\_\_\_\_

Chemo/radiation therapy: \_\_\_\_\_

*Adapted from the Values Worksheet published by Group Health Cooperative, Seattle WA*

For reference only, not a part of the medical record.

# Advance Care Planning worksheet

## Keeping track of your Advance Care Plan

Once you have completed your Advance Care Plan, you should make copies of it. Keep the original, and send copies to your healthcare agent(s), other family who are likely to come to your bedside at the hospital, your primary care physician, and the US Living Will Registry\*. Keep a list of everyone who has a copy of your document below:

1) Primary healthcare agent: \_\_\_\_\_

2) Secondary healthcare agent: \_\_\_\_\_

3) Primary Care Physician: \_\_\_\_\_

4) Other family/friends: \_\_\_\_\_

5) Other family/friends: \_\_\_\_\_

6) Other family/friends: \_\_\_\_\_

7) Other family/friends: \_\_\_\_\_

8) Other family/friends: \_\_\_\_\_

Other places you've stored copies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Remember:** Any time you update your document, you should send an updated copy to everyone who had a copy of the old one.

**If you have questions or need additional assistance, contact the Sentara Center for Healthcare Ethics:**

757-252-9550 or 1-800-SENTARA, TDD/TTY Relay Services 7-1-1.

# Advance Care Planning worksheet (continued)

**Note:** The U.S. Advance Care Plan Registry® (Formerly U.S. Living Will Registry) allows your document to be available to other practitioners.

**To put your document in the Registry, mail to:**

Sentara Center for Healthcare Ethics  
ATTN: U.S. Advance Care Plan Registry®  
1330 Sentara Park  
Virginia Beach, VA 23464  
or fax to 757-965-2804

This will also allow staff to place a copy into your medical record so that it is easily accessible for medical staff.

**Tell a friend**

Now that you've created your own Advance Care Plan, encourage your friends and family to complete theirs.

Additional forms are available on [sentara.com/AdvanceDirectives](http://sentara.com/AdvanceDirectives), or call 757-252-9550 to have booklets mailed to you.

**Optional: Note who you need to talk to about Advance Care Planning here.**

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# Questions and answers about your healthcare rights

## **Q If I write an Advance Care Plan, will I still receive medical treatment?**

**A Yes.** Your Advance Care Plan includes the kind of medical treatments that you DO or DO NOT want. Even if you choose not to receive life-prolonging treatment when you have a terminal condition, many medical treatments can still be provided to manage your symptoms, relieve pain, and provide support to you and your family.

## **Q I created an Advance Care Plan several years ago. Is it still in effect?**

**A Yes.** Advance Care Plans are valid until they are revoked. Keep reading to find out how you make changes or revoke your document. However, it is important to review your document at least once a year or anytime you experience a change in your healthcare.

## **Q What if I change my mind?**

**A** You can revoke or modify your Advance Care Planning documents at anytime. This is your plan and it should change as your health changes.

## **Q Can my physician witness my signature on my Advance Care Planning documents?**

**A No.** North Carolina law does not allow your physician to witness your Advance Care Planning documents. Please see the Witness/Notary section for a more detailed list of who may act as a witness.

## **Q How can I be sure that my wishes will be followed?**

**A** Your healthcare agent or surrogate medical decision maker is required by law to follow your stated wishes unless the document clearly indicates the healthcare agent has the right to override the document. If your wishes are not clear, that person must use personal knowledge of your wishes and values to make the decisions that you would have made for yourself.

## **Q Do I have to use the form that is provided by North Carolina?**

**A No.** There are a variety of forms that are available, and attorneys often include an Advance Directive for a Natural Death and/or Healthcare Power of Attorney in other estate planning documents. Provided that these documents are consistent with the relevant North Carolina Code provisions, there is no particular form required.

## **Q Who should I choose as my healthcare agent?**

**A** This is an important choice since your healthcare agent will have the authority to direct your healthcare if you become too sick or injured to make an informed decision. You should talk to the person you wish to be your healthcare agent to explain your intentions, discuss their understanding of your wishes, and confirm their willingness to act on your behalf. Choose someone who understands your values and choices, and who is willing to honor them.

## **Q What happens if I cannot make my own healthcare decisions?**

**A** First, two physicians must agree that you are incapable of making and communicating your own decisions. If this happens, your healthcare providers will work with the healthcare agent named in your Advance Care Plan, or a surrogate medical decision maker

(see the definitions section), to determine the best treatment that is consistent with your previously expressed wishes. This is why it is important to talk with your doctors and the people closest to you about your values and your wishes. This will relieve people who care about you of some of the stress they will experience if you become very ill and unable to communicate.

**Q Can a doctor override my Advance Care Plan?**

**A No.** However, any medical care that is provided must be legal, ethical, and medically appropriate for the situation. If your physician disagrees with your wishes, your care can be transferred to another physician as long as continuity of medical care is assured.

**Q What about emergency situations?**

**A** Advance Care Plans are not designed for emergency situations, so Emergency Medical Service (EMS) personnel cannot follow an Advance Care Plan. However, if you wish not to receive CPR, you may get a doctor to sign a Portable Do Not Resuscitate order MOST form. EMS personnel will follow this order.

**Q Will my desire not to receive CPR be honored?**

**A** You may indicate in your Advance Care Plan that you do not wish to have Cardiopulmonary Resuscitation (CPR), but that wish must be made into a medical order by a physician. If you are at risk for cardiac or respiratory arrest, your physician should talk with you about the risks and benefits of CPR so that you may agree on what to do if this happens. You and your healthcare agent should ask about this if it is not brought up by your doctor. If you wish to have a Do Not Resuscitate order outside of a hospital, you will need a Portable Do Not Resuscitate order or MOST form, which your doctor can also provide.

**Q What kinds of medical care are included in my Advance Care Plan?**

**A** You may direct both general healthcare choices, and end-of-life care choices. General healthcare may include such care as dialysis, chemotherapy, blood transfusions, cardiopulmonary resuscitation (CPR), or any other treatment that you do or do not want if you are unable to speak for yourself. Your end-of-life instructions may include the above as well as life prolonging measures such as mechanical ventilation, artificial nutrition, and artificial hydration or withholding or withdrawing treatment.

**Q Will my Advance Care Plan be followed in states other than North Carolina?**

**A** Most states have laws allowing individuals to make decisions regarding their healthcare agents and medical treatments. However, these laws may be different than North Carolina's laws. If you move to another state, you should determine if your North Carolina form is valid in that state.

**Q Can I change my mind about my Advance Care Plan?**

**A Yes.** You can change all or any portion of your Advance Care Plan at any time. Here's how:

- Change any portion that you desire on the document, sign and date the change and follow the same rules outlined under witness/notary public. Make sure these changes can be easily read.
- Revoke the entire document with a signed, dated written statement.
- Write "Revoked" across the document and sign and date where you have written "Revoked." \*
- Tear up or destroy the old Advance Care Plan.
- Tell your physician that you want to change your Advance Care Plan.

## Advance Care Planning Guide

- Direct that someone destroy your Advance Care Plan in your presence.
- Create a new Advance Care Plan in writing and be sure it is signed, dated and witnessed.

*\*We strongly recommend writing "Revoked" and signing the document. While all above options are valid and legal, signing will ensure your wishes are known if copies are found later.*

### **Q Does my Advance Care Plan allow me to donate my body to medical science or donate my organs after my death?**

**A Yes.** There are several things you should do to make this an easier process:

- Talk to your healthcare agent about your wishes. Your healthcare agent is obligated by law to follow your wishes about these gifts.
- Talk with your family so that they understand your intentions.
- Communicate your wish to be an organ donor on your Advance Care Plan, on your driver's license, or on the internet at [www.DonateLifeNC.org](http://www.DonateLifeNC.org).
- If you wish to leave your body to medical science, go to [www.DonateLifeNC.org/content/whole-body-donation](http://www.DonateLifeNC.org/content/whole-body-donation) for further details.

### **Q What should I do when I have completed my Advance Care Plan?**

**A** Make copies and give them to your doctors and your healthcare agents, and keep the original for your own files. You have two options to register your Advance Care Plan:

- The North Carolina Advance Health Care Directive Registry at [https://www.sosnc.gov/divisions/advance\\_healthcare\\_directives](https://www.sosnc.gov/divisions/advance_healthcare_directives) for a fee; or
- The US Advance Care Planning Registry, free of charge through Sentara. More information about the US Advance Care Planning Registry is available with the Sentara Advance Care Plan form in this booklet.

Note: Any time you create a new Advance Care Plan, please send a new copy and a new registration agreement to whichever registry you choose to utilize.



If you have any questions about your Advance Care Plan, or if you wish to set an appointment with one of our Qualified Advance Care Planning Facilitators, please contact any of the following participating facilities nearest to you:

## Service location

### Hampton Roads and Peninsula Sentara Center for Healthcare Ethics

757-252-9550  
1330 Sentara Park  
Virginia Beach, VA 23464

Atención: si habla español, tiene a su disposición servicios lingüísticos gratuitos. Llame al 844-809-6648.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-809-6648 번으로 전화해 주십시오.

注意: 如果您讲中文普通话, 则将为您提供免费的语言辅助服务。请致电 844-809-6648。

*ATTENTION: Language assistance services are available to you free of charge. Call 844-809-6648.*

*Sentara complies with applicable Federal Civil Rights Laws and does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, culture, color, religion, marital status, age, sex, sexual orientation, gender identity, gender expression, national origin, disability, or source of payment.*

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**Additional copies of this booklet may be downloaded on your computer by visiting:  
[sentara.com/AdvanceDirectives](https://www.sentara.com/AdvanceDirectives)**

Mail a copy of your completed Advance Care Plan to the Sentara Center for Healthcare Ethics (see address above).

This booklet is not intended as legal advice. You may wish to speak with an attorney before signing your Advance Care Plan.