

## Who's Your Agent?<sup>®</sup> Program

Getting Started Tool Kit

Next Steps Tool Kit

# The Getting Started Tool Kit

**Start a simple conversation. Make your own plan.  
It's as easy as 1-2-3!**

**1** **Who's Your Agent?**  
Choose a Health Care Agent in a  
Health Care Proxy.



**2** **What Matters To Me?**  
Write down your care choices in  
a Personal Directive.



**3** **Talk About Your Care.**  
Talk with your care providers to  
match care to your choices.



The Getting Started Tool Kit is a step-by-step guide which includes up-to-date health care planning information, a Massachusetts Health Care Proxy and Personal Directive, and handy discussion guides to help you make your own personal plan.

You can also listen to the **Quick Start Video** that helps you fill out the documents and put your plan into action.

You can download and print the Health Care Proxy in 15 languages to use with this tool kit.

For more information visit [www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)



## Step 1.

### Who's Your Agent?

Choose a Health Care Agent  
in a Health Care Proxy.

#### What's a Health Care Proxy?

Illness and accidents can happen anytime- it's just part of life. If you are not able to talk with your doctors to make care decisions yourself, even for a short while, a person you trust can step in with the power to talk with your doctors and get you the care you want. That person is called a Health Care Agent (Agent). You give your Agent the power to make health care decisions in a legal document called a Health Care Proxy.

#### Step 1 Checklist:

**How to choose a Health Care Agent**

- Read *Choosing a Health Care Agent: What Does an Agent do?*
- Ask a trusted person to be your Agent. Talk with your Agent about your values & care choices.

**How to fill out your Health Care Proxy**

- Read *Things to Know about a Health Care Proxy*.
- Appoint your Agent in the Health Care Proxy document. Place the instructions page and blank form side by side in front of you and follow the instructions.
- The Health Care Proxy is available in 15 languages.
- Make your own "I Have a Health Care Proxy" wallet card.

**It's your Health Care Proxy! You own it. You can change it. You can share it.**

- When complete, keep the original document. Make as many copies as you like.
- Update and make changes anytime, as long as you are competent.

**Not sure who to choose as your Agent?**

**"No Agent. No Problem."**

You can start to make your plan with a *Personal Directive*.  
Just skip Step 1 for now and go right to Step 2.

## Step 1

How To Choose a Health Care Agent

- Read this to learn more
- Ask a trusted person to be your Agent

## Choosing a Health Care Agent: What does an Agent do?



As a competent adult, starting at 18 years old, you have the right to make your own health care decisions. However, serious accidents and illness can happen at any age, where you may not be able to make decisions about your care, even for a short while. You can choose a trusted person, called a **Health Care Agent or Agent**, who can step in to help. Your Agent is your advocate with the legal power to talk with your care providers and make decisions to get you the best possible care that matches your values and choices, all through your life.

<b>1. Who can I choose?</b>	Your Agent can be a family member, friend, co-worker, faith or community group member — anyone you trust except a person employed in the facility where you are a patient unless related to you by blood, marriage or adoption.
<b>2. What does my Agent do?</b>	Your Agent is your advocate and tells your family & care providers what's important to you and your instructions for care. Your Agent makes health care decisions based on your values, beliefs and the care <u>you</u> want— not what the Agent might want. Under Mass law, you can give your Agent the power to make 'any and all' decisions including life-sustaining treatments decisions or limit the Agent's powers in a Health Care Proxy.
<b>3. When does my Agent 'step in' to make decisions? When does my Agent 'step back'?</b>	Your Agent can 'step in' if you have a serious illness or injury and your physician determines you are unable to make care decisions for yourself, even for a short while. If you regain your ability to make your own decisions, your Agent 'steps back' and no longer has decision-making powers. Your Agent is there for you all through your life.
<b>4. How does my Agent make decisions for me?</b>	Your Agent first consults with your care providers about your medical condition and the benefits and risks of possible treatment options. Your Agent then makes decisions in accordance with his/her assessment of your values, beliefs, and care choices. If your choices are unknown, your Agent makes an assessment of what is in your best interest.
<b>5. What kinds of decisions might an Agent make?</b>	An Agent makes decisions to help care providers match the best care to your values, choices and priorities <u>at every phase of health</u> . For instance, when you are: <ul style="list-style-type: none"><li>• Healthy, an Agent considers your care goals to get you the best possible care;</li><li>• Managing illness, an Agent may consider your 'quality of life' care goals and your priorities if your illness progresses;</li><li>• Living with serious illness &amp; end of life care, an Agent may consider your care goals and the tradeoffs you are willing to make, and your life-sustaining treatments choices.</li></ul>
<b>6. Do I have to appoint an Agent?</b>	Under Massachusetts law, every competent adult can exercise their right to appoint an Agent in a Health Care Proxy. A spouse or family member <u>does not</u> automatically have the legal authority to make decisions unless appointed in a Health Care Proxy. Read more at <a href="https://malegislature.gov/Laws/GeneralLaws/PartII/TitleII/Chapter201D">https://malegislature.gov/Laws/GeneralLaws/PartII/TitleII/Chapter201D</a>
<b>7. Do I need an attorney to appoint an Agent?</b>	You do not need an attorney to appoint an Agent in a Health Care Proxy. You can do it yourself. We offer a no cost, downloadable <b>Health Care Proxy Instructions &amp; Form</b> .
<b>8. What should I talk about with my Agent?</b>	Tell your Agent what's important to you and give instructions for the kind of care you want and do not want. We offer a no cost, downloadable <b>Personal Directive Instructions &amp; Form</b> to write down your care choices and preferences.

## Step 1

How To Fill Out a Health Care Proxy.

- Read this to learn more
- Fill out the document (next page).

# Things to Know About a Health Care Proxy

## 1. What is a Health Care Proxy?

- A simple legal document you can do yourself
- You choose a person you trust, called a Health Care Agent, to talk with your doctors and make health care decisions on your behalf, if you are not able to make effective decisions yourself
- It tells your doctors who to talk to about your care, when they can not speak with you

## 2. Who can sign a Health Care Proxy?

- Every competent adult has the choice to sign a Health Care Proxy. An adult must be:
- 18 years old and older; able to understand his or her medical condition and the risks and benefits of possible treatments, and that he/she is giving another person the authority to make health care decisions on their behalf; and under no constraint or undue influence

## 3. How does a Health Care Proxy work?

- As a competent adult, you make your own health care decisions and direct your care
- If you have a serious illness or injury, and your attending physician determines in writing that you lack the ability to make or communicate health care decisions, your Health Care Agent steps in as your advocate with the authority to make health care decisions and get you the care you want
- If you regain your ability to make decisions, your Agent steps back and no longer has authority

## 4. Who can be my Health Care Agent?

- You can choose a spouse, family member, a friend – or someone you trust who knows what's important to you and can represent your wishes and make complex decisions
- Who cannot be an Agent? A person employed in a facility where you are a patient or resident or have applied for admission, unless they are related by blood, marriage or adoption

## 5. What decision making authority can I give my Health Care Agent?

- You can give your Agent full authority to make any and all health care decisions that come up, or
- Limit your Agent's decision making authority by writing it in your Health Care Proxy
- You can give your Agent specific instructions and information in your Personal Directive

## 6. Who can be a witness to sign the Health Care Proxy?

- Any competent adult can be a witness except your Health Care Agent and Alternate Agent
- Two adults must be present as witnesses when this document is signed. They watch as you sign the document, or as another person signs at your direction, and sign after you.

## 7. Can I change my mind or cancel or revoke a Health Care Proxy?

- As long as you are competent you can change your mind, and change your Agent, his/her authority, and your preferences for the care you want. It's your document and your choice.
- A Health Care Proxy is revoked if you sign a new one; if you divorce or legally separate and your spouse is your Agent; or tell your Agent or provider you revoked or intent to revoke your Proxy

## Massachusetts Health Care Proxy Instructions and Document

**Instructions:** Every competent adult, 18 years old and older, has the right to appoint a Health Care Agent in a Health Care Proxy. To create your Health Care Proxy, print this two page form and place the instructions page and the blank document in front of you. Follow the step-by-step instructions and sign and date the Health Care Proxy in front of two witnesses, who sign and date the document after you.

### 1. Your Name and Address *(Required)*

Print your full name in the blank space. Print your address.

### 2. My Health Care Agent is: *(Required)*

Print the name, address and phone numbers of your Health Care Agent.

- Choose a person you trust to make health care decisions for you based on your choices, values and beliefs, if you cannot make or communicate decisions yourself;
- Your Health Care Agent and Alternate Agent cannot be a person who is an operator, administrator or employee in the facility where you are a patient or resident or have applied for admission, unless they are related to you by blood, marriage or adoption.

### 3. My Alternate Health Care Agent *(Not required, but helpful to have an Alternate Agent)*

If possible, appoint a person you trust as a back-up or Alternate Agent, who can step-in to make health care decisions if your Health Care Agent is not available, not willing or not competent to serve, or is not expected to make a timely decision. Print the name, address and phone numbers.

### 4. My Health Care Agent's Authority *(Required)*

Here's where you give your Agent either the broadest possible decision-making authority to make "any and all" decisions including life sustaining treatments, or limit his/her authority:

- If you want to give "any and all" decision-making authority, just leave this area blank.
- If you do not want to give "any and all" decision-making authority, describe the way in which you want to limit your Agent's authority and write it down in the space provided.

### 5. Signature and Date *(Required)*

Do NOT sign ahead. Sign your full name & date in front of two adult witnesses who sign after you.

- You can have someone sign your name at your direction in front of two witnesses.

### 6. Witness Statement and Signature *(Required)*

Any competent adult can be a witness except your Health Care Agent and Alternate Agent.

- Two adults must be present as witnesses when this document is signed. They watch as you sign the document, or as another person signs at your direction, and sign after you to state that you are at least 18 years old, of sound mind, and under no constraint or undue influence.
- Have Witness One sign, then print his or her name and the date;
- Then have Witness Two sign and print his or her name and the date.

### 7. Health Care Agent Statement *(Optional)*

This section is not required, but it can help your doctors and family know the Agents you appointed have accepted the position. Your Agent(s) signs and prints the date in the spaces provided.

**Important:** Keep your original Health Care Proxy. Make a copy and give it to your Health Care Agent. Give a copy to your doctors and care providers to scan in your medical record so they know how to contact your Agent if you are ill or injured and unable to speak for yourself.

# Massachusetts Health Care Proxy

Date of Birth ____/____/____
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1. I, \_\_\_\_\_ Address: \_\_\_\_\_,  
appoint the following person to be my Health Care Agent with the authority to make health care decisions on my behalf. This authority becomes effective if my attending physician determines in writing that I lack the capacity to make or communicate health care decisions myself, according to Chapter 201D of the General Laws of Massachusetts.

## 2. My Health Care Agent is:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

## 3. My Alternate Health Care Agent

If my Agent is not available, willing or competent, or not expected to make a timely decision, I appoint:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

## 4. My Health Care Agent's Authority

I give my Health Care Agent the same authority I have to make any and all health care decisions including life-sustaining treatment decisions, except (list limits to authority or give instructions, if any):

\_\_\_\_\_  
\_\_\_\_\_.

I authorize my Health Care Agent to make health care decisions based on his or her assessment of my choices, values and beliefs if known, and in my best interest if not known. I give my Health Care Agent the same rights I have to the use and disclosure of my health information and medical records as governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d. Photocopies of this Health Care Proxy have the same force and effect as the original.

5. **Signature and Date.** I sign my name and date this Health Care Proxy in the presence of two witnesses.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

## 6. Witness Statement and Signature

We, the undersigned, have witnessed the signing of this document by or at the direction of the signatory above and state the signatory appears to be at least 18 years old, of sound mind and under no constraint or undue influence. Neither of us is the health care agent or alternate agent.

### *Witness One*

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### *Witness Two*

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## 7. Health Care Agent Statement (Optional):

We have read this document carefully and accept the appointment.

Health Care Agent \_\_\_\_\_ Date \_\_\_\_\_  
Alternate Health Care Agent \_\_\_\_\_ Date \_\_\_\_\_

# “I Have A Health Care Proxy” Wallet Card

**INSTRUCTIONS — Here’s how to make your own wallet card:**

- 1. First, print this page on a regular sheet of paper.**
- 2. Cut out the picture below along the black solid lines. This will be your wallet card.**
- 3. Fold on the dotted lines. Follow the pictures below.**
- 4. Fill in the information; store in your wallet.**

Please call my Health Care Agent if I need help.

MY NAME \_\_\_\_\_

MY AGENT’S NAME \_\_\_\_\_

AGENT’S PHONE NUMBERS \_\_\_\_\_

MY ALTERNATE AGENT’S NAME \_\_\_\_\_

ALTERNATE AGENT’S PHONE NUMBERS \_\_\_\_\_

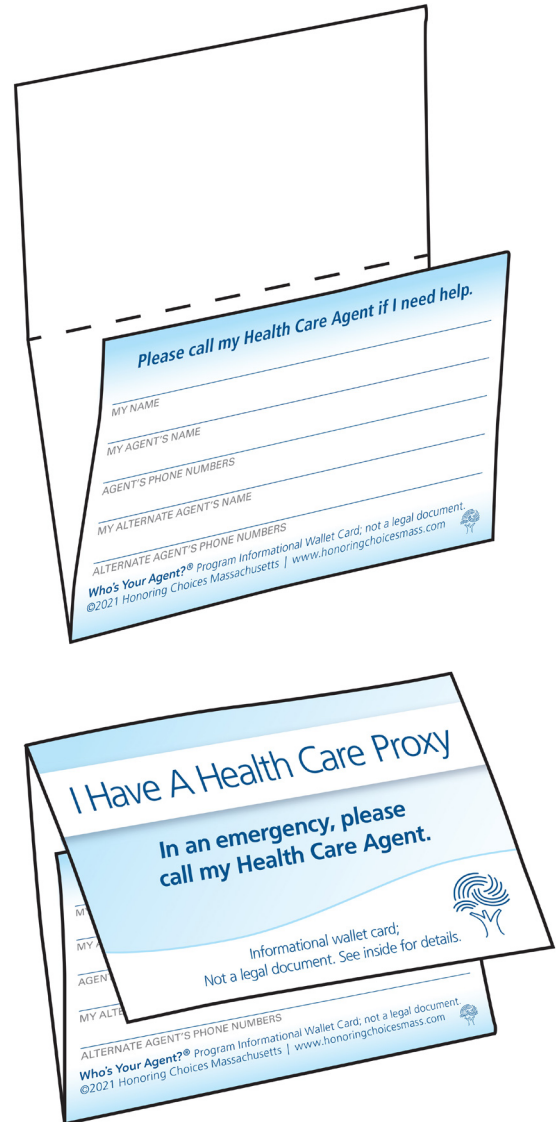

Who’s Your Agent?® Program Informational Wallet Card; not a legal document.

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I Have A Health Care Proxy

*In an emergency, please call my Health Care Agent.*

*Informational wallet card;  
Not a legal document. See inside for details.*

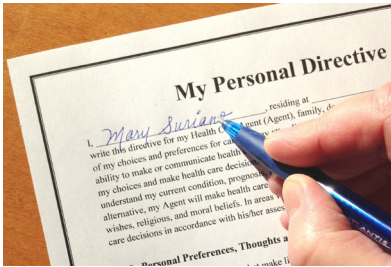


**IMPORTANT:** In order to use this wallet card, you must have completed a valid MA Health Care Proxy. Your Health Care Proxy is your legal document that gives your Health Care Agent the authority to make decisions on your behalf. This informational wallet card is NOT a legal document. It does not replace your Health Care Proxy.

**See the website to download a free MA Health Care Proxy:**

[www.honoringchoicesmass.com/5-ma-planning-documents/health-care-proxy](http://www.honoringchoicesmass.com/5-ma-planning-documents/health-care-proxy)

**This informational card belongs to you.** You can add other information to help emergency personnel contact your Health Care Agent.



## Step 2.

### What Matters To Me?

Write down your care choices  
in a Personal Directive.

### What is a Personal Directive?

A Personal Directive, also called a Living Will, is a personal document not legally binding in Massachusetts. It gives your Health Care Agent (“Agent”), family and doctors vital information about what’s important to you and instructions about the kind of care you want and do not want. Here’s how it works:

- If you have chosen an Agent, your Agent uses the information and instructions in your Personal Directive to make health care decisions and get you the care you want.
- If you have NOT chosen an Agent, you can start to make your plan with a *Personal Directive*. It gives your doctors first-hand information on how to match care to your choices.

### Step 2 Checklist:

**How to talk with your family and Agent about your care choices.**

- Think about what’s important to you. What do you want others to know and do for you?
- Use the Personal Directive to start a discussion with your family, Agent, and care providers.
- Family is any person who is important to you.

**How to fill out your Personal Directive**

- Read *Things To Know About a Personal Directive*.
- Place the instructions page and blank form side by side in front of you and follow the instructions.

**It’s your Personal Directive! You own it. You can change it. You can share it.**

- When complete, keep the original document. Make as many copies as you like.
- Update and make changes anytime, as long as you are competent.
- Share a copy with your Agent, family, doctors — anyone you choose.



## Step 2

Talk with family. Write down your care choices.

- Read this to learn more
- Fill out the document (next page).

## Things to Know About a Personal Directive

### 1. What is a Personal Directive?

- It is your personal document or personal statement, not legally binding in Massachusetts, which gives your Health Care Agent ('Agent'), family and care providers information about what's important to you and the kind of care you want & do not want. The Honoring Choices Personal Directive can be used:

1. As a **discussion guide** to talk with your Agent, family, friends, clergy and care providers;
2. To give **written instructions & information** to your Agent and family. It helps your Agent know how to make decisions on your behalf and represent your choices to your care providers;
3. To **start your personal health care plan**, if you have not yet chosen an Agent. Simply fill out the Personal Directive and share it with your doctors & care providers to help them align quality care to your care goals, values and choices.

### 2. What's the difference between a Health Care Proxy and a Personal Directive?

- A **Health Care Proxy** is a legally binding document in which you appoint a person you trust, called a Health Care Agent ('Agent'), to make health care decisions on your behalf if you are not able to make or communicate decisions yourself.
- A **Personal Directive** is NOT a legally binding document, but a personal document in which you give your Health Care Agent and family specific information and instructions about the kind of care you want, sharing your values, religious and cultural beliefs, and choices and preferences for care.
- These two documents work hand-in-hand. You appoint an Agent in a Health Care Proxy with the legal power to make health care decisions on your behalf, and give your Agent essential information and instructions about the care you want in a Personal Directive.

### 3. Who can create a Personal Directive?

Every competent adult can exercise his/her right to create a Personal Directive. An adult must be:

- 18 years old and older, of sound mind and under no constraint or undue influence.

### 4. How does a Personal Directive work?

- As a competent adult, you have the right to make your own health care decisions.
- If you become unable to make decisions yourself, even for a short while, your Health Care Agent can step in to make health care decisions on your behalf.
- After talking with your health care providers to understand your current condition, prognosis, and possible treatments options and outcomes, your Agent uses your Personal Directive to make health care decisions in accordance with his/her understanding of your wishes, religious & moral beliefs. If there are areas where your wishes are not known, your Agent will make health care decisions in accordance with his or her assessment of your best interest.
- You can revise and update your Personal Directive as often as you like over time.

### 5. Can I change my mind or cancel or revoke a Personal Directive

- You can revise, cancel or revoke a Personal Directive anytime as long as you are competent.

### 6. How do I complete a Personal Directive?

It's simple. You can do it yourself without the help of an attorney or doctor. Just download and print the free Honoring Choices Personal Directive Instructions & Document from our website.

## Personal Directive

### Short Form: Instructions and Document

A **Personal Directive** is a personal document, not legally binding in Massachusetts, in which you give your Health Care Agent (“Agent”), family, doctors and care providers information about what’s important to you and instructions about the kind of care you want and do not want. Your Personal Directive acts as your voice when you are unable to communicate or make care decisions for yourself.

- If you have chosen an Agent in a Health Care Proxy, your Agent uses your Personal Directive as a basis to make health care decisions on your behalf, and to talk with others about your care.
- If you have not chosen an Agent yet, your Personal Directive gives important information to your family, doctors and care providers to help them match quality care to your values and choices.

**Instructions:** Print this document and place the instructions page and blank form side by side in front of you. Follow the instructions and write in what you’d like others to know about your values, beliefs, goals and choices. Use both sides for more space. You can make changes anytime, as long as you are competent.

**On the first line** print your full name in the blank space, followed by your address. Check the box that applies about your Agent. If you have a Health Care Proxy, you can attach it to this document.

#### I. My Personal Preferences, Thoughts and Beliefs

- Let others know what’s most important to you (family, friends, work, faith, activities...)
- Write in anything you like to help others match care & services to your values and choices.
- Add information to help others manage your personal affairs while you recover or longer.

#### II. People to Inform about My Choices and Preferences

- List the names of family, friends and others you’d like to inform, and how they can help.

#### III. My Medical Care: My Choices and Treatment Preferences

- A. Current Medical Condition: Share information and your care preferences.
- B. Life-Sustaining Treatments: Cardiopulmonary resuscitation (CPR), artificial ventilation and breathing, and artificial hydration and nutrition are treatments intended to prolong life by supporting an essential body function, when the body is not able to function on its own.  
Talk to your doctors about the risks, benefits and possible outcomes of attempting these treatments given your medical condition. Check the box or write in your instructions.

#### IV. Other Information, Instructions and Personal Messages:

- Write in (and attach additional pages) to provide information about your care, instructions for managing your personal affairs or pets, or personal messages to deliver to others.

#### V. SIGNATURE and Date

- Sign your full name and fill in the date as you sign it. You can revise or reaffirm this document.

**Important:** Keep the original and give a copy to your Agent, family, doctors and anyone else you would like. You can make changes or add information all through your life, as long as you are competent. Read more about the Personal Directive at [www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)

# Personal Directive

I, \_\_\_\_\_, residing at \_\_\_\_\_, write this directive for my Health Care Agent (Agent), family, friends, doctors and care providers to inform you of my choices and preferences for care.

I have chosen a Health Care Agent in a Health Care Proxy. My Agent's Name & Contact Information is:

\_\_\_\_\_

I have not chosen a Health Care Agent in a Health Care Proxy.

## I. My Personal Preferences, Thoughts and Beliefs

1. Here's what is most important to me, and the things that make my life worth living:

\_\_\_\_\_  
\_\_\_\_\_

2. If I become ill or injured and I am expected to recover, possibly to a lesser degree, here's how I define having a good quality of life. I'd like to be able to:

\_\_\_\_\_  
\_\_\_\_\_

3. Here are my personal values, my religious or spiritual beliefs, and my cultural norms and traditions to consider when making decisions about my care (list here if any):

\_\_\_\_\_  
\_\_\_\_\_

4. Here's what worries me most about being ill or injured; here's what would help lessen my worry:

\_\_\_\_\_  
\_\_\_\_\_

5. If I become seriously ill or injured and I am not expected to recover and regain the ability to know who I am, here are my thoughts about prolonging my life and what treatments are acceptable and not acceptable to me:

\_\_\_\_\_  
\_\_\_\_\_

6. Here are my thoughts about what a peaceful death looks like to me:

\_\_\_\_\_  
\_\_\_\_\_

## II. People to Inform about My Choices and Preferences

Here's a list of people to inform (i.e. family, friends, clergy, attorneys, care providers) their contact information, and the role or action I'd like each to take (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. My Medical Care: My Choices and Treatment Preferences

#### A. My Current Medical Condition

Here's information about my specific medical condition. Here are my preferences for medications, clinicians, treatment facilities or other care I want or do not want (if any):

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#### B. Life-Sustaining Treatments

1. Cardiopulmonary Resuscitation (CPR) is a medical treatment used to restart the heartbeat and breathing when the heartbeat and breathing have stopped. My choices are:

- I do not want CPR attempted but rather, I want to allow a natural death with comfort measures;
  - I want CPR attempted unless my doctor determines any of the following: • I have an incurable illness or irreversible injury and am dying • I have no reasonable chance of survival if my heartbeat and breathing stop • I have little chance of long-term survival if my heartbeat and breathing stop and the process of resuscitation would cause significant suffering;
  - I want CPR attempted if my heartbeat and breathing stop;
  - I do not know at this time and rely on my Health Care Agent to make care decisions.
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#### 2. Treatments to Prolong My Life

If I reach a point where I am not expected to recover and regain the ability to know who I am, here are my choices and preferences for life-sustaining treatment:

- I want to withhold or stop all life-sustaining treatments that are prolonging my life and permit a natural death. I understand I will continue to receive pain & comfort medicines;
  - I want all appropriate life-sustaining treatments for a short term as recommended by my doctor, until my doctor and Agent agree that such treatments are no longer helpful;
  - I want all appropriate life-sustaining treatments recommended by my doctor;
  - I do not know at this time and rely on my Health Care Agent to make care decisions.
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### IV. Other Instructions, Information and Personal Messages

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### V. Signature and Date

I sign this Personal Directive after giving much thought to my choices and preferences for care. I understand I can revise, review and affirm my decisions all through my life as long as I am competent.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Reaffirmed \_\_\_\_\_ Date: \_\_\_\_\_

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## **Step 3.**

### **Talk About Your Care.**

Talk with your care providers to match care to your choices.

#### **Step 3 Checklist:**

- How to talk with your doctors and care providers to get the best care every day.**
  - **Use the *5 Things to Talk About With Your Care Providers* guide to start a discussion:**
    - “Here’s how I am feeling today.” — make goals for your current care;
    - “What’s ahead for me?” — make goals for your future care;
    - “Here’s what I am worried about.” — add your questions and bring to your next visit;
    - “I’d like to make an appointment to talk about advance care planning.” — you can call ahead!
  
- How to put your planning documents into action**
  - Place a copy of your Health Care Proxy in your medical record.
  - Place a copy of your Personal Directive, if you like, in your medical record.
  - Ask to review your medical record to make sure your choices are up to date.

#### **Next Steps Tool Kit**

Build on your discussions as your health needs change, and add and revise your planning documents to get the best care all through your life.

Download the Next Steps Tool Kit at [www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)

## Consumer Guide 1: Start a Simple Conversation to Stay Well

### 5 Things to Talk About with Your Care Providers

Choose one or more topics and sample questions that are right for you to make a plan for the best possible care.

**INFORMATION****1. I'd like to understand more about my health condition and treatments.**

- Here's what I know about my health. Here's what I'd like to know from you today.
- What's ahead for me? What information would help me to plan for future care?

**MY GOALS****2. Let's talk about my goals and explore the care I want and do not want.**

- Here's how I feel. Here's how I'd like to feel and what I'd like to be able to do (my goals).
- Here's what is important to me - my values, family traditions, care choices and preferences.
- Here's what worries or concerns me.
- These things make it harder to stay well – (travel to appointments; problems with medicines, food, housing; feeling stressed; getting care close to home or at home; being alone).

**MY PLAN****3. Let's talk about my care plan and completing my planning documents.**

- What are my treatment options to stay well and get me to my goals?
- Let's set some do-able goals in my care plan: here's what I'm able to do.
- Knowing my goals and care preferences, what kind of treatments do you recommend?
- I'd like to complete my planning documents. \* Choose one or both-
  - Health Care Proxy: I want to choose a Health Care Agent; can you help?
  - Personal Directive: Write down what's important to me and my instructions for care.

**KNOW MY CHOICES**  
Update My Plan**4. I'd like to update my plan to be sure you know my care choices.**

- Let's review my current health condition; here are my priorities for care.
- I'd like to update or add a planning document. Can you help?
- Is my Health Care Proxy in my medical record; do your notes reflect my care choices?

**HONOR MY CHOICES****5. I'd like to make sure my care providers can honor my choices.**

- In an emergency or if I can't speak with you, how can we be sure my plan is followed?
- I'd like to bring in my family/Health Care Agent to talk about my plan and honoring my choices.
- I'd like to talk more - can we schedule our next conversation?

Write-in your own questions below to bring to your next appointment.

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\*Multilingual Health Care Proxy and Personal Directive are available on the [Honoring Choices website](#).

See the **Consumer Conversation Guides Series** on our website. Guide 1 helps you start a simple conversation. Guides 2- 4 helps you manage health and chronic illness and live well with serious illness.