

INSTRUCTIONS: Prepare for Your Care – Indiana Advance Health Care Directive

Many young adults at age 18 may still choose to **ask for support** from trusted family or friends to make health decisions, about visits, treatments, or other decisions. If you want a supporter to talk to your team without you, you need to say so in writing.

This is **not a permanent choice**. You may ask for help until you feel ready to do it without help. If you do not want it any longer, tear up the form and tell your health team.

Here are some **instructions** for the Indiana PREPARE Advance Directive.

<https://prepareforyourcare.org/documents/IN-PREPARE-Advance-Directive-English.pdf>

Read the form before you sign it. It is written in easy, plain language. Use it to appoint a **health care representative**. This is a special person who can make legal medical decisions for you, if you cannot or do not want to speak on your own.

Instructions:

- **Put your name on the bottom of each page.**
- **Complete parts 1 and 3.** You do not have to complete part 2 unless you also want to make an end-of-life plan now. One choice is if you want to be an organ donor.
- **In part 1, there are 3 key areas for you to pick a specific answer:**
 1. **On page 5**, you need to **pick between “ONLY” or “NOW”** if your health changes,
 - a) ONLY after I am not able to make my own decisions OR
 - b) NOW, right after I sign this form. If I am able to choose, I can always say no to their decision.
 2. **Also on page 5**, **name 1 or 2 people** who agree to support you, If you pick 2 people, you need to say in what order to use them:
 - a) I want my #1 health care representative to make all the decisions. The #2 is only a back-up. OR
 - b) I want my #1 and #2 to make decisions together.
AND
 - c) They must always talk and make decisions together and agree. OR
 - d) Whoever the doctor can reach first can decide.
 3. **On page 6**, pick **how much flexibility** in decision making you give the person:
 - a) **Total**, (can change all my decisions or make them without me) OR
 - b) **Some**, (can change some decisions, prefer if talk to me too) OR
 - c) **No flexibility** (can only do what I ask them to do).
- Part 2 is on pages 7 -12. You can “X” the pages if you do not want to do them now.
- **On page 13**, once you are age 18 or older, you **sign the form**.
- **On pages 14 or 15**, you need **2 witnesses** OR **a notary signature, not both**. Pick 2 adult witnesses who are not the people named to help you, or ask a notary to sign.
 - a) Witnesses sign page 14
 - b) OR a notary signs page 15.
- Once completed at age 18 or older, make a copy to give your medical team to put in the medical record. Give a copy to the named persons and keep a copy yourself.