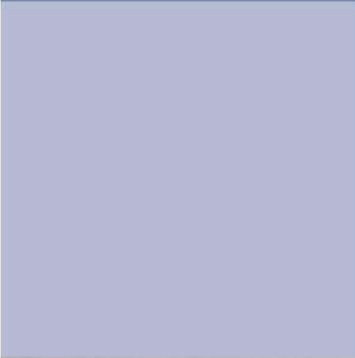
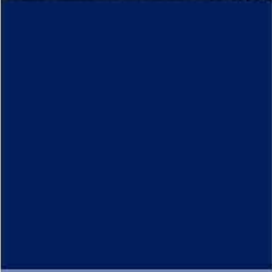


# Advance Directives

I O W A



 **Alegent Health**

This is your healthcare

## **Alegent Health Mission Statement**

***Faithful to the healing ministry of Jesus Christ, our mission is to provide high quality care for the body, mind, and spirit of every person. Our commitment to healing calls us to:***

***Create caring and compassionate environments***

***Respect the dignity of every person***

***Care for the resources entrusted to us as responsible stewards***

***Collaborate with others to improve the health of our communities***

***Attend especially to the needs of those who are poor and disadvantaged***

***Act with integrity in all endeavors***

**To achieve this mission, we pledge to be creative, visionary leaders committed to holistic health care in the region.**

**Alegent Health is sponsored by Catholic Health initiatives and Immanuel Health Systems and is founded on the traditions of the Sisters of Mercy, Regional Community of Omaha, and the Evangelical Lutheran Church in America, Nebraska Synod.**

## **CARING FOR THE BODY, MIND AND SPIRIT**

- ❖ Reflect upon your personal and spiritual values regarding your life and those things that give you meaning.
- ❖ Consider the types of medical care and treatment you would wish or not wish to have should you be unable to communicate health care wishes.
- ❖ Learn more about the treatment options and life sustaining measures your loved ones may be asked to consider should you be unable to do so.
- ❖ Consult your physician, health care providers, spiritual leader, and trusted individuals to discuss your questions and share your values.
- ❖ Share your values with loved ones so that they may make decisions regarding your care reflective of your wishes.

In certain situations you may not be able to communicate your health care wishes to your physician or other health care providers. For example, if you are taken to a hospital in an unconscious state and are unable to tell the hospital's medical staff what your specific wishes are about the medical care, Advance Directives will help communicate what medical care you want or do not want to receive.

In this booklet, we provide you with an opportunity to learn more about Advance Directives. Should you wish to do so, you may complete Advance Directives using the forms included in this booklet.

If you already have Advance Directives, please let your physician or health care provider know so that they may review it with you and place it on your medical chart.

## **I. INTRODUCTION**

Advance Directives help ensure that your wishes about medical care and treatment are respected when you are unable to convey them yourself. Advance Directives also allow you to designate someone who can speak in your behalf should you be unable to do so.

Regardless of whether or not you have Advance Directives or choose to complete one, Alegent Health pledges to provide the same high quality care to you in accordance with accepted medical standards, ethics and law.

This information is offered to all adult patients in compliance with federal and state law. Iowa law gives every competent adult, (18 years of age or older in Iowa), the right to make his or her own health care decisions, including the right to decide what medical care or treatment to accept, reject or discontinue. If you do not want to receive certain types of treatment or if you wish to name someone to make health care decisions for you, you have the right to make these preferences known to your physician, hospital or other health care providers and in general, to have these rights respected.

Because this is an important matter, we urge you to talk to your physician and those close to you before deciding whether or not you want to complete Advance Directives. It is also important to share with those close to you and with your physician the preferences you have and the values you hold regarding your health care wishes. You may want to consult an attorney, but there is no legal requirement to do so in order to complete Advance Directives.

If you have questions as you read this booklet please ask your health care providers. They can direct you to the person who can respond to your questions or suggest that you speak with an attorney.

## II. GENERAL INFORMATION ABOUT ADVANCE DIRECTIVES

### **Question 1: What are Advance Directives?**

Advance Directives are documents which state your choices about medical treatment or name someone to make decisions about your medical treatment if a time comes when you are unable to make these decisions or choices yourself. They are called “advance” directives because they are signed in advance to let your physician and other health care providers know your wishes concerning medical treatment when you are unable to do so. Through Advance Directives, you can make legally valid decisions about your future medical care.

### **Iowa law recognizes two types of Advance Directives:**

- 1) A Living Will Declaration; and**
- 2) A Durable Power of Attorney for Health Care (DPAHC).**

### **Question 2: What is a Living Will Declaration?**

A “Living Will Declaration” is a document which tells your physician or other health care providers whether or not you want life-sustaining treatments or procedures administered to you if you are in a terminal condition, or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery. It is called a “Living Will Declaration” because it takes effect while you are still living.

### **Question 3: What is a Durable Power of Attorney for Health Care (DPAHC)?**

A DPAHC is a legal document which will allow you (the “principal”) to appoint another person (the “Attorney-In-Fact”) to make healthcare decisions for you, if in the judgment of the attending physician, you should become temporarily or permanently unable to make those decisions. **The person you choose as your Attorney-in-Fact does not have to be an attorney.**

### **Question 4: Must I have Advance Directives?**

No. It is entirely up to you whether you want to prepare Advance Directive documents. However, if questions arise about the kind of medical treatment that you want or do not want, Advance Directives can help to voice your wishes if you cannot. Your physician or any health care provider cannot require you to have Advance Directives in order to receive care, nor can they prohibit you from having Advance Directives.

### **Question 5: Do I need an attorney to prepare my Advance Directive?**

An attorney may be helpful and you might choose to discuss these matters with him/her, but there is no legal requirement in Iowa to do so. If you choose not to consult with an attorney, you may use the forms that are provided in this booklet to execute (signed and to have the forms notarized or appropriately witnessed) your Advance Directives.

### **Question 6: What will happen if I do not make Advance Directives?**

You will receive medical care even if you do not have any Advance Directives. *However, there is a greater chance that you will receive procedures or treatment you may not want if you do not have Advance Directives.* If you cannot speak for yourself and have not executed Advance Directives, your physician or other health care providers will generally look to your family or friends for decisions about your care. However, if your physician or your health care facility is unsure or if your family members cannot agree, they may have to ask the court to appoint a person (called a guardian) to make those decisions for you.

**Question 7: Whom should I talk to about Advance Directives?**

Before writing down your instructions, you should talk to those people closest to you and those who are concerned about your care. Discuss your wishes with your family, your physician, your friends and other appropriate people, such as your clergy or your attorney. These are people who are most likely to be involved with your health care if you are unable to make your own decisions.

**Question 8: When do Advance Directives go into effect?**

Advance Directives are *valid* as soon as they are properly signed. It is important to remember, however, that Advance Directives only *take effect* when you can no longer make your own health care decisions. In order to honor your Advance Directives, your healthcare provider must know about them and be provided with a copy of them. It is your responsibility to notify and provide a copy of your Advance Directives to your health care provider.

As long as you are able make your own decisions and give “informed consent,” your health care providers will rely on you and **not** your Advance Directives. Your physician must give you information, in language that you can understand about serious problems that medical treatment is likely to cause, which will enable you to give “informed consent”.

**Question 9: Will my Advance Directives be followed?**

Generally, yes, if your Advance Directives comply with Iowa law. It may happen that your physician or other health care provider cannot or will not follow your Advance Directives for moral, religious or professional reasons, even though they comply with state law. If this happens, they must immediately tell you. They must then help you transfer to another physician or facility.

**Question 10: Can I change my mind after I write Advance Directives?**

Yes. You can cancel or change any Advance Directives that you have written at any time. To cancel your directive, simply destroy the original document and tell your family, friends, physicians and anyone else who has copies, that you have cancelled your Advance Directives so they can also destroy the copies. To change your Advance Directives, simply write, date, and execute a new one. Again, give copies of your documents to all the appropriate parties, including your physician.

**Question 11: Will Iowa Advance Directives be honored in another state?**

The laws on Advance Directives differ from state to state, so it is unclear whether Iowa Advance Directives will be valid in another state. Because Advance Directives are a clear expression of your wishes about medical care, it will influence that care no matter where you are admitted. However, if you plan to spend a great deal of time in another state, you might want to consider signing Advance Directives that meets all the legal requirements of that state.

**Question 12: What should I do with my Advance Directives?**

Keep your Advance Directives in a safe place known by your loved ones and accessible to them should you be unexpectedly hospitalized. If you anticipate being admitted to the hospital, bring a copy of your Advance Directives for placement in your medical chart.

Give copies of your Advance Directives to as many people as you are comfortable. These may include your spouse, family members, close friends, physicians, attorney, clergy, and any local hospital where you may be treated. Do not keep the only copy of your Advance Directive in your safe deposit box where it may be inaccessible should an emergency arise. In addition, keep a small card in your purse or wallet that states that you have Advance Directives and who should be contacted in case of emergency. Wallet cards are provided for you at the [back of this booklet](#) for that purpose.

### III. LIVING WILL DECLARATION

#### **Question 13: What is a Living Will Declaration?**

Recall from Question 1 that there are two types of Advance Directives: (1) a Living Will Declaration; and (2) A Durable Power of Attorney for Health Care (“DPAHC”). A Living Will Declaration is a document which tells your physician or other health care providers whether or not you want life-sustaining treatments or procedures administered to you if you are in a terminal condition or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery. It is called a “Living Will Declaration” because it takes effect while you are still living.

#### **Question 14: When does a Living Will Declaration go into effect?**

An Iowa Living Will Declaration is valid as soon as it is properly signed. An Iowa Living Will Declaration shall not take effect until the following occurs:

- 1) Your healthcare provider has a copy of it;
- 2) Your physician has concluded that you are no longer able to make your own health care decisions;
- 3) Your physician has determined that you are in a terminal condition or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, and the use of life-sustaining procedures will only prolong your death; and
- 4) Your physician has notified a reasonably available member of your immediate family or your guardian of his/her intent to put the Living Will Declaration into effect.

#### **Question 15: Is a Living Will Declaration the same as a Will or Living Trust?**

No, they are not the same. A Living Will Declaration addresses only specific *medical* issues while you are still living. You do not need an attorney to complete your Iowa Living Will Declaration unless you desire to have an attorney do so.

On the other hand, a Will and Living Trust are *financial* documents which allow you to plan for the distribution of your financial assets and property after your death.

#### **Question 16: Is a Living Will Declaration the same as a Do Not Resuscitate (“DNR”) order?**

No, they are not the same. An Iowa Living Will Declaration covers almost all types of life-sustaining procedures. A DNR order covers two types of *life-threatening* situations: (1) cardiac arrest (your heart stops beating); or (2) respiratory arrest (you stop breathing).

A DNR order is a document prepared by your physician at your direction and placed in your medical records; your health care providers are not to try to revive you by any means.

#### **Question 17: What is a life-sustaining procedure?**

A "life sustaining procedure" is defined by law to mean any medical procedure treatment or intervention (including resuscitation) that, when administered to a qualified patient, will serve only to prolong the process of dying or maintain the patient in a permanent state of unconsciousness, and utilizes mechanical or artificial means to sustain, restore, or supplant a vital function.

**Questions 18: What is a terminal condition?**

A "terminal condition" is defined as an incurable or irreversible condition for which administration of life-sustaining procedures, will, in the opinion of the attending physician, result in death in a relatively short period of time, or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery.

**Question 19: Does an Iowa Living Will Declaration apply if a woman is pregnant?**

An Iowa Living Will Declaration cannot go into effect if a woman is pregnant and it is probable that the child will develop to the point of live birth with the continued application of life-sustaining treatment.

**Question 20: If I complete a Living Will Declaration, do I receive medication for pain?**

Unless you state otherwise in the Living Will Declaration, medication for pain and other symptom management will be provided to make you comfortable and will not be discontinued.

**Question 21: Can my physician be sued or prosecuted for carrying out the provisions of an Iowa Living Will Declaration?**

No. Iowa law states that a physician or any other health care provider cannot be subject to criminal or civil liability or discipline for unprofessional conduct for carrying out the provisions of a valid Iowa Living Will Declaration.

**Question 22: Does an Iowa Living Will Declaration affect life insurance?**

No, it does not. The making of a Living Will Declaration, in accordance with Iowa law, will not affect the sale or issuance of any life insurance policy, nor shall it invalidate or change the terms of any life insurance policy. In addition, the removal of life-sustaining procedures shall not, for any purpose, impair or invalidate a life insurance policy, even if there is a term to the contrary.

## IV: DURABLE POWER OF ATTORNEY FOR HEALTH CARE

### **Question 23: What is a Durable Power of Attorney for Health Care (DPAHC)?**

The DPAHC contained in this booklet is a legal document which will allow you (the “principal”) to appoint another person (the “Attorney-In-Fact”) to make medical decisions for you if you should become temporarily or permanently unable to make those decisions yourself. **The person you choose as your Attorney-In-Fact does not have to be an attorney.** *The form of DPAHC in this booklet is for health care only; it does not address powers of attorney for finance or general decision making powers.*

### **Question 24: How is the Durable Power of Attorney for Health Care (DPAHC) different from the Living Will Declaration?**

A Living Will Declaration only applies if you are terminally ill or if you are in a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery. Unless you write in other specific instructions, the Declaration only tells your physician what you do not want.

The DPAHC allows you to appoint someone (your Attorney-In-Fact) to make health care decisions for you if you cannot make them. It covers all health care situations in which you are not capable of making decisions for yourself. It also allows you to give specific instructions to your Attorney-In-Fact about the type of care you want to receive.

The DPAHC allows your Attorney-In-Fact to respond to any medical situations that you might not have anticipated and to make decisions for you when you cannot make them yourself.

Some people, however, have no one who knows their values and preferences, nor do they have someone they trust to make their health care decisions if they are not able to do so. These people may wish to consider signing a Living Will Declaration (see attached form).

### **Question 25: Do I need a Living Will Declaration if I execute, or if I have executed a Durable Power of Attorney for Health Care?**

No, it is not necessary to do so, if your Durable Power of Attorney for Health Care contains a declaration stating your wishes concerning life-sustaining procedures in the event you are terminally ill or a state of permanent unconsciousness. A Living Will Declaration will not otherwise restrict the authority of the Attorney-in-Fact, unless the Declaration or the DPAHC expressly provides for such a limitation.

The Durable Power of Attorney for Health Care provided in this booklet can also be used to make the Living Will Declaration. Many people execute either the Living Will Declaration form or the DPAHC form contained in this booklet. For example, if you desire to **only** make an Advance Directive as to life sustaining procedures in the event you are terminally ill or in a state of permanent unconsciousness, you can sign only the attached Iowa Living Will Declaration. Alternatively, if you desire **only** to appoint a Durable Power of Attorney for Health Care and/or make other health care advanced directives, you can sign the attached Iowa Durable Power of Attorney for Health Care.

### **Question 26: When does the Durable Power of Attorney for Health Care (DPAHC) take effect?**

The form of DPAHC contained in this booklet only becomes effective when you are temporarily or permanently unable to make your own health care decisions and your Attorney-In-Fact consents to start making those decisions. Your Attorney-In-Fact will only begin making decisions after your physician (and generally a second physician) have decided that you are no longer able to make them yourself. Remember, as long as you are able to make treatment decisions, you have the right to do so.

**Question 27: What decisions can my Attorney-In-Fact (named in my DPAHC) make?**

Unless you limit his/her authority in the DPAHC, your Attorney-In-Fact will be able to make almost every treatment decision in accordance with accepted medical practice that you could make, if you were able to do so.

Your Attorney-In-Fact has the duty to act in your best interest in the performance of his/her duties. These decisions can include authorizing, refusing or withdrawing treatment, even if it means that doing so will result in your death (so long as these life/death decisions are specified in the DPAHC).

**Question 28: Who may serve as my Attorney-In-Fact?**

Most people select a person(s) to be their Attorney-In-Fact who is knowledgeable about their wishes, values, spiritual and religious beliefs; someone in whom they have trust and confidence and who knows how they feel about their health care. You should discuss these matters with the person(s) you have chosen to be your Attorney-In-Fact and make sure that he/she understands and agrees to accept the responsibility of voicing your wishes should you be unable to do so.

The following people cannot be appointed as your Attorney-In-Fact:

- 1) A healthcare provider attending you on the date of the execution of the DPAHC;
- 2) An employee of your healthcare provider attending you on the date of the execution of the DPAHC, unless he/she is related to you by blood, marriage or adoption to the 3rd degree of consanguinity. The third degree of consanguinity, at a minimum, includes children, grandchildren, great grandchildren, parents, siblings, nephews and nieces, grandparents, uncles and aunts, and great grandparents.

**Question 29: Can I name more than one person as my Attorney-In-Fact?**

While you are not required to do so, you may designate alternates who may also act for you in the event your primary Attorney-In-Fact is unavailable, unable or unwilling to act. Your alternates have the same decision-making powers as your Attorney-In-Fact.

**Question 30: Can my Attorney-In-Fact be liable for decisions made on my behalf?**

No. Your Attorney-In-Fact or your alternates cannot be held liable for treatment decisions made in good faith on your behalf. In addition, the person named in your DPAHC cannot be held liable for costs incurred for your care, simply because he or she is your Attorney-in-Fact.

**Question 31: Can my Attorney(s)-in-Fact resign?**

Yes, your Attorney-In-Fact and your alternates can resign at any time by giving notice to you. If you are not capable of receiving this notice, your Attorney-In-Fact and/or your alternates can give notice to your physician or to the hospital or nursing home where you are receiving care.

**Question 32: What happens if I have designated my spouse as my Attorney-In-Fact, and we subsequently divorce?**

If your spouse is designated as your Attorney-In-Fact and your marriage is dissolved, the power to act as Attorney-In-Fact is revoked. If you remarry the power is reinstated, unless otherwise revoked by you, the principal.

**Question 33: How will my healthcare provider know I have a DPAHC?**

It is your responsibility to provide notification to a healthcare provider of the terms of your (the Principal's) DPAHC. If you anticipate being admitted to the hospital, bring a copy of your Advance Directives for placement in your medical chart. In addition, keep a small card in your purse or wallet that states that you have Advance Directives and who should be contacted in case of emergency. Wallet cards are provided for you at the back of this booklet for that purpose.

**THE FOLLOWING LIVING WILL DECLARATION FORM  
MAY BE USED AS A VALID LEGAL DOCUMENT. HOWEVER,  
YOU SHOULD CONSULT WITH YOUR ATTORNEY FOR  
LEGAL ADVICE CONCERNING THIS FORM.**

**-- THIS PAGE IS INTENTIONALLY LEFT BLANK --**

## **IOWA LIVING WILL DECLARATION**

I \_\_\_\_\_ understand that this document is a living will (i.e. "Declaration"), which tells my doctor or other health care providers whether or not I want life-sustaining treatments or procedures administered to me if I am in a terminal condition or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery.

### **1. DECLARATION**

If I should have an incurable or irreversible condition (i.e. terminal condition) that will result either in death within a relatively short period of time or a state of permanent unconsciousness from which, to a reasonable degree of certainty, there can be no recovery, it is my desire that my life not be prolonged by administration of life-sustaining treatments or procedures. If I am unable to participate in my health care decisions, I direct my attending physician to withhold or withdraw life-sustaining procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.

### **2. MAKING THIS DOCUMENT LEGAL**

I HAVE READ THIS DECLARATION. I UNDERSTAND THAT IT ALLOWS ANOTHER PERSON TO MAKE LIFE AND DEATH DECISIONS FOR ME IN THE EVENT I AM IN A TERMINAL CONDITION OR IN A STATE OF PERMANENT UNCONSCIOUSNESS FROM WHICH, TO A REASONABLE DEGREE OF MEDICAL CERTAINTY, THERE CAN BE NO RECOVERY. I ALSO UNDERSTAND THAT I CAN REVOKE THIS DECLARATION AT ANY TIME BY NOTIFYING MY ATTENDING PHYSICIAN.

---

**[YOUR SIGNATURE AS THE PERSON  
WISHING TO MAKE THE DECLARATION]**

---

**[PRINT NAME]**

---

**[Date]**

**CHOOSE BETWEEN OPTION 1 (requires notarization) OR OPTION 2 (requires 2 witnesses 18 years of age or older):**

**OPTION 1: Acknowledgement before a notary within the State of Iowa. Witnesses are not required if this notarization option is selected.**

STATE OF IOWA )  
 ) ss.  
COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_, 20\_\_ before me personally came \_\_\_\_\_, personally to me known to be the identical person whose name is affixed to the above Declaration, and I declare that \_\_\_\_\_ [HE/SHE] appears in sound mind and not under duress or undue influence, and that \_\_\_\_\_ [HE/SHE] acknowledges the execution of the same to be \_\_\_\_\_ [HIS/HER] voluntary act and deed.

Witness my hand and notarial seal at \_\_\_\_\_ [PLACE NOTARIZED] in such county the day and year last above written.

\_\_\_\_\_  
Notary Public

**OPTION 2: Requires two witnesses; notarization is not required with this option.**

NOTICE: Under the provisions of Iowa Code § 144A.3, the following do not qualify as witnesses for this declaration: A healthcare provider attending you, an employee of an attending health care provider.

**DECLARATION OF WITNESS**

We affirm that the person making this declaration is personally known to us, that such person signed or acknowledged \_\_\_\_\_ [HIS/HER] signature on this declaration in our presence, and that this person appears to be of sound mind and not under duress or undue influence.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

**(AT LEAST ONE OF THE TWO WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION.)**

I further declare under penalty of perjury under the laws of the State of Iowa that I am not related to the Declarant by blood, marriage or adoption within the third degree of consanguinity.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

**IOWA  
DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

I understand this legal document allows me as the principal (if I am 18 years or older) to name an Attorney in Fact for Health Care and/or give Health Care Instructions. An Attorney in Fact for Health Care is the person I want to make health care decisions for me if I am unable to decide or speak for myself. I understand that I do not have to appoint an Attorney in Fact for Health Care or an alternate Attorney in Fact for Health Care, and I know I may change such Attorney in Fact for Health Care or alternate Attorney in Fact for Health Care at any time. I further understand that Health Care Instructions are instructions for my health care when I am unable to decide or speak for myself. These instructions must be followed so long as they address my needs.

NOTICE: Under the provisions of Iowa Code § 144B.4, the following do not qualify as a Attorney in Fact for Health Care: a healthcare provider or employee of a health care provider who is attending you, unless the employee is related to you within the third degree of consanguinity.

**APPOINTMENT OF ATTORNEY IN FACT**

I \_\_\_\_\_ hereby designate \_\_\_\_\_ as my Attorney-In-Fact for health care (my agent), whose address is \_\_\_\_\_ and whose telephone number is \_\_\_\_\_, as my Attorney-In-Fact for health care. I appoint \_\_\_\_\_, whose address is \_\_\_\_\_, and whose telephone number is \_\_\_\_\_ as my successor Attorney-In-Fact (my agent). I give to my agent the power to make health care decisions for me. This power exists only when I am unable, in the judgment of my attending physician, to make those health care decisions. The Attorney- In-Fact must act consistently with my desires as stated in this document or otherwise made known.

Except as otherwise specified in this document, this document gives my agent the power, where otherwise consistent with the law of this state, to consent to my physician not giving health care or stopping health care which is necessary to keep me alive.

This document gives my agent power to make health care decisions on my behalf, including to consent, to refuse to consent, or to withdraw consent to the provision of any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of my desires and any limitations included in this document.

My agent has the right to examine my medical records and to consent to disclosure of such records.

I direct that my Attorney-In-Fact comply with the following instructions regarding life-sustaining treatment:  
(Optional)

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

I direct that my Attorney-In-Fact comply with the following instructions regarding artificially administered nutrition and hydration: (Optional)

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

Iowa Durable Power of Attorney for Health Care

Page 1 of 3

I direct that my Attorney-In-Fact comply with the following instructions or limitations: (Optional)

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I HAVE READ THIS POWER OF ATTORNEY FOR HEALTH CARE. I UNDERSTAND THAT IT ALLOWS ANOTHER PERSON TO MAKE LIFE AND DEATH DECISIONS FOR ME IF I AM INCAPABLE OF MAKING SUCH DECISIONS. I ALSO UNDERSTAND THAT I CAN REVOKE THIS POWER OF ATTORNEY FOR HEALTH CARE AT ANY TIME BY NOTIFYING MY ATTORNEY-IN-FACT AND MY HEALTHCARE PROVIDER.

**YOUR SIGNATURE:**

**[SIGNATURE]**

---

**[PRINT NAME]**

---

**[DATE]**

**CHOOSE BETWEEN OPTION 1 (notarization) OR OPTION 2 (requires 2 witnesses 18 years of age or older):**

**OPTION 1: The Durable Power of Attorney for Healthcare is acknowledged before a notary within the State of Iowa. Witnesses are not required if this notarization option is selected.**

STATE OF IOWA                    )  
  ) ss.  
COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_, 20 before me personally came \_\_\_\_\_ personally to me known to be the identical person whose name is affixed to the above durable power of attorney for health care as principal, and I declare that \_\_\_\_\_ [HE/SHE] appears in sound mind and not under duress or undue influence, that \_\_\_\_\_ [HE/SHE] acknowledges the execution of the same to be \_\_\_\_\_ [HIS/HER] voluntary act and deed, and that I am not the Attorney in Fact for health care or successor Attorney in Fact for health care designated by this durable power of attorney for health care.

Witness my hand and notarial seal at \_\_\_\_\_ [PLACE NOTARIZED] in such county the day and year last above written.

---

Notary Public

**OPTION 2: Requires two witnesses; notarization is not required with this option.**

NOTICE: Under the provisions of Iowa Code 144B.3, the following do not qualify as witnesses to a durable power of attorney for health care: attending healthcare provider, an employee of an attending health care provider, or the individual designated as the Attorney-in-Fact for Health Care.

**DECLARATION OF WITNESS**

We declare that the principal is personally known to us, that the principal signed or acknowledged \_\_\_\_\_ **[HIS/HER]** signature on this durable power of attorney for health care in our presence, that the principal appears to be of sound mind and not under duress or undue influence, and that neither of us nor the principal's attending healthcare provider, or is the person appointed as Attorney-in-Fact for Health Care by this document.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

**(AT LEAST ONE OF THE TWO WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION.)**

I further declare under penalty of perjury under the laws of the State of Iowa that I am not related to the Principal by blood, marriage, or adoption within the third degree of consanguinity.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

**Iowa Durable Power of Attorney for Health Care**  
**Page 3 of 3**

## WALLET CARDS

Cut out and complete the cards below. Put one card in the wallet or purse you carry most often, along with your driver's license or health insurance card. You may keep the second card on your refrigerator, in your motor vehicle glove compartment, a spare wallet or purse, or other easy-to-find place.

<b>ATTN: IOWA HEALTH CARE PROVIDERS</b>	
I have created the following Advance Directives: (Check one or more, as appropriate)	
<input type="checkbox"/>	Iowa Declaration
<input type="checkbox"/>	Durable Power of Attorney for Health Care
<input type="checkbox"/>	Other _____
Please Contact _____	
	(Name)
_____	
	(Address)
_____ for more information.	
	(Telephone)
_____	_____
(Date)	(Signature)

<b>ATTN: IOWA HEALTH CARE PROVIDERS</b>	
I have created the following Advance Directives: (Check one or more, as appropriate)	
<input type="checkbox"/>	Iowa Declaration
<input type="checkbox"/>	Durable Power of Attorney for Health Care
<input type="checkbox"/>	Other _____
Please Contact _____	
	(Name)
_____	
	(Address)
_____ for more information.	
	(Telephone)
_____	_____
(Date)	(Signature)



1-800-ALEAGENT  
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