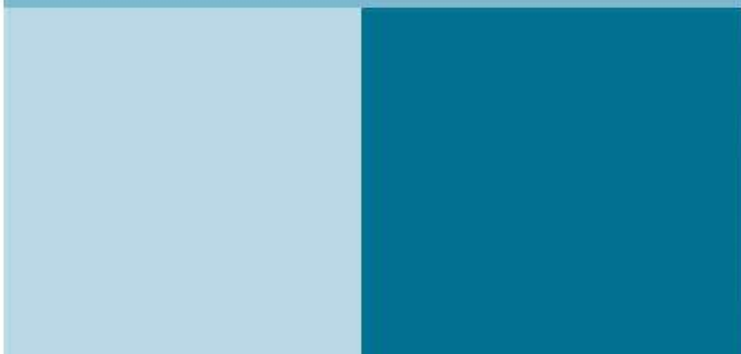
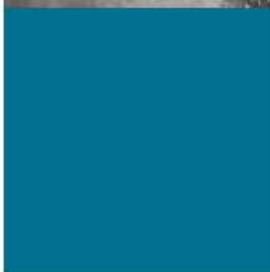
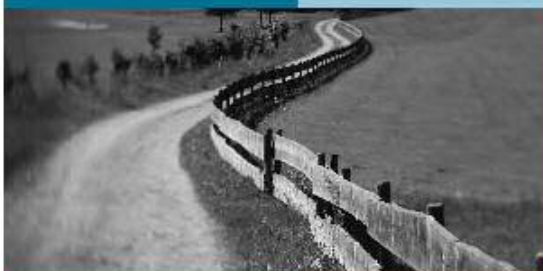


# Advance Directives

NEBRASKA



 **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 that you want or do not want to receive, Advance Directives will help communicate those wishes for you.

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. Nebraska law gives every competent adult, (19 years of age or older in Nebraska), 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.

### **Nebraska 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 persistent vegetative state. 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 medical decisions for you if, in the judgment of the attending physician you 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.**

### **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. Under Nebraska law, no health care provider or insurer can charge a different fee or rate depending on whether or not you have executed an Advance Directives.

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

An attorney may be helpful and you might choose to discuss these matters with him/her, but there is no legal requirement in Nebraska 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 health care 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 to make your own decision 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 Nebraska 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 care 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 canceled 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 a Nebraska Advance Directive be honored in another state?**

The laws on Advance Directives differ from state to state, so it is unclear whether a Nebraska Advance Directive 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 meet 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 Directives 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 persistent vegetative state. 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?**

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

- 1) Your physician 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 in a persistent vegetative state, 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 Nebraska Living Will Declaration unless you desire an attorney to 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. A Nebraska Living Will Declaration covers almost all types of life-sustaining treatments or 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 life-sustaining treatment?**

"Life sustaining treatment" is defined by law to mean any medical procedure or intervention that, when administered to a qualified patient, will serve only to prolong the process of dying or maintain the patient in a persistent vegetative state.

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

A "terminal condition" is defined as an incurable or irreversible condition for which administration of medical treatment will only prolong the dying process and without the administration of these treatments or procedures, death will occur in a relatively short period of time.

**Question 19: What is a persistent-vegetative state?**

A persistent vegetative state means that a patient is in a permanent coma or irreversible state of unconsciousness caused by illness, injury or disease. The patient is totally unaware of him or herself, his or her surroundings and environment, and to a reasonable degree of medical certainty, there can be no recovery.

**Question 20: Does a Nebraska Living Will Declaration apply if a woman is pregnant?**

A Nebraska 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 21: 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 22: Can my physician be sued or prosecuted for carrying out the provisions of a Nebraska Living Will Declaration?**

No. Nebraska 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 Nebraska Living Will Declaration.

**Question 23: Does a Nebraska Living Will Declaration affect insurance?**

No, it does not. The making of a Living Will Declaration, in accordance with Nebraska law, will not affect the sale or issuance of any life insurance policy, nor shall it invalidate or change the terms of any insurance policy. In addition, the removal of life-support systems shall not, for any purpose, constitute suicide, homicide or euthanasia, nor shall it be deemed the cause of death for the purposes of insurance coverage.

## IV: DURABLE POWER OF ATTORNEY FOR HEALTH CARE

### **Question 24: 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 25: 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 persistent vegetative state. Unless you write in other specific instructions, it 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 26: 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 in a persistent-vegetative state.

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 persistent vegetative state, you can sign only the attached Nebraska 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 Nebraska Durable Power of Attorney for Health Care.

### **Question 27: 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 begin making decisions after your physician (and generally a second physician) has 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 28: What decisions can my Attorney-In-Fact (named in my DPAHC) make?**

Unless you limit his or 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 or 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 29: 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) Your attending physician;
- 2) An employee of your attending physician, unless he or she is related to you by blood, marriage or adoption;
- 3) An owner, operator or employee of a health care provider in which you are a resident or patient, unless he/she is related to you by blood, marriage or adoption; or
- 4) Any person who is presently serving as an Attorney-In-Fact for 10 or more people, unless he or she is related to you by blood, marriage or adoption.

**Question 30: Can I name more than one person as my Attorney-In-Fact?**

You may select more than one Attorney-In-Fact. If two or more people are given equal authority and they disagree on a health care decision, neither may make the health care decision.

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 31: 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 DPACH cannot be held liable for costs incurred for your care, simply because he or she is your Attorney-in-Fact.

**Question 32: 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.

**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 INTENTIONALLY LEFT BLANK --**

**NEBRASKA LIVING WILL DECLARATION**

I, \_\_\_\_\_, understand that this document is a Living Will (i.e. “Declaration”), which tells my physician 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 persistent vegetative state.

**1. DECLARATION**

I direct that my physician and any person charged with the responsibility for my care be guided by this expression of my wishes. If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

**2. MAKING THIS DOCUMENT LEGAL**

I HAVE READ THIS DECLARATION. I ALSO UNDERSTAND THAT I CAN REVOKE THIS DECLARATION AT ANY TIME BY NOTIFYING MY ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER.

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

\_\_\_\_\_  
**[PRINT NAME]**

\_\_\_\_\_  
**[DATE]**

**CHOOSE BETWEEN OPTION 1 (requires person making declaration to have his/her signature notarized) OR OPTION 2 (requires two witnesses 19 years of age or older),**

***OPTION 1: Requires person making declaration to have his/her signature notarized (witnesses are not required if this notarization option is selected).***

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

On this \_\_\_ day of \_\_\_\_\_, 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 19 years of age or older (notarization is not required with this option).***

NOTICE: Under the provisions of Nebraska Revised Statutes § 20-404, the following do not qualify as witnesses for this declaration: Any employee of a life or health insurance provider for you. No more than one witness may be an administrator or employee of a health care provider who is caring for or treating you.

DECLARATION OF WITNESS

We affirm that the person making this declaration 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, and that \_\_\_\_\_ [HE/SHE] acknowledges the execution of the same to be \_\_\_\_\_ [HIS/HER] voluntary act and deed.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

**Nebraska Living Will Declaration**  
**Page 2 of 2**

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

I, \_\_\_\_\_, appoint \_\_\_\_\_, 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 for health care. I authorize my Attorney-In-Fact appointed by this document to make health care decisions for me when I am determined to be incapable of making my own health care decisions. I have read this document and understand the consequences of executing a power of attorney for health care.

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)

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

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

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

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, MY PHYSICIAN, OR THE FACILITY IN WHICH I AM A PATIENT OR RESIDENT.

I ALSO UNDERSTAND THAT I CAN REQUIRE IN THIS POWER OF ATTORNEY FOR HEALTH CARE THAT THE FACT OF MY INCAPACITY IN THE FUTURE BE CONFIRMED BY A SECOND PHYSICIAN.

**YOUR SIGNATURE:**

\_\_\_\_\_  
[SIGNATURE]

\_\_\_\_\_  
[PRINT NAME]

\_\_\_\_\_  
[DATE]

***OPTION 1: Requires person making declaration to have his/her signature notarized (witnesses are not required if this notarization option is selected).***

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

On this \_\_\_ day of \_\_\_\_\_, 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 healthcare or successor Attorney-In-Fact for healthcare 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 19 years of age or older (notarization is not required with this option).***

NOTICE: Under the provisions of Nebraska Revised Statutes § 30-3406, the following do not qualify as witnesses to a Durable Power of Attorney for Health Care: Your spouse, parent, child, grandchild, sibling, presumptive heir, known devisees at the time of the witnessing, attending physician, or Attorney-In-Fact for healthcare, or any employee of a life or health insurance provider for you. No more than one witness may be an administrator or employee of a healthcare provider who is caring for or treating you.

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 physician is the person appointed as Attorney-In-Fact for healthcare by this document.

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
PRINTED NAME OF WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
PRINTED NAME OF WITNESS

\_\_\_\_\_  
DATE

## 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.

**ATTN: NEBRASKA HEALTH CARE PROVIDERS**

I have created the following Advance Directives:  
(Check one or more, as appropriate)

- Nebraska Declaration  
 Durable Power of Attorney for Health Care  
 Other \_\_\_\_\_

Please Contact \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_ for more information.  
(Telephone)

\_\_\_\_\_  
(Date) \_\_\_\_\_  
(Signature)

**ATTN: NEBRASKA HEALTH CARE PROVIDERS**

I have created the following Advance Directives:  
(Check one or more, as appropriate)

- Nebraska Declaration  
 Durable Power of Attorney for Health Care  
 Other \_\_\_\_\_

Please Contact \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_ for more information.  
(Telephone)

\_\_\_\_\_  
(Date) \_\_\_\_\_  
(Signature)



1-800-ALEAGENT  
1-800-253-4368  
Alegent.com

Bergan Mercy • Immanuel • Lakeside  
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Community Memorial/Missouri Valley  
Memorial/Schuyler • Mercy/Corning  
Alegent Health Clinic/44 Locations

Alegent Health is a faith-based health ministry sponsored by Catholic Health Initiatives and Immanuel Health Systems.

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