

How to Stay in the Driver's Seat of Life

No one plans to have a medical emergency, lose control over their medical decisions, become a burden and linger in an institution. While an estimated 76% of seniors have completed an advance directive, this document alone will not ensure that they receive

the care that is right for them. **The key to staying in the driver's seat of life is to be sure you have the right person next to you in the passenger seat.** While these Patient Advocates are always given the burden of responsibility, they are rarely given the training and tools they need to do their best on the behalf of their loved ones.

Research on the effectiveness and long-term impact of surrogate decision-making reveals what a difficult task it is, even with the benefit of good information. Social workers in health care settings collaborate with surrogate decision makers to create appropriate care plans, treatment goals and discharge plans for patients. A greater understanding of the role, responsibility and emotional impact of serving as a patient advocate is essential to practice excellence.



"What doesn't kill you, makes you a burden."

This session will provide **tips, tricks and tools** to improve the effectiveness of the patient advocate. *Seniors, come laugh and learn, before your kids take the car keys away. The rest of you, come and see what they're laughing about.*

Participants will walk away from this session with...

1. Tips, tricks and tools to transform concerned loved ones into effective patient advocates.
2. An understanding of the impact that surrogate decision-making can have on loved ones.
3. Strategies to engage seniors and adult children in health care decision-making.
4. The knowledge to put your technotoys to work when you aren't playing Angry Birds.

PRESENTER: Cynthia Pimm is not distinguished, published, or award-winning... in fact, my parents often call me by the dog's name (the dog has been dead for 10 years). I am, however – able to make you laugh while you learn practical tips, tricks and tools that enable families to manage health care issues today, and prepare for end-of-life decisions tomorrow. You can request materials referenced in this workshop by contacting me at Hospice of Michigan, where I've been getting a paycheck since 1991.

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Advance directives and proxy opinions are equally effective in influencing doctor's decisions, but having both has the strongest effect.

J Pain Symptom Manage 2014;47:1-11.


Advance Directive: Document vs. Tool

DOCUMENT: A competent, state-specific legal paper that empowers an individual to make health care decisions if you are unable to speak for yourself. It may be called a Durable Power of Attorney for Health Care, Patient Advocate, Health Care Proxy, or Health Care Agent.

TOOL: A device that aids you in accomplishing a task.

How to Make an Advance Directive an Effective Tool

1. Fill out a **wallet card** with your Patient Advocate's contact information and put it behind your driver's license, right in front of your insurance card. Put additional wallet cards in the glove box of your car with your registration and insurance, and in the freezer of your refrigerator with a copy of your advance directive and medical information.
2. Enter your Patient Advocate's phone numbers in the contacts of a standard cell phone as **ICE**, ICE1, ICE2, ICE3, (In Case of Emergency). If you have a smartphone download the free app: Smart-ICE Lite to add an ICE banner across your lock screen.



Smart-ICE Lite: This FREE smart phone app puts an In Case of Emergency banner on your lock screen so EMS will know who to call.
3. Inform **the intent** of your Advance Directive by adding supplemental documentation including treatment preferences, a dementia provision, functional loss instruction plan, etc...
4. Keep your original Advance Directive safe and **make copies** for...
 - Patient Advocate
 - Family and friends
 - Physicians
 - Freezer of refrigerator
 - Glove compartment of car
 - Nursing home or hospital admission
5. Scan your Advance Directive on copy machine to convert it into an **electronic document** (pdf) which can be sent by email and saved on your laptop, tablet, smartphone, etc...
6. Remember to **review** your Advance Directive each year and if there have been changes in your life, health, relationship status, advances in medical research, or state law, determine if you need to draft a new document.

... studies suggest that what most people really want is for those who care for them to make the best decisions possible in impossible situations. "They just want someone to make good decisions for them, and for that someone to feel good about the decisions they've made."

Hastings Center Report 2004:34(2):30-42.

Critical Information for Patient Advocates

release of information
advance directive
recent complaints
medications
vitamins/supplements
nutrition/hydration
medical allergies
diagnoses
conditions

last hospitalization
treatments
surgeries
psych history
care preferences
blood type
normal blood pressure
normal heart rate
immunizations

flu shot
shingles shot
physician
specialists
pharmacy
date of birth / SSN
medical insurance
supplemental plan
veteran status



"He's complaining of chest pain, shortness of breath, cramps and dizziness. Do you sell earplugs?"

Tips for being an Effective Patient Advocate

- Get your own life
- Protect and respect boundaries
- Be the second-best authority on the patient
- Stand between the patient and threats to their control
- Ask questions, don't accept bad answers
- Don't go it alone
- Try hard, fail soft, try again and with practice – gain confidence

Six Steps of Shared Decision Making

1. Invite patient to participate
2. Present options
3. Provide information on benefits and risk
4. Assist patient in evaluating options based on their goals and concerns
5. Facilitate deliberation and decision making
6. Assist with implementation



Making treatment decisions has a **negative emotional effect** on at least one third of surrogates, which is often substantial and typically lasts for months (or sometimes years).

Ann Intern Med 2011;154:336-346.

Stressors Commonly Reported by Surrogate Decision Makers⁹

Stressors	Possible Responses
Unsure of patient's preferences	Encourage discussion and advance directives
Uncertain prognosis	Difficult to address
Logistics of making decisions	Evaluate and address challenges
Poor communication by clinicians	Establish contact person, hold consistent meetings, use clear language
Insufficient time	Prepare surrogates and give time to decide
Sense of sole responsibility	Share responsibility for decisions
Guilt over decisions	Support decisions, offer counseling

References

1. Dionne-Odom JN, Bakitas M. Why surrogates don't make decisions the way we think they ought to. *J Hospice Palliat Nursing*. 2012;14(2):99-106.
2. Escher M, Perneger TV, Rudaz S, Dayer P, Perrier A. Impact of Advance Directives and a Health Care Proxy on Doctor's Decisions. *Journal of Pain and Symptom Management*. 2014;47(1):1-11.
3. Lee SJ, Lindquist MS, Segal MR, Covinsky KE. Development and validation of a prognostic index for 4-year mortality in older adults. *JAMA*. 2006;295:801-808.
4. Maciejewski PK, Prigerson HG. Emotional numbness modifies the effect of end-of-life discussions on end-of-life care. *J Pain Symptom Management*. 2013;45(5):841-847.
5. Silveira MJ, Kim SY, Langa KM. Advance directives and outcomes of surrogate decision making before death. *N England J Med*. 2010;362:1211-1218.
6. Teno JM, Gruneir A, Schwartz Z, Nanda A, Wetle T. Association between advance directives and quality of end-of-life care: a national study. *J American Geriatric Society*. 2007;55:189-194.
7. Torke AM, Moloney R, Siegler M, Abalos A, Alexander GC. Physicians' views on the importance of patient preferences in surrogate decision-making. *J American Geriatric Soc*. 2010;58:533-538.
8. Wendler D, Rid A. The effect on surrogates of making treatment decisions for others. *Annals Intern Med*. 2011;154:336-346.
9. Zier LS, Sottile PD, Hong SY, Weissfield LA, White DB. Surrogate decision makers' interpretation of prognostic information: a mixed-methods study. *Annals Intern Med*. 2012;156:360-366.



"The doctors never gave up."

Your Conversation Starter Kit

The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care.

We know that no guide and no single conversation can cover all the decisions that you and your family may face. What a conversation can do is provide a shared understanding of what matters most to you and your loved ones. This can make it easier to make decisions when the time comes.



Created by The Conversation Project and the Institute for Healthcare Improvement



MAKING YOUR HEALTHCARE WISHES KNOWN

Caring Conversations® is designed to guide you, your family and your friends through the process of Advance Care Planning.

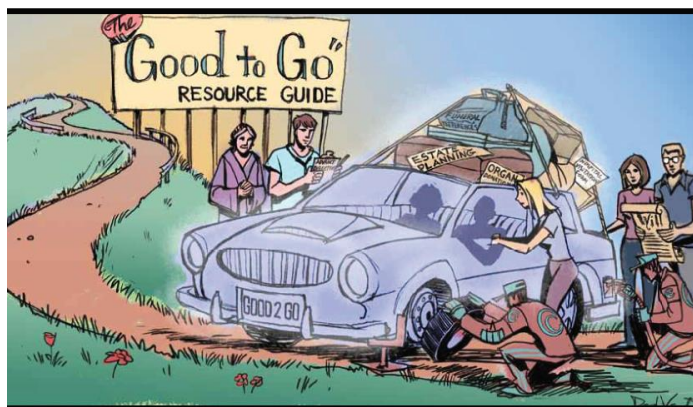
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Harzfeld Building
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Kansas City, MO 64105-2116

Compassion & Choices

MAGAZINE
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BASICS YOUR WISHES GLOSSARY CONVERSATIONS MYTH & FACT

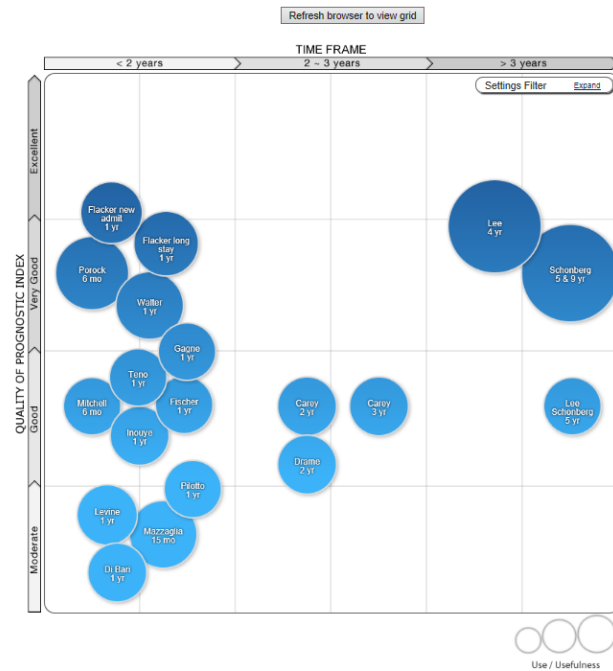
have you had the talk?

Toolkit



Have You Had the Talk™ is provided as a public service by Hospice of Michigan.

888-247-5701 / www.haveyouhadthetalk.com



4yr Index Community Dwelling Adults

Risk Calculator

1. How old is your patient?
2. What is your patient's biological sex?
3. What is your patient's BMI?
4. Does your patient have Diabetes?
5. Has your patient ever had cancer (excluding minor skin cancers)?
6. Does your patient have COPD that limits their usual activities at home?
7. Does your patient have congestive heart failure?
8. Does your patient currently smoke cigarettes?
9. Does your patient have difficulty with bathing or showering without help from other people?
10. Does your patient have difficulty with managing their finances on their own?
11. Does your patient have difficulty walking several blocks?
12. Does your patient have difficulty pulling or pushing large objects such as a living room chair?

Total Points: 0

Ottawa Tool: decisionaid.ohri.ca

Ottawa Personal Decision Guide

1. Clarify the decision.

What decision do you face?

When do you need to make a choice?

How far along are you with making a choice? ☐ not thought about options ☐ close to making a choice

Are you leaning toward one option? ☐ No ☐ Yes, which one?

2. Explore the decision.

A. List the options and main benefits and risks that you already know.

B. Underline the benefits and risks that you think are most likely to happen.

C. Use stars (*) to show how much each benefit / risk matters to you. 5 stars means 'a lot'; No star means 'not at all'.

Options	Benefits (reasons to choose this option)	How much it matters (+)	Risks (reasons to avoid this option)	How much it matters (+)
Option #1				
Option #2				
Option #3				

Which option do you prefer? ☐ #1 ☐ #2 ☐ #3 ☐ Unsure

Support

Who else is involved? (name)

Which option does this person prefer? ☐ Yes ☐ No

Is this person pressuring you? ☐ Yes ☐ No

How can this person support you?

What role do you prefer in making your choice? ☐ I prefer to share the decision with ☐ I prefer to decide myself after hearing the views of ☐ I prefer that someone else decides. Who?

3. Identify the decision making needs.

Knowledge Do you know the benefits and risks of each option? ☐ Yes ☐ No

Values Are you clear about which benefits and risks matter most to you? ☐ Yes ☐ No

Support Do you have enough support and advice to make a choice? ☐ Yes ☐ No

Certainty Do you feel sure about the best choice for you? ☐ Yes ☐ No

4. Plan the next steps based on the needs.

Knowledge (if you feel you do not have enough facts)

Find out about the chances of benefits and risks.

List your questions.

List where to find answers.

Values (if you are not sure what matters most to you)

Review stars in the balance scale to see what matters to you.

Find people who know what it's like to experience the benefits and risks.

Talk to others who have made the decision.

Read stories of what mattered most to others.

Discuss with others what matters most to you.

Support (if you feel pressure from others)

Discuss your options with a trusted person.

Find help to support your choice.

Focus on opinions of others who matter most.

Share your guide with others.

Ask others involved to complete this guide. Find areas of agreement.

When others disagree, agree to get more information. When you disagree on what matters most, respect the other's opinion. Take turns to listen and then mirror back what the other has said that matters most to them.

Find a neutral person to help you and others involved.

Other plans

Describe

Ottawa Personal Decision Guide © O'Connor, Stacey, Jacobsen. 2011. University of Ottawa, Canada.

Decision Aids: www.healthwise.net

Atrial Fibrillation: Which Anticoagulant Should I Take to Prevent Stroke?

- 1 Get the Facts
- 2 Compare Options
- 3 Your Feelings
- 4 Your Decision
- 5 Quiz Yourself
- 6 Your Summary

Get the facts

Your options

- Take warfarin to prevent stroke.
- Take a different type of anticoagulant to prevent stroke.

Is this decision for you? This could be a decision for you if you are newly diagnosed with atrial fibrillation or if you are already taking warfarin. You may first want to **decide whether to take an anticoagulant at all**.

Key points to remember

- Atrial fibrillation increases your risk of stroke. Taking an anticoagulant lowers that risk. Anticoagulants used for atrial fibrillation are warfarin (Coumadin), apixaban (Eliquis), dabigatran (Pradaxa), and rivaroxaban (Xarelto).
- Your doctor can help you understand which medicine might be best for you. This may depend on your health and your preferences about taking medicine.
- Warfarin has been used for many years to reduce the risk of stroke in people with atrial fibrillation. The medicine is low-cost, and doctors understand its long-term side effects.
- Newer anticoagulants also lower the risk of stroke. These medicines are apixaban, dabigatran, and rivaroxaban. They work as well as or slightly better than warfarin. But these newer anticoagulants cost more than warfarin.
- A newer anticoagulant may be a good choice if you cannot take warfarin safely. But you cannot take a newer anticoagulant if you have heart valve disease, an artificial heart valve, or severe kidney or liver disease.
- When you take warfarin, you need to have regular blood tests to make sure that you are taking the right dose. And you need to watch how much vitamin K you eat and drink. With other types of anticoagulants, you don't need regular blood tests to check the dose and you don't have to watch your vitamin K intake.
- Anticoagulants work by increasing the time it takes for a blood clot to form, so they increase your risk of problems from bleeding. If you take any anticoagulant, you need to be careful to avoid serious bleeding by preventing falls and injuries.

FAQs

How do anticoagulants lower your risk of stroke?

How are these medicines the same?

How are these medicines different?

Why might your doctor recommend taking either warfarin or a different anticoagulant?

Next >



Michigan Designation of Patient Advocate for Healthcare

I _____

(name)

(address)

am of sound mind, and I voluntarily make this designation.

I designate _____

(name of patient advocate)

residing at _____

(address)

(home phone number) (work phone number)

as my patient advocate to make care, custody, or medical treatment decisions for me only when I become unable to participate in medical treatment decisions. The determination of when I am unable to participate in medical treatment decisions shall be made by my attending physician and another physician or licensed psychologist.

If the first individual is unable, unwilling, or unavailable to serve as my patient advocate, then I designate:

(name of successor agent)

residing at _____

(address)

(home phone number) (work phone number)

to serve as my patient advocate.

(Continued)

CompassionAndChoices.org

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 Denver, CO 80250
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 fax 866.312.2690

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My Particular Wishes

For Therapies that Could Sustain Life

In addition to the information on other Advance Directive forms I have completed, I wish to make my instructions known with respect to specific therapies that could save or prolong my life. This form is meant to inform my physician, nurse or other care provider of my consent or refusal of certain specific therapies. It is also meant to guide my family or any other person I name to make health care decisions for me if I cannot make these decisions myself.

I understand it is impossible to know what a person would want in a particular circumstance, unless that person has previously stated his or her wishes. I hope this document helps those who must make difficult decisions to proceed with comfort and confidence. By following these instructions they know they are acting in my best interests and are consenting or refusing certain therapies just as I would if I could hear, understand and speak.

Decisions While I am Capable

So long as I am able to understand my condition, the nature of any proposed therapy and the consequences of accepting or refusing the therapy, I want to make these decisions myself. I will consult my doctor, family and those close to me, spiritual advisors and others as I choose. But the final decision is mine. If I am unable to make decisions only because I am being kept sedated, I would like the sedation lifted so I can rationally consider my situation and decide to accept or refuse a particular therapy.

Comfort Care

I want any and all therapies to maintain my comfort and dignity. If following my instructions in this document causes uncomfortable symptoms such as pain or breathlessness, I want those symptoms relieved. I desire vigorous treatment of my discomfort, even if the treatment unintentionally causes or hastens my death.

Decisions for Specific Therapies

If my mental or physical state has deteriorated, the prognosis is grave and there is little chance that I will ever regain mental or physical function, I would like the following:

	Yes	Trial period*	No
1. Antibiotics, if I develop a life-threatening infection of any kind.			
2. Dialysis, if my kidneys cease to function, either temporarily or permanently.			
3. Artificial ventilation, if I stop breathing.			
4. Electroshock, if my heart stops beating.			
5. Heart regulating drugs including electrolyte replacement, if my heartbeat becomes irregular.			
6. Cortisone or other steroid therapy, if tissue swelling threatens vital centers in my brain.			
7. Stimulants, diuretics or any other treatment for heart failure, if the strength and function of my heart is impaired.			
8. Blood, plasma or replacement fluids, if I bleed or lose fluid circulating in my body.			

* This means doctors may see if the therapy quickly reverses my condition. If it does not, I want it discontinued.

Signature _____

Date _____


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The Dementia Provision

Most Advance Directives become operative only when a person is unable to make health care decisions and is either "permanently unconscious" or "terminally ill." There is usually no provision that applies to the situation in which a person suffers from severe dementia but is neither unconscious nor dying.

The following language can be added to any Advance Directive or Living Will. There it will serve to advise physicians and family of the wishes of a patient with Alzheimer's Disease or other forms of dementia. You may simply sign and date this form and include it with the form *My Particular Wishes* in your Advance Directive.

If I am unconscious and it is unlikely that I will ever become conscious again, I would like my wishes regarding specific life-sustaining treatments, as indicated on the attached document entitled *My Particular Wishes* to be followed.

If I remain conscious but have a progressive illness that will be fatal and the illness is in an advanced stage, and I am consistently and permanently unable to communicate, swallow food and water safely, care for myself and recognize my family and other people, and it is very unlikely that my condition will substantially improve, I would like my wishes regarding specific life-sustaining treatments, as indicated on the attached document entitled *My Particular Wishes* to be followed.

If I am unable to feed myself while in this condition

I do / do not (circle one) want to be fed.

I hereby incorporate this provision in to my durable power of attorney for health care, living will and any other previously executed advance directive for health care decisions.

Signature _____

Date _____


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My Directive Regarding Health Care Institutions
Refusing to Honor my Health Care Choices

I understand that circumstances beyond my control may cause me to be admitted to a health care institution whose policy is to decline to follow advance directive instructions that conflict with certain religious or moral teaching.

If I am an inpatient in such a religious-affiliated health care institution when this advance directive comes into effect, I direct that my consent to admission shall not constitute implied consent to procedures or courses of treatment mandated by ethical, religious or other policies of the institution, if those procedures or courses of treatment conflict with this advance directive.

Furthermore, if the health care institution in which I am a patient declines to follow my wishes as set out in this advance directive, I direct that I be transferred in a timely manner to a hospital, nursing home or other institution, which will agree to honor the instructions set forth in this advance directive.

I hereby incorporate this provision into my durable power of attorney for health care, living will, and any other previously executed advance directive for health care decisions.

Signature _____

Date _____

Print Name _____

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Welcome to the Professional Patient Advocate Institute

Just Released: 2014 Professional Patient Advocate Salary & Trends Report

FAQs on Training | Who Are Patient Advocates?

The Professional Patient Advocate Institute offers:

Certificate Programs:

PPAI offers an advanced level certificate program on patient advocacy for those currently involved in the healthcare industry and for professionals with baseline healthcare experience who are prepared to assist consumers and caregivers in navigating today's complex healthcare system. The certificate is a respected way to show that advanced education on this emerging model of care coordination has been achieved, allowing you to demonstrate to consumers and employers an understanding of the specialized role of the professional patient advocate.

Continuing Education:

In the fast-paced world of healthcare, continuous learning is essential in order to keep pace with clinical and business-based changes. In addition, as a healthcare practitioner in the area of patient advocacy and care coordination, you are required to maintain a professional license or certificate. The Professional Patient Advocate Institute offers continuing education credits to support your requirements. Those who have obtained a Certificate in Patient Advocacy can use the continuing education credits to renew their certificate at renewal time.

Special Reports:

Our Special Report:

The Guide to Patient-Centered Communication (downloadable PDF and 4 Content Hours)

Shared decision making is one of the tools that welcomes and encourages consumers to be part of the decision-making process in conjunction with their healthcare providers. This special report brings together professionals from across the care continuum who have used shared decision making in their practice. The contributors share the concept, the process and the outcomes achieved.

Toolkit & Resource Center:

Contained in an extensive library, these essential documents are aimed to assist you in your efforts to manage your cases and help you grow and sustain your business.

Learn About Patient Advocacy

Featured in our special section: Protecting Seniors from Fraud

How to Prevent Senior Fraud

Help protect your loved one and their assets with the Senior Fraud Protection Kit.

Download Fraud Protection Kit

Caregiver Resources, Articles & Videos

Caregiving Tips from the Pros: 8 Words of Advice

7 Care Tips for When Someone You Love Is Dying

10 Practical Coping Solutions for Chronic Conditions

Aging In Place

Home Care an Integral Part of the Care Continuum for Seniors With Dementia

Helping Seniors Stay Strong: Caring of the Entire Senior-Mind, Body and Soul (5 of 5)

Encouraging Service in Younger Generations: Salute to Senior Service (4 of 4)

Experts & Blogs

Caring for someone with bipolar disorder

Day 4 of the Journey

Asking Mom to Stop Drinking Wine

View all Experts & Blogs

Recent Conversations

If you are like me, I read every book about this subject and many made a person feel guilty if you put your loved one in a nursing home. My dad became more than my brother, and I could handle at home. We had him going to an adult day care while I was at work and then someone to stay with him and my Mother until I was off work and available to help her. We did this until it was both my Mother and myself down and Dad was not a happy camper either. We admitted him to a nursing home (for people with memory problems) and he is so much happier. He is able to wander all over the facility (they can't open outside doors) doesn't feel caged in and they are able to help him bath, dress and take care of his needs much easier than we were. Now when we visit it is to see him and not "Do Things" for him. Old person abuse and abuse about our dad's life.

Department of Health and Human Services

eldercarelocator

Celebrating 20 Years

Connecting You to Community Services

1-800-677-1116

Home About Resources

Welcome to the Eldercare Locator, a public service of the U.S. Administration on Aging connecting you to services for older adults and their families. You can also reach us at: 1-800-677-1116

Find Help in your Community

You can start your search by selecting zip code OR city/state OR topic.

Search by Location **OR** Search by Topic

Zip Code:

City: State:

Alzheimer's Disease
Caregiver
Elder Abuse Prevention
Financial Assistance
Food & Nutrition
Health Insurance
Healthy Aging
Home Repair & Modification
Housing Options
In-Home Services
Legal Assistance
Long Term Care
Nursing Home & LTC Facilities
Transportation
Volunteerism

Search Reset

Tools and Resources

- Check for Benefits
- Long Term Care Planning
- Factsheets
- Brochures
- Federal Websites
- Helpful Links

Let's Talk

Starting the Conversation about Health, Legal, Financial and End-of-Life Issues

About Us Contact

Home Planning Ahead Caring for Someone Living with Illness LIVE Without Pain Grieving a Loss

Employer

Living with Illness

How can you make the best choices for you when you are ill?

It's about how you LIVE.

Living with Illness > Hospice

Hospice

The Hospice Team

Paying for Hospice

How and When Does Hospice Start?

Choosing a Hospice

Find a Local Hospice

Hospice Checklist

Frequently Asked Questions

Volunteering for Hospice

Choosing a Hospice

There may be one hospice organization, or several that serve your community. It is important to find out about the services that each hospice offers. If there are several hospices that serve your area, you may want to request services from a particular hospice and can communicate that wish to your physician.

- Are all hospices the same?
- How do I decide if hospice is the appropriate care choice for me?
- How do I choose among different hospice programs?
- If there is only one hospice program in my community, how do I determine if it is a good one?

These are common questions for individuals and loved ones facing life-limiting illnesses. Determining if a hospice is right for you may best be learned from calling different hospices and asking them about their services. You can also talk to people you trust who work in healthcare or aging services or who have received support from a hospice.

- Physicians, nurse, and other healthcare professionals
- Social workers, clergy, and other counselors
- Friends or neighbors who have had direct experience with hospice care
- Click here to find a hospice in your community or call National Hospice and Palliative Care Organization's Helpline 800.568.8898.

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Department of State

Ruth Johnson, Secretary of State



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Get the facts

Gift of Life Michigan

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Shining Stars

Welcome to the Michigan Organ Donor Registry

There is no greater gift you can share than the gift of life.

To add your name to the Michigan Organ Donor Registry, or request a replacement sticker, enter the following information exactly as it appears on your driver's license or state identification card.

Driver's license or state identification card number

Name


Date of birth

☐ Please send me a replacement sticker

By selecting the Submit button I agree to have my name added to the Michigan Organ Donor Registry

Michigan law does not require family consent to carry out your wishes to be an organ donor. However, discuss organ donation with your family will help keep everyone informed about your wishes, avoiding any confusion or delays.

If you are experiencing problems with this application, please call 1-888-SOS-MICH (1-888-767-6424).



University of Michigan Medical School, Department of Medical Education

Donor Authorization for Anatomical Gift to the University of Michigan Anatomical Donations Program

- Consent**
Being eighteen years of age or over and of sound mind, I hereby offer my body after death as an anatomical gift to the University of Michigan Anatomical Donations Program.
- Applicable Law and Policies**
This donation is subject to applicable law and University of Michigan Anatomical Donations Program policies in effect at the time of my death.
- Duration of Donation**
My preference regarding the duration of my donation is as follows:
Choose only one option:
 - Temporary Donation:** My donation will be used in any manner that the University of Michigan Anatomical Donations Program deems necessary and appropriate, within or external to the University of Michigan, and will be ready for return or interment within approximately 18 months.
 - OR**
 - Permanent Donation:** The University of Michigan may retain my donation indefinitely to be used in any manner that the University of Michigan Anatomical Donations Program deems necessary and appropriate, within or external to the University of Michigan, without time constraints on the use of my body. Following use of my body the University of Michigan will bury the ashes at the University burial plot. When Permanent Donation is selected, the body or ashes will not be returned.

I understand the Program reserves the right to retain individual tissues and organs for the purposes of medical education and research.
- Release of Medical Information**
I authorize the release of my medical information to the Program. Release of my medical information may be in verbal and/or written form, including copies of my medical records from any hospitals, nursing homes and other health care providers from whom I have received health care services. I authorize the release of information either directly to the Program and/or to my family or legal representatives. This authorization also includes the release of information regarding: Alcohol and drug/abuse treatment; psychosocial and social counseling; HIV, AIDS or ARC; communicable disease or infections, including sexually transmitted diseases, venereal disease, tuberculosis and hepatitis; and genetic information. I further authorize the Program to disclose my health information to others as needed to process my donation (such as to funeral facility personnel or others). The Program will follow all applicable law as well as University of Michigan policy to ensure the confidentiality of health information, but is not liable for the actions of others who may further disclose the information. This authorization is voluntary and no treatment, payment, or enrollment or eligibility for benefits is conditioned upon my signing this form. This authorization expires only upon revocation of my anatomical gift.
- Further Information**
Donor confirms having read the "Gift of Knowledge" informational guide attached to this Donor Authorization form. Donor is also encouraged to direct any questions to the University of Michigan Anatomical Donations Program, by phone at (734) 764-4359 or by email at donorinfo@umich.edu.

Signatures

DONOR

Name (Please Print) _____ Date of Birth _____

Signature _____ Date _____

Street Address _____

City, State, Zip Code _____

Telephone _____

WITNESSES

The Donor signed this Authorization for Anatomical Donation, and we, in the Donor's presence and at the Donor's request, have provided our names as witnesses to the Donor's signature. We state that the Donor appears to be at least eighteen years of age and appears to be of sound mind and not under or subject to undue influence.

Witness 1

Name (Please Print) _____ Signature _____

Street Address _____

City, State, Zip Code _____ Telephone _____

Witness 2

Name (Please Print) _____ Signature _____

Street Address _____

City, State, Zip Code _____ Telephone _____

Please retain a copy of this form for your records.

Donor Authorization Form 04/13



U.S. Department of Veterans Affairs

Home Veteran Services Business About VA Media Room Locations Contact Us

VA > National Cemetery Administration > Burial Benefits > Burial Benefits

National Cemetery Administration

Burial and Memorial Benefits

Burial Benefits

For Burial In a National Cemetery
Burial benefits available include a gravesite in any of our 131 national cemeteries with available space, opening and closing of the grave, perpetual care, a Government headstone or marker, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. Some Veterans may also be eligible for Burial Allowances. Cremated remains are buried or interred in national cemeteries in the same manner and with the same honors as casketed remains.

Burial benefits available for spouses and dependents buried in a national cemetery include burial with the Veteran, perpetual care, and the spouse or dependents name and date of birth and death will be inscribed on the Veteran's headstone, at no cost to the family. Eligible spouses and dependents may be buried, even if they predecease the Veteran.

The Veterans family should make funeral or cremation arrangements with a funeral provider or cremation office. Any item or service obtained from a funeral home or cremation office will be at the family's expense.

Preparing In Advance
Gravesites in Department of Veterans Affairs (VA) national cemeteries cannot be reserved in advance.

You should advise your family of your wishes and where your discharge papers are kept. These papers are very important in establishing your eligibility.

At the time of need your family would contact a funeral home who will assist them with making burial arrangements at the national cemetery. You may wish to make pre-need arrangements with a funeral home.


To schedule a burial: Fax all discharge documentation to the National Cemetery Scheduling Office at 1-866-900-6417 and follow-up with a phone call to 1-800-535-1117.

Donating Burial Flags In National Cemeteries
Most of the Department of Veterans Affairs national cemeteries display an Avenue of Flags on patriotic holidays and during special events. The Avenues consist of burial flags donated by the families of deceased Veterans and provide a unique visible tribute to all of our Nation's Veterans.

A Certificate of Appreciation is presented to the donor for providing their loved ones' burial flag to a national cemetery.

Please contact the cemetery of your choice for information on how to donate a Veteran's burial flag.

For Burial In a Private Cemetery
Burial benefits available for Veterans buried in a private cemetery may include a Government headstone, marker or medallion, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. Some Veterans may also be eligible for Burial Allowances. There are not any VA benefits available to spouses and dependents buried in a private cemetery.



Funeral Consumers ALLIANCE

Home Membership/Donate BLOG: The Daily Dirge Find a Local FCA Bookstore Forum Conference About Contact Us

MAIN MENU

- FOR CONSUMERS
- FOR FCA VOLUNTEERS
- Membership/Donate
- News and Blogs
- Documents and Publications
- Web Links
- Informacion en Español

LOGIN FORM

Username

Password

Remember Me ☐

- Forgot your password?
- Forgot your username?
- Create an account

Before You Go!

Thursday, 07 November 2013 14:43

Don't take your last wishes to the grave.

Our popular funeral planner is brand-new and expanded for 2013!

Before you go, they should know...

- Your funeral plans
- Where your important papers are
- Who should take care of your pets and how
- Who to call when the time comes
- That you love them enough to get it together with...

Before I Go, You Should Know®, the comprehensive end-of-life planner. Featuring illustrations by Edward Gorey, BIG has more than 30 pages to record everything from your preference for burial or cremation to how to close down your social media accounts and online life.

Includes:

- Two free chapters from the book Final Rights with consumer funeral and burial rights and rules specific to your state.
- A survivor's checklist of important but often overlooked tasks when death occurs.
- A place to record all the biographical information your family will need for an obituary, funeral, or memorial service

Email pimmster@hom.org to request these tools in MS Word or pdf file format.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS AND FAMILY MEMBERS

PATIENT'S NAME _____ DATE OF BIRTH _____

In accordance with Federal Government privacy rules implemented through the Health Insurance Portability and Accountability Act of 1996 (HIPAA), in order for medical staff to discuss your condition with members of your family or other individuals that you designate, your authorization must be provided.

- ☐ I do NOT authorize _____ to release information concerning my medical care to anyone other than myself.
- ☐ I authorize _____ to release any or all information concerning my medical care to the following individuals:

Name	Relationship to Patient

<u>Name</u>	<u>Relationship to Patient</u>
-------------	--------------------------------

Name	Relationship to Patient
------	-------------------------

<u>Name</u>	<u>Relationship to Patient</u>
-------------	--------------------------------

<u>Name</u>	<u>Relationship to Patient</u>
-------------	--------------------------------

May we leave a message on your answering machine? YES or NO

Patient Signature _____ Date _____



MEDICAL RECORD

**have
you had
the talk?**

NAME:

BIRTHDATE:

NORMAL VITAL SIGNS:

INSURANCE:

DIAGNOSES / CONDITIONS

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

SURGERIES / HOSPITALIZATIONS / TREATMENTS

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

CURRENT MEDICATIONS

#	medication	mg	frequency	instructions	start date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

MEDICAL ALLERGIES:

SPECIAL INSTRUCTIONS:

UPDATED: 01/23/14

888-247-5701 | www.hom.org

2 MedicalRecord TOOLdoc



In Case of Emergency (ICE) Wallet Card

Save copies on your computer; Type in any card, others will auto-fill; Print; Cut out; and Laminate. Put in wallet, bags, pockets, suitcase, glove box of car.

[illegible]

In Case of Emergency (ICE)

MY NAME:

ADDRESS:

Home Phone: Mobile Phone:

PRIMARY CONTACT (MPOA):

Home Phone: Mobile Phone:

Relationship:

DIAL 911 FOR EMERGENCIES

Additional Information

CONTACT (2):

Home Phone: Mobile Phone:

Relationship:

Additional Information:

DOB: BLOOD TYPE:

ALLERGIES:

PHYSICIAN:

DIAL 911 FOR EMERGENCIES

< FOLD
HERE

In Case of Emergency (ICE)

MY NAME:

ADDRESS:

Home Phone: Mobile Phone:

PRIMARY CONTACT (MPOA):

Home Phone: Mobile Phone:

Relationship:

DIAL 911 FOR EMERGENCIES

Additional Information

CONTACT (2):

Home Phone: Mobile Phone:

Relationship:

Additional Information:

DOB: BLOOD TYPE:

ALLERGIES:

PHYSICIAN:

DIAL 911 FOR EMERGENCIES

CUT
ALONG
THE
EDGES

In Case of Emergency (ICE)

MY NAME:

ADDRESS:

Home Phone: Mobile Phone:

PRIMARY CONTACT (MPOA):

Home Phone: Mobile Phone:

Relationship:

DIAL 911 FOR EMERGENCIES

Additional Information

CONTACT (2):

Home Phone: Mobile Phone:

Relationship:

Additional Information:

DOB: BLOOD TYPE:

ALLERGIES:

PHYSICIAN:

DIAL 911 FOR EMERGENCIES

< FOLD
HERE

In Case of Emergency (ICE)

MY NAME:

ADDRESS:

Home Phone: Mobile Phone:

PRIMARY CONTACT (MPOA):

Home Phone: Mobile Phone:

Relationship:

DIAL 911 FOR EMERGENCIES

Additional Information

CONTACT (2):

Home Phone: Mobile Phone:

Relationship:

Additional Information:

DOB: BLOOD TYPE:

ALLERGIES:

PHYSICIAN:

DIAL 911 FOR EMERGENCIES

UPDATED: 01/23/14

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4 PhoneList TOOL.doc

MEDICATION RECORD

**have
you had
the talk?**

MEDICATION		FORM (pill, patch...)	DOSE	TIME of DAY	DATES		REASON / DIRECTIONS
					START	STOP	
1	Nexium (Lansoprazole)	capsule	20mg	AM	10/23/09	Ongoing	Heartburn / Take before breakfast
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Include ALL medications: prescription, over-the-counter, vitamins and supplements.

PILLBOX FILL SHEET

**have
you had
the talk?**



		MEDICATION	IMAGE	DESCRIPTION	DOSE	START DATE	REASON
MORNING	1	Nexium (Lansoprazole)		Purple Capsule Imprint: 20mg	20mg	05/17/13	Heartburn
	2						
	3						
	4						
	5						
	6						
NOON	1						
	2						
	3						
	4						
EVENING	1						
	2						
	3						
	4						
	5						
BEDTIME	1						
	2						
	3						