

LETTING GO  WITH DIGNITY
EMPOWERING END-OF-LIFE DECISIONS

A LETTER TO MY AGENT

Dear _____,

Thank you for agreeing to serve as my Agent for healthcare decisions. I truly appreciate your willingness to serve in this critical role should circumstances arise in which I am unable to make decisions for myself.

Attached is a copy of my Advance Directives, and although we have had a conversation about what it means to be my agent and the powers granted you, here is a quick list of instructions you can refer to now, and if and when the time comes:

- After you have read them through, please keep these Directives in an easy-to-access place.
- My originals are located _____.
- If my condition changes and I give you an updated version of these papers, please destroy this copy.
- If I enter a nursing home, hospital, long-term assisted living or residential-care facility, please have photocopies of these Directives made and placed in my medical records, and insist that they be followed.
- My primary care doctor, _____

Name, Address and Phone

_____, has a copy of these Directives. Please inform him/her of my condition as it changes.

At the time of my death, your powers will end. However, I would appreciate your supporting my family in the following:

- If I am at home, not calling 911. If hospice is involved, call them. If not, call my doctor or the county coroner to pronounce my death.
- I have chosen ____ cremation, or ____burial.
- I ____have made no arrangements, ____ have made arrangements with

_____ and
papers are located _____

- I ____ have, ____ have not prepaid for those services.
- People I want notified that my family may not be aware of are:

Their phone numbers or emails can be found _____
and _____. The passwords for my email/
Facebook and other such accounts can be found
_____.

Again, thank you for being my Agent.
