

Designation of Patient Advocate

I, _____ (the "Patient"), a resident of Michigan, designate the following persons, in the order named, first, _____, and second, _____, my patient advocate (called "Agent" in this document and to include "health care surrogate", "patient advocate" and similar terms) to make care, custody, and medical decisions, and, if applicable, mental health treatment decisions on my behalf. These decisions may include, but are not limited to, consenting to my placement in a hospital or other similar facility for care, consenting for my medical, surgical, and dental treatment, executing waivers, medical authorizations, and other approvals required to authorize health care decisions, determining whether life support systems should be withheld or withdrawn from me, and, if applicable, consenting for my mental health treatment. My Agent may exercise this authority only when I am unable to participate in medical treatment decisions or mental health treatment decisions, if applicable.

If I am suffering from a physical illness, and there is a reasonable expectation of my recovery, I want to receive all lifesaving and supportive measures. However, if I am suffering from a physical illness, and there is no reasonable expectation of my recovery, I want to be allowed to die and not kept alive by artificial means or heroic measures, including, but not limited to, cardiopulmonary resuscitation to restart my heart beating, and the use of a respirator if I cannot breathe. I ask that medication be administered to me to alleviate suffering even though the medication may hasten the time of my death. I acknowledge that a decision to withhold or withdraw treatment could or will allow my death.

Regarding nutrition and hydration, my Agent shall not consider the provision of food and water as heroic or extraordinary means. Food and water shall be provided to me as the provision of basic human needs.

Initial all of the following that you wish to apply (optional):

Anatomical Gifts (choose one)

- _____ I give my Agent the authority to make anatomical gifts of all or part of my body. This authority remains exercisable after my death.
- _____ I prohibit my Agent from making anatomical gifts of all or part of my body; and expressly refuse to make anatomical gifts of all or part of my body. This refusal shall continue to apply after my death.

Mental Health Treatment (choose one)

- _____ I do not authorize my Agent to make any decisions regarding my mental health treatment.
- _____ I authorize my Agent to make decisions concerning my mental health treatment, including but not limited to executing an application for hospitalization for mental health treatment as a formal voluntary patient, approving transfer to any hospital or a facility that is not a hospital, and giving permission for involuntary administration of medication.
- _____ I authorize my Agent to make decisions concerning my mental health treatment, including but not limited to executing an application for hospitalization for mental health treatment as a formal voluntary patient, approving transfer to any hospital or a facility that is not a hospital, and giving permission for involuntary administration of medication. I waive my right to revoke this patient advocate designation as to the power to make mental health decisions. I realize that pursuant to this waiver I will not be able to revoke health care treatment for 30 days after I communicate my intent to revoke and that mental health treatment consented to by my Agent may continue for up to 30 days after I communicate my intent to revoke.

My additional wishes concerning care are as follows (optional):

Any lawful act performed by my Agent shall be binding upon any provider of health care, and upon my heirs, beneficiaries, devisees, personal representatives, and assignees. I authorize all health care providers and plans, insurers, and persons having protected health information about me to disclose to my Agent, upon request, all individually identifiable health information about me, under the Health Insurance Portability and Accountability Act of 1996, as amended, and any other applicable statute or rule.

I revoke all prior Designations of Patient Advocate or any other document in which I have named a patient advocate pursuant to MCL 700.5506. I reserve the right to amend or revoke this Designation of Patient Advocate at any time; provided, any person or entity dealing with my Agent may rely upon this Designation of Patient Advocate until actual receipt of an executed copy of its amendment or revocation.

Any reproduced copy of a signed original shall be deemed to be an original counterpart of this Designation of Patient Advocate. This Designation of Patient Advocate shall not be affected by my disability or by the lapse of time. Any person or entity dealing with my Agent may rely on a representation by my Agent that one or more of the other Agents designated is unable or unwilling to serve as my Agent.

I am 18 years of age or older, am of sound mind at the time of this signing, and have voluntarily signed and delivered this Designation of Patient Advocate on the _____ day of _____, 20_____.

Sign

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We, the witnesses, declare that at the time of signing on the date written above, we are not the patient’s spouse, parent, child, grandchild, sibling, presumptive heir, known devisee at the time of the witnessing, physician, patient advocate, or an employee of a life or health insurance provider for the patient, of a health facility that is treating the patient, or of a home for the aged as defined in section 20106 of the public health code, 1978 PA 368, MCL 333.20106, where the patient resides, or of a community mental health services program or hospital that is providing mental health services to the patient. We also declare that that the patient appears to be 18 years of age or older, of sound mind, and under no duress, fraud, or undue influence.

Witnesses

Sign

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Sign

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Acceptance of Designation as Patient Advocate

I have been designated as Agent (“patient advocate”) by the Patient; I accept the designation and acknowledge that:

- This patient advocate designation is not effective unless the patient is unable to participate in decisions regarding the patient’s medical or mental health, as applicable. If this patient advocate designation includes the authority to make an anatomical gift as described in section 5506, the authority remains exercisable after the patient’s death.
- A patient advocate shall not exercise powers concerning the patient’s care, custody, and medical or mental health treatment that the patient, if the patient were able to participate in the decision, could not have exercised on his or her own behalf.
- This patient advocate designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient’s death.
- A patient advocate may make a decision to withhold or withdraw treatment that would allow a patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient’s death.
- A patient advocate shall not receive compensation for the performance of his or her authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights, and responsibilities.
- A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient’s best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical or mental health treatment decisions are presumed to be in the patient’s best interests.
- A patient may revoke his or her patient advocate designation at any time and in any manner sufficient to communicate an intent to revoke.
- A patient may waive his or her right to revoke the patient advocate designation as to the power to make mental health treatment decisions, and if such a waiver is made, his or her ability to revoke as to certain treatment will be delayed for 30 days after the patient communicates his or her intent to revoke.
- A patient advocate may revoke his or her acceptance of the patient advocate designation at any time and in any manner sufficient to communicate an intent to revoke.
- A patient admitted to a health facility or agency has the rights enumerated in section 20201 of the public health code, 1978 PA 368, MCL 333.20201.

First designated Patient Advocate:

Second designated Patient Advocate:

Sign

Sign

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Date

Date