



# *Before You Sign That Document!*

## What You Need To Know About **Advance Directives for Health Care**

### *What Is an Advance Directive?*

A written advance directive is a document that communicates what you want your health care providers to know if you ever become unable to express your wishes directly. With an advance directive, you may:

- decide in advance whether to choose or forego life-sustaining treatment,
- appoint one or more trusted representatives (called a “health care proxy”) to make health care decisions on your behalf,
- donate body parts or your entire body for transplantation or research, and
- give other instructions regarding your health care, such as opting for hospice care or asking for a specific level of pain treatment.

### *Why Do I Need To Complete an Advance Directive Now?*

You need to complete an advance directive while you still have the mental capacity to make decisions. Once a person is unable to make medical decisions and needs an advance directive, it is too late to complete one.

If you are ever unable to make or communicate your own decisions about your medical treatment, Oklahoma law presumes you want life-sustaining treatment, including a feeding tube,

In the center of this handout is a blank Advance Directive for Health Care form you may choose to complete. The form includes language clarifying the authority of the health care proxy that is not found in the statutory form.

Oklahoma law does NOT automatically recognize the authority of spouses or other family members to make health decisions for you if you are ever not able. It is your responsibility to appoint a person that you trust to know and advocate for your wishes.

unless you have clearly expressed your wishes to refuse such treatment. By putting your own wishes in writing, you can give your doctors the legal authority to carry out your treatment as you direct.

Even if you have told others that you would not want a feeding tube or other treatment, Oklahoma law does not automatically allow them to direct your care, not even your spouse. An advance directive can be used to empower others to carry out your choices and make health care decisions on your behalf. Without a legal document such as an advance directive, your spouse or other loved ones may not be able to participate in decisions about your care.

A written advance directive is the safest and most effective way to make your wishes known, to legally empower your doctors to follow your directions, and to give the people you select the authority to act on your behalf.

### *When Will My Advance Directive Go Into Effect?*

If you never experience an injury or illness that prevents you from making and communicating your own medical decisions, your advance directive will never go into effect.

Your advance directive only takes effect if your attending physician and another doctor both determine you are no longer able to make medical decisions.

### *What Is a Living Will?*

An advance directive may include a Living Will, which allows you to express your treatment preferences if you are ever unable to make or communicate decisions in the future. The living will section in Oklahoma's advance directive form addresses three medical situations: terminal condition, persistent unconsciousness, and end-stage condition.

A **Terminal Condition** is caused by an illness or injury that is incurable and will not improve. Two physicians must agree that, even with medical treatment, death will likely occur within six months.

**Persistent Unconsciousness** is a deep and permanent state of unconsciousness. Patients may have open eyes, but they have very little brain activity and are only capable of involuntary movements. Confirming a diagnosis requires many tests that may take several months. Unlike patients in a coma, patients in a persistent unconscious state will never "wake up."

An **End-Stage Condition** is a condition caused by injury or illness that results in an irreversible loss of mental and physical abilities. A person with an end-stage condition may be unable to speak, walk, or control bodily functions. He or she may have difficulty swallowing and may not recognize loved ones. A patient with an end-stage condition is not predicted to improve or recover, even with treatment.

For each of these conditions, you can choose to receive all life-sustaining treatment, no life-sustaining treatment except artificial nutrition and hydration, or no life-sustaining treatment.

If you use Oklahoma's advance directive form, mark your choices with your initials.

### *What Is Life-Sustaining Treatment?*

Life-sustaining treatment is any kind of medical treatment designed to prolong a patient's life. For example, a ventilator, feeding tube, or dialysis can assist the body to function if the body's natural systems fail.

In addition to life-support systems, any medication, procedure, or treatment that is necessary to sustain a person's life is a life-sustaining treatment. Examples are cardiac medications, chemotherapy, surgery, and antibiotics.

Medical care designed to treat pain and keep a patient comfortable, but not to extend life, is not considered life-sustaining treatment.

### *What is Artificial Nutrition and Hydration?*

Artificial nutrition and hydration is sometimes called tube feeding. When a person cannot eat or drink by mouth, a feeding tube can deliver liquids and nutrients artificially.

On a short-term basis, this type of treatment may allow a patient to recover from a serious injury or illness. However, tube feeding procedures can be uncomfortable and may increase the risk of infection, bloating, liver damage, and other complications. Tubes can become dislodged and must be replaced. Physical restraints may be used to prevent an incapacitated

Cardiopulmonary Resuscitation (CPR) is used in an emergency when a person's heart stops beating or when the person stops breathing. Even if you have an Advance Directive, you will still likely receive CPR unless you also have a Do-Not-Resuscitate (DNR) order.

patient from removing the tubes. It is recommended that you talk with a doctor about the pros and cons of tube feeding at the end of life.

### ***What Will Happen If I Choose All Life-Sustaining Treatment?***

If you choose to receive all life-sustaining treatment, you will most likely receive all treatment available unless your doctors determine, under certain limited circumstances, that the treatment will not benefit you in any way or would cause you harm.

### ***What Will Happen If I Choose Not To Receive Life-Sustaining Treatment?***

If there is no chance of recovery, life-sustaining treatment may be withheld or withdrawn to

allow a natural death. However, even if you choose not to receive life-sustaining treatment, you will still receive pain treatment to keep you as comfortable as possible.

### ***What Happens If I Choose Not To Receive Artificial Nutrition and Hydration?***

As long as you are able to eat or drink by mouth, you will still be offered food and water. Also, until you are determined by two doctors to be terminally ill, persistently unconscious, or in an end-stage condition, you will be given artificial nutrition and hydration if you cannot eat or drink by mouth, unless you specify otherwise in your advance directive.

## **Oklahoma Advance Directive for Health Care**

If I am incapable of making an informed decision regarding my health care, I, \_\_\_\_\_, direct my health care providers to follow my instructions below.

### **I. Living Will**

If my attending physician and another physician determine that I am no longer able to make decisions regarding my health care, I direct my attending physician and other health care providers, pursuant to the Oklahoma Advance Directive Act, to follow my instructions as set forth below:

(1) If I have a terminal condition, that is, an incurable and irreversible condition that even with the administration of life-sustaining treatment will, in the opinion of the attending physician and another physician, result in death within six (6) months:

(Initial only one option)

Initial here if you DO NOT want life-sustaining treatment, but you DO want tube feeding.

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

Initial here if you DO NOT want life-sustaining treatment and you DO NOT want tube feeding.

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

Initial here if you DO want BOTH life-sustaining treatment and tube feeding.

\_\_\_\_\_ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

Initial here only if you have written instructions regarding tube feeding or other treatment in the event of a terminal illness.

(Initial only if applicable)

\_\_\_\_\_ See my more specific instructions in paragraph (4) below.

## *Can I Write Specific Wishes or Instructions About My Care?*

You can personalize your advance directive by writing specific instructions, such as:

- **Pain Management** – You can specify the level and type of pain management care you would like to receive. For example, you may want to authorize the use of pain medications, including narcotics, without regard to risk of addiction or side effects that may hasten death. Or, if you would prefer, you may state your preference to receive less pain treatment if necessary to remain alert.
- **HIPAA Authorization** – If you are concerned that your health care proxy may have difficulty accessing your medical information, you can expressly authorize your health care proxy to access your records. For convenience, we have included HIPAA language in the form provided with this handout.
- **Time Limit on Treatment** – You can authorize life-sustaining treatment to be continued for a specific or reasonable period of time to allow for the possibility of recovery and authorize its withdrawal after that time had lapsed.
- **Particular Procedures** – You can authorize or decline particular medical procedures or treatments, such as blood transfusions, dialysis, or antibiotics.
- **Authorization of Proxy** – If you wish to allow your health care proxy to make all treatment decisions based on his or her

State laws and private organizations have created many different advance directive forms. If you use a preprinted form, read it carefully to be sure it expresses your personal preferences regarding medical treatment.

understanding of your preferences, you may state that you intentionally leave the living will section blank. Or, you may include instructions that the living will is to provide guidance only and not limit the authority of your health care proxy to make the final decisions about your medical treatment. For convenience, we have included language regarding the effect of leaving the living will section blank in the form provided.

- **Quality of Life** – You can describe what an acceptable quality of life is to you in order to guide your health care proxy and doctors. For example, an acceptable quality of life might include the ability to recognize family and friends, take care of daily needs, go outside, listen to music, etc. These statements should be based on your individual views regarding a life worth living.
- **Authorization of Hospice** – You can request that you be placed on hospice as soon as it becomes appropriate.
- **Refusal of Hospitalization** – You can express your wish to receive care at home or to pass away at home, if possible.
- **Exceptional Circumstances** – You can specify particular circumstances when you would want medical treatment to extend life for a limited time even when recovery is not possible, such as to allow time for a religious rite or for family members to arrive.
- **Pregnancy** – In the event that you are pregnant and incapacitated, you will be provided with life-sustaining treatment, including artificially administered nutrition and hydration, unless you specifically authorize in your own words that such treatment should be withheld or withdrawn even if you are pregnant.

If you are using Oklahoma's standardized advance directive form, initial next to any specific instructions you write.

# Advance Directive for Health Care

---

This form is available in English, Spanish and Vietnamese at [okdhs.org/programsandservices/aging/legal](http://okdhs.org/programsandservices/aging/legal).

---

If I am incapable of making an informed decision regarding my health care, I direct my health care providers to follow my instructions below.

## I. Living Will

If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers, pursuant to the Oklahoma Advance Directive Act, to follow my instructions as set forth below:

1. If I have a terminal condition, that is, an incurable and irreversible condition that even with the administration of life-sustaining treatment will, in the opinion of the attending physician and another physician, result in death within six (6) months:

### (Initial one option only)

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

### (Initial if applicable)

\_\_\_\_\_ See my more specific instructions in paragraph four (4).

2. If I am persistently unconscious, that is, I have an irreversible condition, as determined by the attending physician and another physician, in which thought and awareness of self and environment are absent:

### (Initial one option only)

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

### (Initial if applicable)

\_\_\_\_\_ See my more specific instructions in paragraph four (4).

3. If I have an end-stage condition, that is, a condition caused by injury, disease, or illness, which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which treatment of the irreversible condition would be medically ineffective:

**(Initial one option only)**

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

**(Initial if applicable)**

\_\_\_\_\_ See my more specific instructions in paragraph four (4).

**4. Other.**

Here you may: (a) describe other conditions in which you would want life-sustaining treatment or artificially administered nutrition and hydration provided, withheld, or withdrawn; (b) give more specific instructions about your wishes concerning life-sustaining treatment or artificially administered nutrition and hydration if you have a terminal condition, are persistently unconscious, or have an end-stage condition; or (c) do both of these.

---

---

---

---

---

---

---

---

---

---

## **II. My Appointment of My Health Care Proxy**

If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers pursuant to the Oklahoma Advance Directive Act to follow the instructions of:

\_\_\_\_\_, whom I appoint as my health care proxy.

If my health care proxy is or becomes unable or unwilling to serve, I appoint:

\_\_\_\_\_ as my alternate health care proxy with the same authority.

My health care proxy is authorized to make whatever health care decisions I could make if I were able, except that decisions regarding life-sustaining treatment and artificially administered nutrition and hydration can be made by my health care proxy or alternate health care proxy only as I have indicated in the foregoing sections.

If I fail to designate a health care proxy in this section, I am deliberately declining to designate a health care proxy.

### **III. Anatomical Gifts**

Pursuant to the provisions of the Uniform Anatomical Gift Act, I direct that at the time of my death my entire body or designated body organs or body parts be donated for purposes of:

**(Initial all that apply)**

\_\_\_\_\_ transplantation therapy  
\_\_\_\_\_ advancement of medical science, research or education  
\_\_\_\_\_ advancement of dental science, research or education

Death means either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brain stem. I specifically donate:

**(Initial all that apply)**

\_\_\_\_\_ My entire body; or

The following body organs or parts:

_____ lungs	_____ liver	_____ arteries
_____ pancreas	_____ heart	_____ glands
_____ kidneys	_____ brain	_____ tissue
_____ skin	_____ bones/marrow	_____ eyes/cornea/lens
_____ bloods/fluids	_____ tissue	_____ other

### **IV. General Provisions**

- a. I understand that I must be eighteen (18) years of age or older to execute this form.
- b. I understand that my witnesses must be eighteen (18) years of age or older and shall not be related to me and shall not inherit from me.
- c. I understand that if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, I will be provided with life-sustaining treatment and artificially administered hydration and nutrition unless I have, in my own words, specifically authorized that during a course of pregnancy, life-sustaining treatment and/or artificially administered hydration and/or nutrition shall be withheld or withdrawn.
- d. In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this advance directive shall be honored by my family and physicians as the final expression of my legal right to choose or refuse medical or surgical treatment including, but not limited to, the administration of life-sustaining procedures, and I accept the consequences of such choice or refusal.

Continued on next page



- e. This advance directive shall be in effect until it is revoked.
- f. I understand that I may revoke this advance directive at any time.
- g. I understand and agree that if I have any prior directives, and if I sign this advance directive, my prior directives are revoked.
- h. I understand the full importance of this advance directive and I am emotionally and mentally competent to make this advance directive.
- i. I understand that my physician(s) shall make all decisions based upon his or her best judgment applying with ordinary care and diligence the knowledge and skill that is possessed and used by members of the physician's profession in good standing engaged in the same field of practice at that time, measured by national standards.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Residence (City, county and state)

\_\_\_\_\_  
Date of birth (Optional)

**This advance directive was signed in my presence.**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
City/State

**For assistance in filling out this form call (405) 208-2048.**



**OKLAHOMA  
Human Services**

DHS Pub. No. 87-07W

Revised 12/2020

This publication is authorized by Oklahoma Department of Human Services Director Ed Lake and printed by DHS in accordance with state and federal regulations at a cost of \$257.00 for 1,044 copies. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. DHS offices may request copies on ADM-9 (23AM009E) electronic supply orders. Members of the public may obtain copies by calling 1-877-283-4113 (toll free), by faxing an order to (405) 962-1741, or by downloading a copy at [www.okdhs.org/library](http://www.okdhs.org/library).



## ***What Is a Health Care Proxy?***

If you are ever unable to make health care decisions, your health care proxy is the person who will have the authority to make all health care decisions (both life-sustaining and non-life-sustaining) that you would make if you were able. Oklahoma's advance directive form provides space for you to appoint a primary health care proxy and an alternate health care proxy.

Your health care proxy will be able to access your medical information and talk with your doctors about treatment options. He or she may consent to or refuse tests or treatments, including life-sustaining treatment. Your proxy may also admit you to a health care facility or select your physicians.

## ***How Do I Choose My Health Proxy?***

Your health care proxy must be at least 18 years old and of sound mind. He or she should also be someone you trust, who knows you well, and who will honor your wishes.

Often a spouse or adult child is appointed. However, you may choose anyone you wish, including other family members or friends. Make sure that the person you choose is willing and able to carry out your wishes.

If your first proxy is your age or older, you may want to name a younger person as the alternate.

Make sure your proxies know your wishes and understand the values that guide your decisions. Talk to everyone who will be concerned about your treatment. This may help to prevent disputes among those who care about you.

## ***Can I Leave These Decisions Up To My Health Care Proxy?***

If you wish to leave part or all of your living will blank in order to delegate decisions to your health care proxy, write your intention clearly

When choosing a health care proxy, consider the following criteria:

- Is the person willing to serve as your health care proxy?
- Will the person be available when needed?
- Will the person be able to carry out your wishes?
- How well does this person know you and understand your values?
- Does this person share your preferences about end-of-life care?
- Is this someone you trust?
- Is this person willing to talk with you about sensitive issues?
- Will the person be able to ask doctors questions and advocate on your behalf?
- How will the person handle conflict if there is disagreement about care?

either in your living will or proxy appointment section. (Oklahoma law allows you to complete the living will, the appointment of a health care proxy, or both.) For your convenience, language giving authority to the health care proxy if part or all of the living will is blank is included in the form provided with this handout.

## ***Can My Health Care Proxy Go Against My Wishes?***

When making decisions, your health care proxy is required to follow the instructions you gave in your living will unless you specify otherwise. He or she must also honor what is otherwise known about your treatment wishes.

## ***What Is an Anatomical Gift?***

In your advance directive, you may express your wish to donate your body or body parts for transplantation or research. Organs, skin, bone marrow, and even eyes can be donated to help people suffering from illness or injury.

Your family will not be charged for organ or tissue donation. Your estate may still be responsible for your medical and funeral costs.

If you would like to donate your body to science, contact the medical organization of your choice to make arrangements in advance.

Medical schools and research facilities study bodies to educate students and better understand the effects of disease. Generally, you cannot donate your body for medical education or research if you also wish to donate your organs.

If you wish to donate your body to science, you will need to make arrangements in advance with the university or institution.

### ***Aren't I Too Old To Be a Donor?***

You are never too old to be an organ or tissue donor. Each donor will be evaluated for suitability when the occasion arises.

### ***Will Being an Organ Donor Affect My Care While I Am Living?***

Being an organ donor will not affect the medical care you receive while you are alive. Organ and tissue donation will only occur after death. Be aware that it may be necessary to place a donor on a machine temporarily to keep blood and oxygen flowing to the organs.

### **III. Anatomical Gifts**

Pursuant to the provisions of the Uniform Anatomical Gift Act, I direct that at the time of my death my entire body or designated body organs or body parts be donated for purposes of:

(Initial all that apply)

Initial next to transplantation if you want to be an organ donor.

☐ transplantation

Initial next to advancement of medical science and/or dental science if you want to donate your body or body parts for research or education.

☐ advancement of medical science, research, or education

☐ advancement of dental science, research, or education

Initial here if you want to donate your entire body.

☐ My entire body

Initial here if you want to specify which parts you want to donate.

or  
☐ The following body organs or parts:

Only if you have opted to specify which parts to donate, initial next to each part that you would like to donate.

<input type="checkbox"/> lungs	<input type="checkbox"/> blood/fluids	<input type="checkbox"/> brain
<input type="checkbox"/> pancreas	<input type="checkbox"/> arteries	<input type="checkbox"/> bones/marrow
<input type="checkbox"/> kidneys	<input type="checkbox"/> liver	<input type="checkbox"/> tissue
<input type="checkbox"/> skin	<input type="checkbox"/> heart	<input type="checkbox"/> eyes/cornea/lens

## ***What Will Happen To My Body If I Am a Donor?***

An organ donor can still have an open casket and be buried or cremated. Bodies donated for education or research will be cremated.

## ***How Do I Complete My Advance Directive?***

You must be of sound mind and at least 18 years old to complete an advance directive. Your advance directive must be signed by you in front of two witnesses who are at least 18 years old, are not related to you, and will not inherit from you.

## ***Does My Advance Directive Need To Be Notarized?***

In Oklahoma, an advance directive does not need to be notarized. It just needs to be signed by you and the two witnesses.

## ***What Should I Do With My Advance Directive After I Sign It?***

Once you have completed your advance directive, keep it in a place where it can be easily found. Do not keep your advance directive in a safe deposit box or locked away unless others can access it in an emergency.

Copies are just as good as the original. Consider putting a copy on your refrigerator and another copy in your glove compartment. Emergency responders are trained to look in these places for medical information.

You may also want to carry a card in your wallet indicating that you have an advance directive, where a copy can be located, and the contact information for your physician and health care proxies.

Give copies of your advance directive to your health care proxy and alternate proxy, your physician, and your attorney, if you have one.

If you live in an assisted living facility or nursing home, give a copy to a staff member who can make it a part of your file.

## ***When Should I Review My Advance Directive?***

Review your advance directive every few years, especially after a major life change such as the death of a loved one, divorce, or a diagnosis of a serious medical condition.

## ***What If I Change My Mind?***

You can revoke all or part of your advance directive at any time and in any manner that indicates your intention to revoke, including tearing, crossing out, or destroying the form.

It is best to document your revocation by writing "I Revoke" across each page and keeping it for your records. Tell everyone who has a copy that it has been revoked and ask them to destroy their copies.

Tell your attending physician that you revoked your advance directive and to make your revocation part of your medical record.

Completing a new advance directive automatically revokes your old one. Remember to give copies of your new advance directive to your physician, health care proxies, and attorney.

The best way to make changes to an advance directive is to complete a new form. Do not alter the original document. Making changes to the original document may cause confusion and could even invalidate the document.

## ***Can Doctors Go Against My Wishes?***

Oklahoma law requires physicians and other health care providers to promptly inform you if they are not willing or able to comply with your advance directive.

Show your advance directive to your physicians and other health care providers to confirm that they will honor your advance directive. Your doctor should tell you whether he or she can honor your wishes when you give your doctor a copy for your file.

If you are incapacitated, a physician may refuse to honor your advance directive, but he or she must promptly transfer you to a doctor who will honor your wishes.

### ***Where Can I Get More Information?***

You can get more information about health care planning from the following organizations:

**Oklahoma Palliative Care Resource Center**  
[www.okpalliative-care.com](http://www.okpalliative-care.com)

**Senior Law Resource Center**  
(405) 528-0858  
e-mail: [info@senior-law.org](mailto:info@senior-law.org)  
[www.senior-law.org](http://www.senior-law.org)

**Legal Aid Services of Oklahoma**  
(888) 534-5243  
[www.legalaidok.org](http://www.legalaidok.org)

**Oklahoma Bar Association**  
(405) 416-7000  
(800) 522-8065  
[www.okbar.org](http://www.okbar.org)

**Department of Human Services  
Aging Services Division**  
(800) 211-2116  
[www.okdhs.org](http://www.okdhs.org)

**Oklahoma Hospice and Palliative Care Association**  
(405) 606-4442  
(800) 356-0622  
[www.okhospice.org](http://www.okhospice.org)

Advance directive forms are widely available at no charge from most hospitals, nursing homes, hospices, and Area Agencies on Aging.

This handout was produced by the Senior Law Resource Center, a non-profit organization that provides legal information and services to elders, caregivers, and professionals.

The information in this handout is based on Oklahoma law. This handout provides general information only and is not intended to serve as legal or medical advice, nor does it create an attorney-client relationship. If you have questions, consult a physician or attorney about your specific situation.

The information in this handout was originally published in "Your Right To Decide: Oklahoma's Advance Directive & Other Health Care Planning Tools." This handout as well as the original "Your Right To Decide" booklet are both available at no charge in PDF format from the Senior Law Resource Center's website, [www.senior-law.org](http://www.senior-law.org).

Funding for this publication was provided by the Hospice Foundation of Oklahoma Affiliated Fund, Inc., an endowment administered by the Oklahoma City Community Foundation. Additional funding for the Senior Law Resource Center's educational programs is provided by the Oklahoma City Community Foundation iFund Grant program, the Oklahoma Bar Foundation, the Oklahoma County Bar Foundation, and contributions from individual supporters.



For more information about Advance Directives for Health Care and other legal issues, contact the **Senior Law Resource Center** at **(405) 528-0858** or **[info@senior-law.org](mailto:info@senior-law.org)**, or go to **[www.senior-law.org](http://www.senior-law.org)**.