Advance Health Care Directive

(Alaska Statutes §§ 13.52.010 to 13.52.395)

1. I, _____ (print or type full name), fill out this document to set forth my treatment instructions and to appoint a health-care agent in case of my incapacity.

2. I am one of Jehovah's Witnesses, and I direct that **NO TRANSFUSIONS of whole blood, red cells, white cells, platelets, or plasma** be given me under any circumstances, even if health-care providers believe that such are necessary to preserve my life. (Acts 15:28, 29) I refuse to predonate and store my blood for later infusion.

3. **Regarding end-of-life matters:** [initial one of the two choices]

   (a) _____ I do not want my life to be prolonged if, to a reasonable degree of medical certainty, my situation is hopeless.

   (b) _____ I want my life to be prolonged as long as possible within the limits of generally accepted medical standards, even if this means that I might be kept alive on machines for years.

4. **Regarding other health-care instructions** (such as current medications, allergies, medical problems, or any other comments about my health-care wishes), I direct that:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

5. I give no one (including my agent) any authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood or other instructions.

6. Apart from the matters covered above, I appoint the person named herein as my agent to make health-care decisions for me. I give my agent full power and authority to consent to or to refuse treatment (including artificial nutrition and hydration) on my behalf, to consult with my doctors and receive copies of my medical records, and to take legal action to ensure that my wishes are honored. If my first appointed agent is unavailable, unable, or unwilling to serve, I appoint an alternate agent herein to serve with the same power and authority.

7. **Regarding health-care decisions during pregnancy [if applicable]:** I direct that my health-care provider and my health-care agent fully honor my refusal of blood transfusions even if I am pregnant. In the event of my incapacity, my health-care agent has the authority to make health-care decisions for me even while I am pregnant.

8. I sign my name to this Advance Health Care Directive on the date set forth below.

(Signature*) (Date)

(Address)

STATEMENT OF WITNESSES: I swear under penalty of perjury under Alaska Statute 11.56.200 that the principal (the person who signed above) is personally known to me, that the principal signed or acknowledged this Advance Health Care Directive in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, and that **I am not (1) the person appointed as health-care agent or alternate agent by this document,** (2) a health-care provider employed at the health-care institution or health-care facility where the principal is receiving care, (3) an employee of a health-care provider providing health care to the principal, or (4) an employee of the health-care institution or health-care facility where the principal is receiving health care.

(Signature of witness) (Signature of witness)

(Address) (Address)

AT LEAST ONE OF THE ABOVE WITNESSES SHALL ALSO SIGN THE FOLLOWING STATEMENT: I swear under penalty of perjury under Alaska Statute 11.56.200 that I am not related to the principal by blood, marriage, or adoption and, to the best of my knowledge, I am not entitled to a portion of the principal's estate upon the principal's death under a will or codicil or by operation of law.

(Signature of witness) (Signature of witness)

HEALTH-CARE AGENT*

Name: _____

Address: _____

_____

Telephone(s): _____

_____

ALTERNATE HEALTH-CARE AGENT*

Name: _____

Address: _____

_____

Telephone(s): _____

_____

* **Note:** Before signing this document, fill out the entire document (including the names, addresses, and telephone numbers of your health-care agents). You should sign this document in the presence of two witnesses. You may appoint any adult to be your agent except for a nonrelative owner, operator, or employee of a health-care institution at which you are receiving care. A "nonrelative" is a person not related to you by blood, marriage, or adoption.

Advance Health Care Directive

(signed document inside)

NO BLOOD