

WHITMAN COUNTY

Advance Care Planning Facilitation

Appointment Request

Name: _____

Phone: _____

Email: _____

Preferred Contact Time/Day:

Preferred Town: _____

Appointment Confirmation

Facilitator: _____

Phone: _____

Day: _____

Time: _____

Location: _____

*Please complete and leave with provider
or facility, or mail to address on back side of
this form. Thank You.*

What if I change my mind after filling out my Advance Directive?

Advance Directives *can be changed*
by you at *any time* and should be
reviewed regularly.

Where should I keep my Advance Directive?

Keep the original documents at home
In a safe place *but not locked up*.

Provide copies to your primary care
provider and hospital.

Your health care agent and alternates.

Others — loved ones, clergy, attorney.

For Assistance Contact:

Friends of Hospice
509.332.4414

Whitman Hospital & Medical Center
509.397.3435 Ext 354

Pullman Regional Hospital Social Work
509.336.7556

V2017.01

Advance Care Planning

WHITMAN COUNTY

Getting Started Online
www.honoringchoicespnw.org
www.friendsofhospice.net

Advance Care Planning

Why Advance Care Planning is important for all adults.

It's a process of communication that helps you understand, reflect upon and discuss your goals, values and beliefs for future health care decisions.

Advance Care Planning Vs. Advance Directives

Advance Care Planning is the conversation. Meaningful conversations across life's stages with your loved ones, medical providers, clergy, and ACP Facilitator, allowing for deeper understanding of and honoring of your wishes.

Advance Directives are written plans or documents. A Durable Power of Attorney for Health Care is a legal document that names a person who will speak for you when you can't—Your Health Care Agent. A Living Will or Health Care Directive is your written instructions to physicians and family about the type of life-sustaining treatment you do or don't want.

WHAT IT INVOLVES –

3 Decisions

1. Choosing a decision maker (Health Care Agent) for you.
2. **Discussing** your goals for care when there is little chance you will recover the ability to know *Who you are—where you are—or who you are with.*
3. **Identifying** your personal, cultural or religious beliefs that may affect life-sustaining treatment decisions.

Choosing someone to be your Health Care Agent.

1. Is the person **WILLING** to be my health care agent?
2. Does he or she **UNDERSTAND** my preferences?
3. Will he or she **FOLLOW** my preferences?
4. Can he or she make difficult decisions in a **STRESSFUL** situation?

Notes: _____

WHITMAN COUNTY Advance Care Planning Facilitation

Friends of Hospice
Annie Pillers
509.332.4414
PO Box 484
Pullman, WA 99163

Whitman Hospital & Medical Center
Social Work
Kathleen Haley
509.397.3435 Ext 354
1200 W Fairview St
Colfax, WA 99111

Pullman Regional Hospital
Social Work
Katie Evermann Druffel
509.336.7556
835 SE Bishop Blvd
Pullman, WA 99163