



INSTRUCTIONS FOR THE ALZHEIMER'S DISEASE/DEMENTIA MENTAL HEALTH ADVANCE DIRECTIVE

The instructions contained in this document will enable you to complete and implement the Alzheimer's Disease/Dementia Mental Health Advance Directive (referred to from now on as "Directive"). **Because this document offers you the option of permanently giving away your rights to make certain decisions, it is very important that you read and fully understand these instructions and the entire Directive before you complete and sign the Directive.**

ABOUT THIS DIRECTIVE

This Directive is the result of a collaborative effort between Seattle University School of Law Professor Lisa Brodoff and Robb Miller, former Executive Director of End of Life Washington. It was created to allow mentally competent people dealing with Alzheimer's and dementia to document their wishes related to where to live, how to finance their care, when to stop driving, and many other issues. You can also use it to give someone the power to make your decisions for you. **This document is not a Living Will or Durable Power of Attorney for Health Care and does not document your wishes for medical or end-of-life care.**

In 2002 Washington State passed a law about mental health advance directives primarily for people with mental health illnesses like schizophrenia and bipolar disorder to make decisions about their mental health care, to state their treatment preferences, and to appoint a substitute decision-maker. This Directive is a mental health advance directive that has been customized for people with Alzheimer's/dementia. **Because this Directive is based on Washington State law, it may not be legal or honored outside of Washington.**

Although other states have enacted mental health advance directives, legal requirements differ from state to state. **If you do not reside in Washington and you live in a state that has a mental health advance directive law similar to Washington's, you may be able to modify this Directive to make it legal in your state.** If you want this option, check with a local Alzheimer's Association (<http://www.alz.org>, 800.272.3900), senior service organization, elder law attorney, geriatric care manager, or other professional who specializes in advance planning for people with Alzheimer's/dementia. **Even if this Directive is not legal where you live, you can still use it to document your wishes and provide a guide for your family, health care providers, long-term care providers, and others.**

In order to make this document, you must be an adult with capacity to understand the possible risks and benefits of your choices. "Incapacitated" means that you have been found by a court or group of professionals to be unable to understand your choices and make informed decisions. You may not make this Directive if you are incapacitated or a guardian has been appointed to make your health care decisions.

Although Washington State law states that your Directive should be followed to the "fullest extent possible," it does not guarantee that all your choices will be honored by your family or health care providers. For example, you cannot force a family member to take care of you or a long-term care facility to accept you. However, making this Directive will help ensure your wishes are considered and increase the likelihood they will be honored. Documenting your actual desires and care goals when you are well enough to make decisions can result in much less stress on your family and other loved ones and allows you to exert more control about decisions made on your behalf in the future.

Many very personal and difficult issues are addressed and documented in this Directive, and reading about some of them can paint a skewed or scary picture of life with Alzheimer's/dementia. Addressing your concerns or fears with a mental health professional that specializes in working with people who have been diagnosed with Alzheimer's/dementia may be very helpful. It is also advisable to seek legal advice from an experienced elder law attorney. See the Guide section below for resources for finding these professionals.

Even with good care, people who experience Alzheimer's/dementia may have very different outcomes. Some may appear as a pleasantly confused person with humor intact living in relative peace with the disease. Others may experience symptoms or behaviors that are more difficult to manage. Most people's experiences and behaviors will change over time. **With the goal of being prepared, this Directive is intended to help plan for the worst-case scenarios.** Although this planning may be difficult, it can be a huge relief to you and your family to deal with these important issues upfront.

GUIDE TO MAKING YOUR DIRECTIVE

- This is a long, complex document, and you or your partner/spouse and/or family may not understand what you will be facing with an Alzheimer's/dementia disease diagnosis. Therefore, the help of professionals, such as a mental health professional, geriatric care manager, and/or an elder law attorney, is highly recommended. In Washington, End of Life Washington may be able to assist with referrals to these professionals. Elsewhere, your local Alzheimer's Association (www.alz.org, 800.272.3900), your state's psychological association, and senior service organizations may be able to help you find qualified, experienced professionals. You may also want to check the National Association of Elder Law Attorneys at alturl.com/ixo85 and the National Association of Geriatric Care Managers at memberfinder.caremanager.org.
- Once again, read the instructions and the Directive in their entirety before completing your Directive. It may take much time, thought, and many conversations, along with consultation with professionals to complete your Directive.
- Make a few photocopies of the Directive before you start, in case you need to start over. You will probably want to use one of the copies as a "working document."
- If you are a person in the early stages of Alzheimer's/dementia or you have a family history of Alzheimer's, it is advisable to do this planning early. Doing this planning while you are still clearly capable of making these decisions helps prevent questions later about whether you had the capacity to make the Directive. You cannot make this Directive if you become incapacitated.
- Talk with your family, friends, physicians, and/or attorney about your decision to complete this Directive.
- This is your document. When completed, it should express your wishes. Cross out sections, sentences, or words with which you don't agree.
- In the spaces provided, initial every statement that you agree with. If you do not agree with the statement, put a line through the spaces provided. Do not leave any blank spaces.
- Follow the short directions provided within the form between the brackets, "{ }." For example: {Initial only one, and draw a line through the others.}
- If you have questions or need guidance in preparing the Alzheimer's Disease/Dementia Mental Health Advance Directive, please contact End of Life Washington (206.256.1636, 877.222.2816 toll-free, info@EndofLifeWA.org, www.EndofLifeWA.org) and a staff member will be glad to assist you.

THE NUMBERS AND LETTERS IN THE GUIDE BELOW CORRESPOND TO THE SAME SECTIONS IN YOUR DIRECTIVE

1. WHEN AND HOW LONG I WANT THIS DOCUMENT TO BE EFFECTIVE

The first section of this document is also one of the most important. There are three choices, and you must pick only one.

Choice	Advantage	Disadvantage
a. Effective immediately.	No doubts about when Directive is effective. Immediate benefit of advocacy from your agent.	Professionals may not understand that you must still be consulted about decisions.
b. Effective if you lose capacity.	Professionals don't have to consult with your agent until you are incapacitated. There can be a definitive finding that you are incapacitated.	You may become incapacitated before a formal finding that you are incapacitated. Your agent cannot advocate for you until you are deemed incapacitated.
c. Effective when certain symptoms or behaviors occur.	You can tailor your Directive to fit a particular symptom or symptoms, such as when you no longer recognize your spouse/partner.	It may not always be clear to others when the circumstances, symptoms, or behaviors you choose occur.

2. WHEN I MAY REVOKE THIS DIRECTIVE

You must choose one or the other, or your Directive will not be valid.

Choice	Advantage	Disadvantage
Only when I have capacity.	Can protect you from making bad decisions when you are incapacitated.	When you are incapacitated, you cannot change your mind about your treatment choices made in this Directive.
Even if I am incapacitated.	You can revoke this Directive at any time, even when you are incapacitated.	If you become incapacitated, you could make decisions that are not in your own best interests or are contrary to your Directive.

Important: Choosing “Even if I am incapacitated” may result in your entire Directive being revoked by you, effectively ending all the advance planning you did while you had capacity. You could also make a decision while incapacitated that terminated your mental health care agent’s authority to act on your behalf and result in someone else becoming your legal surrogate decision-maker for your mental health care decisions. Your new legal surrogate decision-maker could then become someone you do not want to have this authority (see “If you do not designate a mental health care agent...” below).

3. MY MENTAL HEALTH CARE AGENT

Designating a mental health care agent is highly recommended. If you do not designate a mental health care agent, Washington State law authorizes the following people, in order of priority, to make mental health care decisions for you.

- A court-appointed guardian with decision-making authority.
- Your spouse or registered domestic partner.
- Your adult children.
- Your parents.
- Your adult siblings.

When there is more than one person in a category, such as your adult children, then all must agree.

If you choose not to name a mental health care agent in section 3, cross out sections 3 and 4, and go on to section 5.

Important: The person you name as your mental health care agent should be the same person you name as your Health Care Agent in your Durable Power of Attorney for Health Care, a document that allows you to name someone to make medical (not mental health care) decisions for you when you cannot speak for yourself. If the agents named in these two documents are not the same person, conflict about certain issues could occur. While this conflict is being resolved, the choices you make in this Directive could be delayed or prevented.

Be sure the people you appoint as your health care agents understand your wishes and agree to honor them. Do not name someone to be your health care agent without his or her knowledge and permission.

You should also name an alternate mental health care agent, if possible. This allows someone else to advocate for you if your primary mental health care agent is unavailable or you outlive him or her.

If you are married or partnered to the person you name as your primary mental health care agent, be sure to indicate whether you would want your spouse/partner to continue to be your agent if you were separated or divorced from him or her. Sometimes partners/spouses divorce for reasons that may have no bearing on their trust of the current partner/spouse to carry out their wishes (for example, divorce for the purpose of qualifying for public assistance such as Medicaid).

The person you name to be your mental health care agent:

- Must be at least 18 years old and mentally competent.
- May be a family member or close friend whom you trust to make serious decisions.
- Should clearly understand your wishes and be willing to accept the responsibility of making mental health care and other decisions for you.
- Should be someone who can be assertive in the event that caregivers, family members, or health care providers challenge your wishes.
- Does not have to be your spouse, partner, or a member of your biological family.
- Need not live in Washington but should be readily available in the event of a mental health emergency.

The person you appoint as your mental health care agent cannot be:

- Your doctor or an employee of your doctor.
- An owner, operator, administrator, or employee of a health care facility in which you are a patient at the time you sign your advance directive.

However, if one of the individuals listed above (your doctor, an employee of your doctor, etc.) is also your spouse, adult child, or sibling, you may appoint that individual to be your mental health care agent.

Note to same-sex spouses and registered domestic partners: If you do not designate your spouse or registered domestic partner as your primary mental health care agent, your spouse or domestic partner may not have the right to make your mental health care decisions or even have access to you in an emergency mental health situation outside of Washington.

4. THE AUTHORITY I GIVE MY MENTAL HEALTH CARE AGENT

This section gives your mental health care agent broad authority to make decisions about your mental health care. If you do not want your agent to have the authority to do something described here, cross out those words or sentences.

5. HOW TO MAKE MENTAL HEALTH CARE DECISIONS AND IMPLEMENT THIS DIRECTIVE

No document can foresee and express your choices about every situation that may occur. This section provides guidance to your mental health care agent and others if issues not addressed by this Directive arise.

6. PERSONAL HISTORY AND CARE VALUES STATEMENT

One of the most important steps you can take to ensure your wishes will be honored and you get the care you want is to write a statement about your values, faith, history, beliefs, work history, important past and present relationships, interests, or anything else you believe is important for your caregivers to know. By knowing and understanding the person before them, caregivers can more easily connect with you on a more personal level. When the general values about care are stated, people who make decisions for you will have a better idea of what to do in situations that cannot be anticipated. Although writing a statement is optional, it is highly recommended. The more your providers, your agent, and others interested in your welfare know about you and your wishes, the better they are able to react to, and deal with, situations as they arise.

7. PREFERENCES AND INSTRUCTIONS ABOUT MY CARE AND TREATMENT

a. Preferences regarding care in my home.

- (1) One of the first decisions that people with Alzheimer's/dementia will need to make concerns the type of care they would want to receive while still in their own homes. At the beginning stages of the illness most people with Alzheimer's/dementia are able to remain at home, either alone or with a spouse, partner, family, or others. As the disease progresses, you will eventually need assistance with personal care, reminders to take medication, housekeeping, cooking, grocery shopping, and driving to appointments.

This personal care can be delivered in a number of ways – by family members (for pay or as volunteers), individuals hired for this service, and agencies. Some people may prefer that personal care be done only by family members, while others would never want their family members to do those tasks.

Giving advance permission for individuals who are not family members to provide your care could take the pressure and guilt off your family or mental health care agent for bringing in nonfamily care providers.

- (2) If you have any cultural, religious, and/or gender preferences about your personal care and assistance, write them here. Discuss your preferences and choices with your family, mental health care agent, and/or geriatric care manager to be sure they are feasible.

b. Preferences and instructions involving out-of-home placements.

One of the most predictable decisions that a person with Alzheimer's/dementia will have to face concerns a future placement outside the family home. When, where, and how that out-of-home placement will occur are decisions that can be anticipated and dealt with by people with Alzheimer's/dementia in consultation with their family, their medical providers, and other geriatric care professionals.

There are now a variety of out-of-home placements that can be discussed and decided upon in advance, including assisted-living facilities and adult family homes that specialize in Alzheimer's/dementia care. These placement decisions can best be made in consultation with a professional geriatric care or case manager who is familiar with the various placement options in your community. Without prior planning, families and mental health care agents can find themselves in an emergency situation, faced with their relative or loved one with Alzheimer's/dementia being evicted with no place to go and no alternative plan of action.

- (1) Identifies the location where you would like to live. Before you name a family member or other loved one as a person you want to live with, be sure this person (and his or her family) is willing to let you move in.
- (2) Identifies the setting where you would prefer to live, such as an assisted-living facility or adult family home and provides the option to name the home or facility. Each of these less-than-nursing-home institutional options may become unsustainable at some point in the course of the disease, because the care needed in the final stages of Alzheimer's (and some people with dementia) is beyond that provided in most assisted-living and adult family home facilities. Because nursing home placement is currently the likely end option, making your wishes known here regarding that ultimate decision can go a long way toward relieving the family's stress and guilt over making that difficult decision on their own.
- (3) Identifies a person, such as a geriatric care manager, or agency to assess your ability to remain in your home.

c. Preferences and instructions about dealing with combative, assaultive, or aggressive behaviors, with authority to consent to inpatient treatment.

Probably the most difficult effect of Alzheimer's and some forms of dementia on some people with these illnesses is the appearance of new and unexpected behaviors. Between thirty and fifty percent of people with Alzheimer's will become combative, assaultive, or sexually aggressive during the course of their illness. These behaviors can come as a surprise to family and caregivers who have never before seen their loved ones behave in this way. It can also be dangerous for both people with the disease and their caregivers.

Unfortunately, these situations can also result in an emergency situation involving law enforcement and emergency medical care. Sometimes people with Alzheimer's/dementia who are resistant or combative are committed to psychiatric hospitals on an emergency basis. These situations are extremely upsetting and distressing for the person with Alzheimer's/dementia and for the family.

This Directive provides you with the ability to plan in advance to avoid sudden and involuntary commitment by allowing you to voluntarily consent to hospitalization, as well as stating a preference for a facility specializing in providing Alzheimer's/dementia care or that you believe will provide the quality of care desired. Providing your consent in this Directive increases the likelihood that you will receive specialized quality treatment. Once stabilized, you have a greater chance of returning home (whether to your family home, adult family home, or other setting).

- (1) Allows you to bind yourself to hospitalization and treatment and express your preference for treatment at a facility specializing in Alzheimer's/dementia care, even if you are objecting to it at the time. It is important to understand that no matter which option you select, involuntary commitment could still occur.
- (2) Indicates you want treatment from trained caregivers who know you and your history.
- (3) Expresses a preference to be admitted to a particular specialized geriatric or dementia care unit, or a similar facility, if available.
- (4) Expresses a preference not to be admitted to a particular facility or facilities.

d. Preferences regarding the financing of my care.

The financial burden imposed upon people with Alzheimer's/dementia and their families can be overwhelming. Moreover, those costs are exponentially greater when nursing home care is required. As a result, even relatively well-off people may find it impossible to meet their care needs in the later stages of Alzheimer's/dementia without depleting their assets and savings, putting the remaining family members and dependents (if there are any) at risk of impoverishment. People who hope to leave their home and savings to their children, family, or friends after they die may not be able to do so. This financial burden adds significant stress and worry to an already difficult diagnosis.

Given that a substantial percentage of people with Alzheimer's/dementia will ultimately need this expensive care in either their home or nursing facility, it is critical that advance planning on how to finance care be considered, discussed, and ultimately executed. Paying privately, using long-term care Insurance, public assistance through the Medicaid program, or a combination of all three are the typical ways that this high cost of care is covered. Some people with Alzheimer's/dementia may opt to use Medicaid planning methods to become eligible for coverage, to preserve assets for a spouse/partner, or to pass on their property after death. Others may choose to use all savings and income on purchasing the highest quality of private care and only apply for Medicaid if and when all available money has been spent.

While this section of the document allows you to indicate your preferences regarding the financing of your care, you will almost certainly need significant legal and financial advice in order to make well-informed decisions on these issues and to understand the impacts on your spouse/partner, family, or heirs. **Consulting with an experienced elder law attorney about financing your care is very highly recommended before making any decisions about these important issues.**

Your local Alzheimer's Association, senior service organizations, and the local bar association may be able to help you find a qualified elder law attorney. You may also want to check the National Association of Elder Law Attorneys at alturl.com/ixo85. In Washington State, End of Life Washington (206.256.1636, 877.222.2816 toll-free, info@EndofLifeWA.org, www.EndofLifeWA.org) may also be able to assist with referrals.

e. Preferences regarding future intimate relationships.

Unfortunately, people with Alzheimer's/dementia experience changes that generally result in both partners in the relationship losing the personal and sexual intimacy that can be such a crucial part of their lives together. Discussing your hopes and values with your partner/spouse with regard to intimacy, as well as feelings about entering into other intimate relationships, may help sort out any tricky situations that arise later on when you may not be able to express your wishes. Working with therapists trained in sexuality and Alzheimer's/dementia may be necessary to reach agreements about these charged topics.

This part of the Directive allows you to plan for three possibilities involving intimate relationships.

- (1) Expresses your preference regarding maintaining intimate relationships with your spouse/partner.

Many people with Alzheimer's/dementia and their spouses/partners want to continue their intimate relationship for as long as possible. For people with Alzheimer's/dementia, remaining sexually active can provide an important way of maintaining their role in the relationship and giving back to their partners. For partners/spouses, sexual intimacy can be an important way to maintain connection and give support. Maintaining sexual relationships can benefit both partners by easing depression by providing emotional and physical support.

Despite the significant benefits to committed couples who keep the sexual relationship intact, there can be barriers to doing so, including cognitive changes due to Alzheimer's/dementia; well partners/spouses being upset by the sexual advances of a partner/spouse when he or she can no longer remember or recognize them; and dealing with spouses/partners who become sexually aggressive. Your spouse or partner may also worry that you may have reached a point where you cannot consent to a sexual relationship, creating concerns about forcing herself or himself upon you.

While expressing your preferences may not resolve all the problems, documenting them can help ease some of the conflicts, guilt, and obstacles that may arise.

- (2) Expresses your preferences regarding your partner/spouse having relationships outside the bounds of your partnership/marriage or other commitment.

Because of the emotional stresses, loss of sexual intimacy, and depression experienced by well partners/spouses of people with Alzheimer's/dementia, it is not uncommon for the well partner to have, or want to have, intimate relationships with others. But the guilt suffered by the well partner, who believes he or she has violated their partnership/marriage vows or their ill partner's/spouse's wishes, can be enormous.

It may or may not be the case that you would consent to your partner/spouse having an intimate relationship when you are no longer able to be there emotionally or sexually for your partner/spouse. Some people might give their well partner their blessing to seek out other relationships at a point when there is no longer any recognition of him or her by the ill partner/spouse. Others may believe that their religious and moral code holds that the couple should be together and faithful through sickness, as well as health.

In either case, discussing this charged topic in advance may allow you and your partner/spouse a sense of respect for each other's dilemmas and lead to agreements and consents about future behavior.

- (3) Expresses your preferences for future intimate relationships for yourself.

People with advanced Alzheimer's/dementia still can, and do, have sexual desires. It is not unusual for a person with Alzheimer's/dementia who is in a long-term care facility to want to have a romantic or sexual relationship with another person at the facility. Long-term care staff are required to consider whether or not the relationship should be allowed at all, whether to let family know about it and seek their approval, and whether the resident has the capacity to consent to a sexual relationship.

Well partners/spouses may understand and tolerate their ill partner/spouse having another relationship because they see their partner/spouse as happy again. Often the people who do take issue with a developing romantic relationship are the adult children of a parent with Alzheimer's/dementia.

Documenting whether or not you would be agreeable to a relationship with someone else could spare your family, facility staff, and the resident of a long-term care facility the grief and upheaval that can result when trying to guess what you would want if a romantic relationship develops.

f. Preferences regarding my pet(s).

If you have a pet or pets, give consideration regarding whom you would want to care for them when you can no longer provide care. This is especially important if you live alone. If you want a family member or friend to adopt your pet(s), make sure he or she agrees to do so.

8. CONSENT TO PARTICIPATION IN EXPERIMENTAL ALZHEIMER'S/DEMENTIA DRUG TRIALS

Although there is no cure for Alzheimer's and many forms of dementia, there are currently clinical trials being conducted on many new drugs that have the potential to improve symptoms or prevent the full onset of the illness. Many people with Alzheimer's/dementia want to participate in research studies, not only for the possibility of improving their own health, but also in the hopes of contributing to the research for a cure.

This section allows you to describe if and when you would consent to participate in a drug trial or trials, along with a description of your values and preferences around participating. For example, you can list what side effects of tested drugs would be intolerable (such as nausea or headache) or what procedures you would reject or accept (injections or blood draws).

In order to participate in a drug trial, people with Alzheimer's/dementia must be able to give informed consent after learning of the possible side effects and benefits of the treatment. Or they must have a mental health care agent or other legal surrogate decision-maker give consent on their behalf. Although the ability to give your consent in advance is controversial and not certain, stating your preference to participate in your Directive may make it possible.

Follow the directions in the brackets “[]” very carefully.

9. CONSENT REGARDING SUSPENSION OF MY DRIVING PRIVILEGES

Eventually, everyone with Alzheimer's/dementia will need to stop driving; in the later stages of the illness impairments in judgment, reaction time, and focus will make driving dangerous. However, people with mild Alzheimer's/dementia often are still able to drive safely, sometimes years after diagnosis.

A decision about when driving is no longer safe is a difficult one for you and your family, because it signifies disease progression and results in the loss of independence and autonomy. For you, it could result in feeling demeaned by the loss of control and dependence on others to get from place to place. For the person or people who have to stop you from driving, it can result in guilt.

This Directive allows you to indicate that you want a medical professional or your mental health care agent to make the decision that the time to stop driving has come. It also provides you with the option to name the medical professional(s) you trust to make this important decision. Please note that choosing not to initial either option or crossing out this entire section does not mean that you may continue driving.

10. REGARDING A HEALTH CARE INSTITUTION REFUSING TO HONOR MY WISHES

Some health care facilities and long-term care providers adhere to certain religious directives, moral teachings, and/or organizational policies and may not be willing to honor your Directive if it conflicts with their institutional policies. In Washington State, many hospitals, hospices, and long-term care providers are being acquired by, or falling under control of, religious-affiliated organizations.

The first statement in this section affirms that your admission to such a facility does not mean you consent to procedures, policies, or courses of treatment that conflict with your Directive. Indicating that you want your wishes to take precedence over a facility's policies affirms your lack of consent and provides guidance to your mental health care agent or other legal surrogate decision-makers.

The second statement documents that if the health care or long-term care facility where you are a patient or resident declines to follow your wishes as set out in this Directive, you want your mental health care agent or other legal surrogate decision-maker to have you transferred to another facility, if possible, that will agree to honor your wishes as spelled out in this Directive.

In some parts of Washington or the state where you live, a facility that may not honor all your wishes may be the only one available or close enough to your partner/spouse, mental health care agent, family, or other loved ones, or it may be the best facility for your particular needs. In any of these cases, requesting that your agent transfer you may not always be feasible, possible, or advisable.

11. IF A COURT APPOINTS A GUARDIAN FOR ME

Unlike many states, Washington law does not direct that a health care agent (named in a Durable Power of Attorney for Health Care) or a mental health care agent (named in this Directive) should be the court's first choice for guardian. You can use this section to say who you want your guardian to be, if a court appoints one for you. A judge is required to appoint the person you request, except for good cause or disqualification. Filling out this section does not mean you agree to have a guardian.

It makes sense to request that your mental health care agent serve as your guardian, because that is the person you trust to make your mental health care decisions. However, if a guardian is named for you, he or she will also take control of your medical decisions. This is another reason why your health care agent named in a Durable Power of Attorney for Health Care and your mental health care agent named in this Directive should be the same person. Make sure the person you nominate to be your guardian is willing to do it, and get his or her consent before writing in his or her name.

12. OTHER DOCUMENTS

Making this Directive is just one part of the comprehensive advance and estate planning recommended for a person with Alzheimer's/dementia. This document is designed to be used along with other advance planning documents such as a Living Will (also known as a Health Care Directive or Directive to Physicians), Durable Power of Attorney for Health Care, Durable Power of Attorney for Finances, and a Will. You may also want to make a Physician Orders for Life-Sustaining Treatment (POLST), a nonhospital medical order concerning life-sustaining treatment for people with serious illnesses.

If you live in Washington, End of Life Washington offers a good, free Living Will and Durable Power of Attorney for Health Care for people dealing with Alzheimer's/dementia. It includes several Alzheimer's and dementia provisions and combines these two documents into one. To obtain a free copy, download the document from www.EndofLifeWA.org, or call 206.256.1636 or 877.222.2816 toll-free.

Making all the necessary advance planning documents and providing the information requested here could prove invaluable when these documents are needed.

13. SUMMARY AND SIGNATURE

Do not sign and date your form until you are in the presence of valid witnesses.

14. STATEMENT OF WITNESSES

In order to make your advance directive legally binding, you must sign the document in the presence of two adult witnesses. Make sure your witnesses meet the criteria for being a witness. The two witnesses cannot be:

- a. A person designated to make medical decisions on the principal's behalf.
- b. A health care provider or professional person directly involved with the provision of care to the principal at the time the directive is executed.
- c. An owner, operator, employee, or relative of an owner or operator of a health care facility or long-term care facility in which the principal is a patient or resident.
- d. A person who is related by blood, marriage, legal domestic partnership, or adoption to the person, or with whom the person making this document has a dating relationship as defined in RCW 26.50.010 in the State of Washington or applicable law in other states.
- e. An incapacitated person.
- f. A person who would benefit financially if the principal undergoes mental health treatment.
- g. A minor.

15. RECORD OF DIRECTIVE

Making a list of everyone you have given your Directive to is a good way to keep track of who has and hasn't received a copy. If you revoke or replace your directive, you can use this list to retrieve copies of your Directive or request that the person or institution that has a copy destroy it.

16. REVOCATION OF MY ALZHEIMER'S DISEASE/DEMENTIA MENTAL HEALTH ADVANCE DIRECTIVE

If you revoke your advance directive as per section 16, make sure you notify your mental health care agent(s), partner/spouse, family, medical and long-term care providers. If possible, retrieve and destroy copies of your revoked Directive, or instruct those who have revoked copies to destroy them. Keep one copy of your revoked Directive in your records with the word "REVOKED" written across the front.

AFTER COMPLETING YOUR ALZHEIMER'S/DEMENTIA MENTAL HEALTH ADVANCE DIRECTIVE

- 1. Where to keep your Directive:** Your Directive is an important legal document, but unlike a Will and some other legal documents, copies are just as valid as the original. Keep the original signed documents in a secure but accessible place. Do not give the original document to your attorney or put it in a safe deposit box or any other security box that would keep others from having access to it in the event of an emergency. Your mental health care agent(s), partner/spouse, or other close family and friends should know exactly where to look for your document. **Tip:** To ensure documents are on hand, put copies of this Directive and other advance directives in the glove box of your vehicle(s) or in a compartment in your suitcases. Also, ask your mental health care agent to keep a copy in his or her glove box and suitcase.
- 2. Who should have a copy?** Give copies of the signed originals to your mental health care agent(s), partner/spouse, doctors, lawyer, family, close friends, clergy, and anyone else who might become involved in your mental health care. If you enter a hospital, nursing home, or other institution, make sure that a copy of your Directive is placed in your medical records.
- 3. Tell important people about your wishes:** The importance of discussing your document with the important people involved cannot be overemphasized. Discuss your wishes concerning your mental health care with your mental health care agent(s), doctor(s), clergy, family, and friends, and do this well before you lose capacity. Make clear to other family members that your mental health care agent(s) has or will have final authority to act on your behalf. **Tip:** One of the best ways to communicate your wishes to family members is with a family meeting. Having all key people present at one meeting may reduce the likelihood of disagreements between family members and your spouse/partner, and/or your mental health care agent, especially if your mental health care agent is not your spouse/partner or a member of your family.
- 4. Will your mental health care providers and current or future long-term care facility honor your wishes?** When you, your partner/spouse, or mental health care agent present your Directive, ask if it will be honored. If not, you or the person acting on your behalf may wish to find different health care providers, choose another facility, or move to a different one.
- 5. Making changes:** If you want to make changes to this Directive after it has been signed and witnessed, you should complete a new document while you still have capacity. However, updating addresses or phone numbers of your mental health care agent(s) is permissible. Updates should be initialed and dated.
- 6. Review and update your Directive, if necessary:** As long as you have capacity, review your Directive every year to be sure it reflects your current preferences and values, especially if it becomes apparent that you are losing capacity. **Tip:** Use the calendar program on your computer or phone to create an annual reminder to review your Directive.
- 7. Travel to other states:** If you travel, you may want to take copies of your Directive with you, as other states may honor it. Same-sex married couples and registered domestic partners, should be diligent about carrying this Directive (and other advance directives) when traveling outside of states where same-sex marriage or domestic partnership is legal. Unmarried or non-registered domestic partners should make sure this Directive (and other advance directives) is available at all times (see “**Tip**” in number 1. above, “**Where to keep your directive.**”)