

Saib sab 3 thiab 4 nyeem cov lus qhia ua tsab ntawv no
See pages 3-4 for completion directions

Lub npe: _____
Full Name

Hnub yug: _____
Date of birth

1. Kuv tau xaiv tus neeg no los sawv cev thiab txiav txim rau kuv. Nws yog thawj tug muaj cai txog kuv kev kho mob thaum kuv hais tsis tau lus lawm.

I appoint the following person to serve as my primary (main) health care agent.

Npe: _____
Name

Txheeb ze li cas: _____
Relationship

Tus xov tooj ntawm tes: _____
Cell phone

Lwm tus xov tooj: _____
Other phone

(Tsis teb nov los tau) Yog tus saum toj no tsis xyeej, kuv tso cai rau tus nram qab no los sawv cev rau kuv:
(Optional): I appoint this person as my alternate health care agent in the event my first health care agent is not available:

Npe: _____
Name

Txheeb ze li cas: _____
Relationship

Tus xov tooj ntawm tes: _____
Cell phone

Lwm tus xov tooj: _____
Other phone

2. (Tsis teb nov los tau) Kuv tso cai rau nej kho mob rau kuv raws nkaus li cov lus teev nram qab no (kuv qhov kev ntshaw, kev ntseeg thiab yam kuv kam / tsis kam kov txog kuv lub cev): *Sau ntxiv rau sab 2 yog chaw tsis txaus.*

(Optional): I give the following instructions about my health care (my values and beliefs, what I do and do not want, views about specific medical treatments or situations): *If you need more space, continue on page 2.*

Suam npe: _____
Signature

Hnub tim: _____
Date

¹ *Daim ntawv cog lus uas ntev dua daim no muaj thiab yog tias koj xav sau ntau koj tau meej tshaj raws li koj txoj kev ntshaw.*

¹ *A long form is available if you wish to more fully describe your health care wishes.*

² *Daim ntawv no siv tsis tau rau tej kev muaj mob nyuaj siab tsis meej pem (rho fais fab tom los yog cov tshuaj noj kho kev muaj mob nyuaj siab tsis meej pem).*

² *This document will not apply to any intrusive mental health treatments (electroconvulsive therapy or neuroleptic medications).*

Siv qhov chaw nram no sau ntxiv tej kev pab koj xav tau.

Use the space below to continue your wishes about your health care (question 2 from front page), or to add comments.

Notary Public in the State of Minnesota

County of _____

Notary seal

In my presence on: _____ (date)

(Name): _____

acknowledged his or her signature on this document, or acknowledged that he or she authorized the person signing this document to sign on his or her behalf.

Signature of Notary: _____

My commission expires _____ (date)

Cov pov thawj

OR Statement of Witnesses

Pov thawj 1: _____

Witness 1

Pov thawj 2: _____

Witness 2

Sau Npe: _____

Print Name

Sau npe: _____

Print Name

(Cov neeg pov thawj suam npe no yuav tsum muaj hnuv 18 xyoo rov saum thiab yuav tsum tsis txhob yog ob tug koj tau xaiv los sawv cev rau koj. Ib tug neeg ua pov thawj suam npe no yuav tsis pub yog koj tus kws kho mob los yogi b tug neeg ua haujlwm rau koj tus kws kho mob.)

(Witnesses must be 18 years of age or older and cannot be your primary or alternate health care agent. One witness cannot be your health care provider or an employee of your health care provider.)

Kuv yuav tsum kam teev daim ntawv kho mob raws qhov kuv nyiam no tseg lod?

Do I have to complete this Health Care Directive?

Tsis yog. Koj muaj cai teev hnuv no, lwm hnuv los yog tsis kam teev. Tab sis daim ntawv no yuav pab kom koj tau txais kev kho mob li qhov koj xaiv thaum koj hais tsis tau lus lawm. Sau daim ntawv no cia yuav pab rau koj cov txheeb ze kom lawv paub txog koj txoj kev ntshaw thaum koj tham tsis taus lawm.

No. You may complete it today or at a later date, or you can decline to complete it. However, completing this form will help make sure you get the care you want. Putting your choices in writing helps loved ones know if they're doing what you would want.

Luag yuav nug kuv txog dab tsi?

What information am I being asked for?

Lus nug qhov 1: Leej twg yog tus yuav los sawv cev rau koj lub sij hawm koj hais tsis tau lus lawm. Txiaiv txim siab muab ib tug neeg uas koj ntseeg tshaj los sawv cev rau koj, tub/ntxhais, kwv tij los yog phooj ywg los tau. Nrog tus neeg koj xaiv ntawd tham hais tias daim ntawv no tseem ceeb heev. Luam ib cov rau tus neeg sawv cev rau koj, koj cov kws kho mob, thiab cov neeg tseem ceeb hauv koj lub neej.

Question 1: This question is about your health care “agent.” Your agent is someone you choose to speak and make health care decisions for you if you cannot. Consider naming a family member or friend who knows you well and understands your values. Showing your agent this document and talking about it with him or her is important. Make extra copies to share with your health care agent, health care providers, and other important people in your life.

Lus nug qhov 2: (Tsis teb qhov no los tau): Qhov lus nug no yuav nug txog qhov koj xav tau thiab koj ntshaw. Koj piav txhua yam koj ntshaw los tau, los yog koj xav piav dav dav xwb los tau. Nram no yog ib cov tswv yim pab koj:

Question 2 (Optional): This question is about health care and other wishes you may have. You may be as specific or general as you like. You may include:

- koj lub hom phiaj, yam tseem ceeb tshaj thiab qhov koj nyiam kom luag kho koj li cas
- your goals, values, and preferences about medical care
- kev kho mob qhov li koj nyiam, thiab qhia txog yam koj tsis nyiam kom luag txhob ua rau koj
- the types of medical treatment you would want or not want
- kev koj xav kom koj tus neeg sawv cev los txiaiv txim rau koj
- how you want your agent or agents to decide
- thaum koj tsis taus lawm, koj nyiam kom luag kho koj nyob rau qhov twg, tom koj tsev los yog tom tsev kho mob
- where you would like to receive care (such as at home or a hospital)
- koj puas kam muab koj cev qaij daim tawv pub lwm tus
- whether or not you would like to donate your organs, tissues, and eyes

Tus pov thawj ntsia kos npe rau pej xeem thiab ob tug pov thawj

Notary Public or Witnesses

Tus pov thawj ntsia kos npe rau pej xeem thiab 2 tus pov thawj no yuav los saib koj lub npe uas tau suam rau daim ntawv cog lus no. Ob tug pov thawj suam npe no yuav tsum muaj hnuv nyoog 18 rov saum, thiab tsis pub yog koj tug neeg sawv cev txiaiv txim rau koj. Ob tug pov thawj suam npe no tsis pub kom ib tug yog koj tus kws kho mob los youg ib tug neeg ua haujlwm rau koj tus kws kho mob.

A notary public or 2 witnesses must verify your signature on this Health Care Directive. The witnesses must be 18 years of age or older, and cannot be your primary or alternate health care agent. At least one witness cannot be your health care provider or an employee of your health care provider.

Kuv yuav ua li cas ntxiv tom qab daim ntawv cog lus no ua tiav lawm?

What should I do after I complete this Health Care Directive?

Qhia rau cov neeg koj tau xaiv los sawv cev rau koj kom lawv paub. Ua zoo kom lawv pab koj tiag tiag yog tom ntej no koj muaj kev siv lawv. Muab daim ntawv no luam ib daim rau koj tus kws kho mob cia. Muab luam ib co rau cov neeg sawv cev rau koj thiab koj tsev neeg los yog lwm cov neeg uas koj xav muab rau.

Tell the people you named as your primary and alternate health care agents, if you have not already done so. Make sure they feel able to do this important job for you in the future. Give a copy of your health care directive to your health care provider. Keep additional copies for your records and to share with your health care agents and family or others as you wish.

Kuv yuav nrog leeg twg tham yog kuv muaj lus nug?

Who can I talk with if I have questions?

Koj cov kws kho mob yuav teb tau koj yog koj muaj lus nug los yog lus txhawj dab tsi. Tej zaum nws koj xa koj mus cuag ib tub neeg ua txoj haujlwm pab neeg ua daim ntawv no.

Your health care provider can answer your questions or concerns. He or she may refer you to an Advance Care Planning Facilitator for help.