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QUALITY OF LIFE
COALITION

Advocating for Quality of Life through Advance Planning,
Education and Excellence in Hospice and Palliative Care

Your ***FREE***
Idaho Advance Directives/POST
Information Packet

Everything you need to ensure that
your healthcare wishes are followed!

For Assistance

www.IDQOL.org

Or Call

(208) 841-1862

Advance Directives FAQs Frequently Asked Questions:

Living Will and Durable Power of Attorney for Health Care

Where do I obtain a living will and durable power of attorney for health care form?

A living will and durable power of attorney for health care form can be copied from Appendix B of the Right Choice at the Right Time book. You may also obtain a form from your local hospital, an attorney, or from the Idaho Secretary of State or Attorney General Web site.

When does a living will take effect?

Your living will takes effect when one medical doctor certifies that you have a terminal and incurable illness/condition or you are permanently unconscious or in a persistent vegetative state.

When does a durable power of attorney for health care take effect?

Although both a living will and durable power of attorney for health care are available on the same form, they have separate legal significance. The durable power of attorney for health care takes effect when you are no longer able to communicate your wishes for care with your health care provider.

If my living will says to withhold medical treatment, will medical personnel, such as paramedics, withhold treatment based on a living will alone?

No. Medical personnel will withhold treatment if there is a Do Not Resuscitate (DNR) Order issued by your physician. In Idaho, DNR Orders are included in the Physician Orders for Scope of Treatment (POST). Paramedics will comply with the instructions provided on a POST form but will not generally follow directives in a living will.

Am I eligible to have an advance directive (living will and durable power of attorney for health care)?

Anyone over the age of 18 who is of sound mind and acting of his or her own free will can complete an advance directive.

What is the difference between a living will and an ordinary will?

A living will specifies health care wishes. An ordinary will deals with the disposition of property upon your death.

What life support choices do I have within my living will?

There are three different choices you can make in regards to life sustaining measures. No matter which of these three options you choose, you will always be provided any medical treatment or care that may be required to you free of pain or distress.

Option 1: It is your desire to have doctors do everything in their power to keep you alive.

Option 2: The only life-sustaining measures you desire to have are artificial tube feeding for nutrition (food) and/or hydration (water)..

Option 3: You wish to receive comfort care and have all artificial life-sustaining treatment, including artificial nutrition and hydration, withheld..

In addition to these three choices, you may include an additional statement of desires, special provisions, and limitations to your living will document.

What if I am pregnant when I become incapacitated?

Life-sustaining measures will continue regardless of any directive to the contrary until the pregnancy is complete.

What if I change my mind about my options?

You can make a new advance directive at any time while you are of sound mind and acting of your own free will. You may also revoke or terminate an existing advance directive at any time without creating a new one.

Who can I appoint to be my health care power of attorney in the durable power of attorney for health care?

The choice of an individual to serve as your health care power of attorney is a very important one. You should discuss your wishes at length with the individual you plan to appoint. Make sure the person you plan to appoint is comfortable with the directives in your living will and is willing and able to carry out your wishes. It is also recommended that you discuss your options and wishes with your family, physicians, attorney, and clergy/ spiritual leader. None of the following people may be designated as your health care power of attorney:

1. Your doctor or other treating health care provider
2. A nonrelative employee of a hospital, your doctor, or other treating health care provider
3. An operator of a nursing home, assisted living facility, or community care facility
4. A nonrelative employee of a nursing home, assisted living facility, or community care facility.

When does my health care power of attorney's responsibilities and authority begin?

The only time your health care power of attorney will be called on to make decisions for you is when health care decisions need to be made and you are unable to communicate your wishes for yourself.

Must an advance directive be witnessed or notarized to be valid?

No. As a result of changes to Idaho law made by the 2005 legislature, it is no longer necessary to have either a witness to your execution of a living will and/or durable power of attorney for health care nor to have your signature notarized. Having your signature witnessed or notarized is certainly permissible and is a good idea, but it is not necessary.

Do I need a lawyer to draft an advance directive for me?

No. The assistance of a lawyer in drafting any legal document is always a good idea, but it is not necessary. An advance directive document (living will and durable power of attorney for health care) is of great importance with significant consequences. Discuss your wishes and what you want to have included in your living will with people close to you, such as your family, trusted friends, your physician, your clergy/spiritual leader, and your lawyer.

What if I already had an advance directive before the 2005 legislation?

So long as the advance directive was in compliance with the existing law at the time it was executed or if it substantially conforms to the new law, it is valid. It is recommended that you review your advance directive document and confirm that it substantially meets the requirements of the new law.

What if I have a living will that was created in a state other than Idaho?

If the living will created in a state other than Idaho conforms substantially to Idaho's living will statutes, it will be recognized as valid.

If I do not have an advance directive and I am unable to communicate, can a family member still make health care decisions on my behalf?

Yes. Idaho Code § 39-4504* provides a list, in order of authorization, that allows for an individual to deny, or consent to care, for a second individual who has been rendered unable to communicate. However, the issue is always made more complex in the absence of a living will or other written directive from you. (See "Persons who may give consent" and "Persons who may NOT give consent" below.)

What if the executor of my living will is somehow incapacitated and unable to communicate my desires?

You may list alternates should the primary executor be unable to communicate your desires. If, for some reason, none of the executors listed in your advance directive are able to communicate your desires, then the authorization will pass on to the next available individual as listed in Idaho Code § 39-4504*.

What if I want to replace or remove my advance directive from the Idaho Health Care Directive Registry?

You can change or remove your advance directive if it is filed in the Idaho Health Care Directive Registry. Just complete a new Registry Registration Form and check the appropriate box before sending it to the Office of the Secretary of State. Attach your new advance directive to the registration form if you want to replace your existing form. NOTE: The personal revocation of your advance directive (living will, durable power of attorney for health care, and/or POST) is effective immediately and is not time-delayed by the submission and acceptance of a request to remove the advance directive from the Idaho health care directive registry.

For more information about advance directives in Idaho, call the Idaho Attorney General's Office: 208-334-2400.

PERSONS WHO MAY GIVE CONSENT TO CARE FOR OTHERS

- (a) The legal guardian of such person;
- (b) The person named in a "living will and durable power of attorney for health care" pursuant to section 39-4510, Idaho Code, or a similar document authorized by this chapter;
- (c) If married, the spouse of such person;
- (d) A parent of such person;
- (e) Any relative representing himself or herself to be an appropriate, responsible person to act under the circumstances;
- (f) Any other competent individual representing himself or herself to be responsible for the health care of such person; or
- (g) If the subject person presents a medical emergency or there is a substantial likelihood of his or her life or health being seriously endangered by withholding or delay in the rendering of such hospital, medical, dental or surgical care to such patient and the subject person has not communicated and is unable to communicate his or her treatment wishes, the attending physician or dentist may, in his or her discretion, authorize and/or provide such care, treatment or procedure as he or she deems appropriate.

PERSONS WHO MAY NOT GIVE CONSENT TO CARE FOR OTHERS

None of the following may be designated as your health care power of attorney:

- a. your treating health care provider;
- b. a nonrelative employee of your treating health care provider;
- c. an operator of a community care facility; or
- d. a nonrelative employee of an operator of a community care facility.

If the health care power of attorney or an alternate health care power of attorney designated in this Directive is your spouse, and your marriage is dissolved, the designation shall be thereupon revoked.

LIVING WILL AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Date of Directive: _____

Name of person executing Directive: _____

Address of person executing Directive: _____

A Living Will A Directive to Withhold or to Provide Treatment

1. I willfully and voluntarily make known my desire that my life shall not be prolonged artificially under the circumstances set forth below. This Directive shall be effective only if I am unable to communicate my instructions and:
 - a. I have an incurable or irreversible injury, disease, illness or condition, and a medical doctor who has examined me has certified:
 1. That such injury, disease, illness or condition is terminal; and
 2. That the application of artificial life-sustaining procedures would serve only to prolong artificially my life; and
 3. That my death is imminent, whether or not artificial life-sustaining procedures are utilized.

OR

- b. I have been diagnosed as being in a persistent vegetative state.

In such event, I direct that the following marked expression of my intent be followed and that I receive any medical treatment or care that may be required to keep me free of pain or distress.

Check one box and initial the line after such box:

_____ I direct that all medical treatment, care, and procedures necessary to restore my health and sustain my life be provided to me. Nutrition and hydration, whether artificial or non-artificial, shall not be withheld or withdrawn from me if I would likely die primarily from malnutrition or dehydration rather than from my injury, disease, illness or condition.

OR

_____ I direct that all medical treatment, care and procedures, including artificial life-sustaining procedures, be withheld or withdrawn, except that nutrition and hydration, whether artificial or non-artificial shall not be withheld or withdrawn from me if, as a result, I would likely die primarily from malnutrition or dehydration rather than from my injury, disease, illness or condition, as follows:

(If none of the following boxes are checked and initialed, then both nutrition and hydration, of any nature, whether artificial or non-artificial, shall be administered.)

Check one box and initial the line after such box:

_____ A. Only hydration of any nature, whether artificial or non-artificial, shall be administered.

_____ B. Only nutrition, of any nature, whether artificial or non-artificial, shall be administered.

_____ C. Both nutrition and hydration, of any nature, whether artificial or non-artificial shall be administered.

OR

_____ I direct that all medical treatment, care and procedures be withheld or withdrawn, including withdrawal of the administration of artificial nutrition and hydration.

2. If I have been diagnosed as pregnant, this Directive shall have no force during the course of my pregnancy.
3. I understand the full importance of this Directive and am mentally competent to make this Directive. No participant in the making of this Directive or in its being carried into effect shall be held responsible in any way for complying with my directions.
4. Check one box and initial the line after such box:



_____ I have discussed these decisions with my physician and have also completed a Physician Orders for Scope of Treatment (POST) form that contains directions that may be more specific than, but are compatible with, this Directive. I hereby approve of those orders and incorporate them herein as if fully set forth.

OR



_____ I have not completed a Physician Orders for Scope of Treatment (POST) form. If a POST form is later signed by my physician, then this living will shall be deemed modified to be compatible with the terms of the POST form.

A Durable Power of Attorney for Health Care

1. DESIGNATION OF HEALTH CARE AGENT

None of the following may be designated as your agent:

- (1) your treating health care provider;*
- (2) a non-relative employee of your treating health care provider;*
- (3) an operator of a community care facility; or*
- (4) a non-relative employee of an operator of a community care facility.*

If the agent or an alternate agent designated in this Directive is my spouse, and our marriage is thereafter dissolved, such designation shall be thereupon revoked.

I do hereby designate and appoint the following individual as my attorney in fact (agent) to make health care decisions for me as authorized in this Directive.

(Insert name, address and telephone number of one individual only as your agent to make health care decisions for you.)

Name of Health Care Agent: _____

Address of Health Care Agent: _____

Telephone Number of Health Care Agent: _____

For the purposes of this Directive, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose or treat an individual's physical condition.

2. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE

By this portion of this Directive, I create a durable power of attorney for health care. This power of attorney shall not be affected by my subsequent incapacity. This power shall be effective only when I am unable to communicate rationally.

3. GENERAL STATEMENT OF AUTHORITY GRANTED

I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this Directive or otherwise made known to my agent including, but not limited to, my desires concerning obtaining or refusing or withdrawing artificial life-sustaining care, treatment, services and procedures, including such desires set forth in a living will, Physician Orders for Scope of Treatment (POST) form, or similar document executed by me, if any.

(If you want to limit the authority of your agent to make health care decisions for you, you can state the limitations in paragraph 4, "Statement of Desires, Special Provisions, and Limitations", below. You can indicate your desires by including a statement of your desires in the same paragraph.)

4. STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS

(Your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, state your desires in the space provided below. You should consider whether you want to include a statement of your desires concerning artificial life-sustaining care, treatment, services and procedures. You can also include a statement of your desires concerning other matters relating to your health care, including a list of one or more persons whom you designate to be able to receive medical information about you and/or to be allowed to visit you in a medical institution. You can also make your desires known to your agent by discussing your desires with your agent or by some other means. If there are any types of treatment that you do not want to be used, you should state them in the space below. If you want to limit in any other way the authority given your agent by this Directive, you should state the limits in the space below. If you do not state any limits, your agent will have broad powers to make health care decisions for you, except to the extent that there are limits provided by law.)

In exercising the authority under this durable power of attorney for health care, my agent shall act consistently with my desires as stated below and is subject to the special provisions and limitations stated in my Physician Orders for Scope of Treatment (POST) form, a living will, or similar document executed by me, if any. Additional statement of desires, special provisions, and limitations:

(You may attach additional pages or documents if you need more space to complete your statement.)

5. INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH

A. General Grant of Power and Authority

Subject to any limitations in this Directive, my agent has the power and authority to do all of the following:

- (1) Request, review and receive any information, verbal or written, regarding my physical or mental health including, but not limited to, medical and hospital records;
- (2) Execute on my behalf any releases or other documents that may be required in order to obtain this information;
- (3) Consent to the disclosure of this information; and
- (4) Consent to the donation of any of my organs for medical purposes.

(If you want to limit the authority of your agent to receive and disclose information relating to your health, you must state the limitations in paragraph 4, "Statement of Desires, Special Provisions, and Limitations", above.)

B. HIPAA Release Authority

My agent shall be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any other agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

6. SIGNING DOCUMENTS, WAIVERS, AND RELEASES

Where necessary to implement the health care decisions that my agent is authorized by this Directive to make, my agent has the power and authority to execute on my behalf all of the following:

- (a) Documents titled, or purporting to be, a "Refusal to Permit Treatment" and/or a "Leaving Hospital Against Medical Advice"; and
- (b) Any necessary waiver or release from liability required by a hospital or physician.

7. DESIGNATION OF ALTERNATE AGENTS

(You are not required to designate any alternate agents but you may do so. Any alternate agent you designate will be able to make the same health care decisions as the agent you designated in paragraph 1 above, in the event that agent is unable or ineligible to act as your agent. If an alternate agent you designate is your spouse, he or she becomes ineligible to act as your agent if your marriage is thereafter dissolved.)

If the person designated as my agent in paragraph 1 is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me, then I designate and appoint the following persons to serve as my agent to make health care decisions for me as authorized in this Directive, such persons to serve in the order listed below:

A. First Alternate Agent

Name: _____

Address: _____

Telephone Number: _____

B. Second Alternate Agent

Name: _____

Address: _____

Telephone Number: _____

C. Third Alternate Agent

Name: _____

Address: _____

Telephone Number: _____

8. PRIOR DESIGNATIONS REVOKED

I revoke any prior durable power of attorney for health care.

DATE AND SIGNATURE OF PRINCIPAL

(You must date and sign this Living Will and Durable Power of Attorney for Health Care.)

I sign my name to this Statutory Form Living Will and Durable Power of Attorney for Health Care on the date set forth at the beginning of this Form at:

(Signature)

(City, State)

Idaho Health Care Directive Registry

Health Care Directive Registry Registration Instructions

The Idaho Secretary of State maintains a registry where you may file your health care directive, also known as an advance directive. A health care directive allows persons to make their health care choices known in advance of an incapacitating illness. It is a legal document. Registration or non-registration of your health care directive has no effect upon its validity. Registration only makes the documents more accessible in time of emergency. There is no charge to file your document.

Your health care directive may consist of a **living will, a durable power of attorney for health care** and/or a **POST** (Physician Orders for Scope of Treatment). A living will is a document in which you state the kind of health care you want or do not want under certain circumstances. A durable power of attorney for health care is a document in which you name someone you trust to make decisions about your health care in the event you become incapacitated. A POST is a one page Physician Orders for Scope of Treatment that includes instructions for cardiopulmonary resuscitation and other treatment wishes.

Discuss your wishes at length with the individual you plan to appoint as your health care power of attorney. Make sure the person you plan to appoint is comfortable with your choices and is willing and able to carry out your wishes. Filing your health care directive is entirely voluntary, and no one is required to register their living will or durable power of attorney for health care and/or POST with the Idaho Secretary of State. For people who want to file their advance directive in a secure, but easily accessed location it is a simple three-step process.

Step 1: Fill out the **Idaho Health Care Directive Registry form**. This authorizes the Secretary of State's Office to file your documents in the registry. Attach your advance care documents (living will, durable power of attorney for health care and/or POST). Although it is not required, it is recommended that your living will and durable power of attorney for health care be witnessed or notarized. Your POST form must be signed by a physician to be valid.

If you already have these documents:

Compare them to the **living will and durable power of attorney form** to be sure that they substantially contain the information required.

If you do not have these documents:

Complete the **living will and durable power of attorney form** or one that is substantially the same.

You can also request that a packet of information be mailed to you by calling the Secretary of State's Office at 1-208-332-2814.

Step 2: Mail or hand-deliver the completed registry registration form, along with your advance directives (living will and durable power of attorney for health care, and/or POST form) to:

~~Idaho Secretary of State
Attn: Health Care Directive Registrar
304 N. 8th Street, Room 149
P.O. Box 83720
Boise, ID 83720-0080~~

There is no charge to file your document. E-mailed forms cannot be accepted.

Step 3: Receive your registration confirmation. Within 10 working days, you will receive a packet by mail containing:

- Your advance directive documents.
- A wallet- size registration card with your individual filing number password on it.
- Further information about using and benefiting from the registry.

Idaho Health Care Directive Registry

I want to:

- Store a copy of my health care directive in the Registry.
- Replace my health care directive now in the registry, file number _____, with a new one.
- Remove my health care directive from the registry.
- Request a replacement wallet card (no change to my health care directive now in the Registry)

The personal information below is provided with the understanding that it will be stored in the Idaho Health Care Directive Registry. I certify that the Health Care Directive and Durable Power of Attorney that accompanies this Agreement is my currently effective health care directive, and was duly executed, witnessed and acknowledged in accordance with the laws of the State of Idaho.

I understand that use of the health care directive registry is entirely voluntary, and no one is required to register their living will or durable power of attorney with the Idaho Secretary of State. Registration or non-registration of these types of documents has no effect upon their validity. Registration only makes these documents more accessible in time of emergency.

Fill in all blanks of this Agreement and enclose your Health Care Directive with this Agreement. We recommend that your Directive be witnessed or notarized.

Last Name	First Name	Middle Name
Address	Date of Birth	Telephone Number
City	State	Zip Code

Address to return wallet card and documents (if different from address above)

Last Name	First Name	Middle Name
Address		
City	State	Zip Code

Signature of Registrant

Printed Name

Date

Sign and date this Agreement and deliver it to the Office of the Idaho Secretary of State in person or by mail. **Idaho Secretary of State
State Capitol Building
700 West Jefferson Room E205
Boise ID 83720-0080**

Idaho POST Form

Overview Idaho POST Physician Orders for Scope of Treatment

On July 1, 2007, Idaho's governor signed into law a revision to the Medicaid Consent and Natural Death Act (Idaho Code §§ 39-4501 et seq.). This change created a standardized form that allows all Idaho citizens over age 18 to express their wishes regarding how they want to be treated from a medical perspective. This form is called the Physician Orders for Scope of Treatment, or POST. The POST is a doctor's order and must be signed by your doctor in order to be effective. It replaces the former Idaho Do Not Resuscitate (DNR) and Comfort One programs.

What is a POST?

The **Physician Orders for Scope of Treatment (POST)** is an extremely important tool with a number of unique features designed to help make sure your wishes are honored if you can no longer speak for yourself to make health care decisions. If you are facing serious illness or would like a POST for other reasons, click on the link to open a sample copy of the Idaho POST. Then, simply print it and take it to your healthcare provider and ask them to complete an actual POST with your input.

The POST is a one-page document designed to help health care professionals (doctors, nurses, emergency medical services, long-term care/nursing home staff) and family members understand a person's goals for care and to honor the treatment wishes of that person. The POST form is a short summary of treatment preferences and a physician's order for care that is easy to read in an emergency situation. The POST form is not intended to replace an advance directive document (living will or durable power of attorney for health care) or other physician orders.

The POST does replace the former Comfort One/DNR as Idaho's recognized Do Not Resuscitate order. While a Comfort One/DNR form that was completed prior to July 1, 2007, is still valid (as are some DNR orders from other states), it is recommended that a POST be created to replace any other forms of DNR orders.

Is the POST valid in all settings?

The POST form accompanies the individual at all times and is "portable" across care settings. This means that the POST form is effective in the home, in EMS (Emergency Medical Services) settings, in the hospital, in a residential care facility such as a nursing home or assisted living facility, while receiving hospice care, or in any other place that the individual is residing.

Who should have a POST?

Cardiopulmonary resuscitation (CPR) is a major element of the POST form and is found at the

top of the POST form. It is your choice as to whether CPR is right for you. This depends on your age and health care status. Your physician will give you information to help you make your decision. That is why the POST form is filled out with advice of your physician.

You need to have a POST if:

- You do (or do not) want to receive CPR. A POST form may state that the person does want to receive CPR if he or she experiences cardiac or respiratory arrest or that the principal does want CPR (Full Code versus No Code). Full Code means that you do want CPR. No Code means that you do not want CPR.
- You are severely or terminally ill or elderly. Having a POST in place is advisable for people who are severely or terminally ill or elderly. For older people and those terminally ill, the trauma involved in CPR may do more harm than good. For example, an older person with chronic care issues could have CPR successfully performed thereby restarting the heart and/or lungs after cardiac or pulmonary arrest. However, there may have been oxygen deprivation to the brain prior to or during this process. Such deprivation can cause damage that affects quality of life.
- You do not want to be resuscitated because of personal beliefs. It is not necessary to have a terminal illness in order to have a POST. There is no legal restriction to putting a POST in place for any individuals 18 years or older.

How do I obtain a POST form?

The POST form is obtained by your healthcare provider. In order to be valid, a POST must be signed by both the individual (and/or the individual's agent acting under a durable power of attorney for health care) and his or her physician/physician assistant/nurse practitioner. Because the POST is still new in Idaho, not all providers may be familiar with the program.

The POST provides the opportunity to detail the specific directives from other advance care planning tools (durable power of attorney for health care and a living will) on a standardized form. When signed by a physician, this document translates an individual's preferences for life-sustaining treatment into medical orders.

What if I do not have a POST form?

If you do not have a completed POST form and someone calls 911 in an emergency situation, you will be revived with CPR by Emergency Medical Services (EMS) personnel. Emergency personnel are required by law to perform CPR unless a POST tells them not to.

How will EMS know I have a POST?

- A POST must be immediately visible to emergency personnel in order to be honored.
- Having the original signed POST in an accessible place is advisable.
- A special POST bracelet or necklace which can be ordered through the coalition with a copy of your signed POST form.

- A wallet card is available at no cost when you register your POST in the **Idaho Health Directives Registry**. The card gives health care providers electronic access to your POST document.

What about my living will and durable power of attorney for health care?

Use of the POST form is expected to complement your advance directive (living will and durable power of attorney for health care). Make sure you understand this form before you fill it out and sign it. It is best to seek the advice of a health care provider or other professional when filling out this form. Your physician, clergy/spiritual leader, or a social worker at the local hospital may be available to help you with this task. Family input is important.

In states where the POST (also known as “POLST: Physician Orders for Life-Sustaining Treatment) has been adopted, there is a higher user rate for advance directives and people’s wishes are followed more often. The POST has been shown to reduce unnecessary hospitalizations and improve end-of-life care planning.

Register your Advance Directives and your POST.

You may register your advance directives (living will and durable power of attorney for health care) and/or your POST in the **Idaho Health Care Directive Registry**. This confidential, secure registry is located within the Idaho Secretary of State’s Office and is available at no cost. The advantage of registering your documents is that all health care providers with Internet access may view these documents through a secure database in an emergency. The health care provider will be able to understand your health care wishes and also obtain contact information for the important people who may need to make health care decisions for you.

Your physician will discuss care options with you and help you complete a POST form. In order for a POST to be valid it must be signed by a Physician, Nurse Practitioner or Physician Assistant.

The Idaho POST is a universally recognized document that provides an opportunity for individuals 18 years or older to state their wishes for health care. Valid only when signed by an approved provider, this one-page document is a Physician Orders for Scope of Treatment and informs emergency medical services and health care personnel of your wishes for cardiopulmonary resuscitation (CPR) and other important treatment options. The POST complements your advance directives (living will and durable power of attorney for health care) and increases the likelihood that your wishes will be respected.

Idaho Physician Orders for Scope of Treatment (POST)

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

- This form must be signed by an authorized practitioner in **Section E** to be valid
- If any section is **NOT COMPLETE** provide the most **comprehensive treatment in that section**
- **EMS:** If questions arise contact on-line **Medical Control**

Last name _____
 First name _____
 Date of birth ____/____/_____
 Last four digits of SS # _____
 Male Female

Section A Select 1 OR 2	<p>Cardiopulmonary Resuscitation: Patient is not breathing and/or does not have a pulse</p> <p>1. Do Not Resuscitate: Allow Natural Death (No Code/DNR/DNAR): No CPR or advanced cardiac life support interventions</p> <p>2. Resuscitate (Full Code): Provide CPR (artificial respirations and cardiac compressions, defibrillation, and emergency medications as indicated by the medical condition)</p> <p>Additional resuscitation instructions: _____</p>
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Section B Select only ONE box	<p>Medical interventions: Patient has a pulse and is breathing</p> <p>Comfort measures only: Use medications by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suctioning and manual treatment of airway obstruction. Reasonable measures are to be made to offer food and fluids by mouth. Transfer to higher level of care only if comfort needs cannot be met in current location.</p> <p>Limited additional interventions: In addition to the care described above, you may include cardiac monitoring and oral/IV medications. Transfer to higher level of care (e.g. from home to hospital) and provide treatment as indicated in Section A. Do not admit to Intensive Care.</p> <p>Aggressive interventions: In addition to the care described above and in Section A, you may include other interventions (e.g. dialysis, ventricular support)</p>
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Section C	<p>Artificial Fluids and Nutrition:</p> <p>Yes No Feeding tube</p> <p>Yes No IV fluids</p> <p>Other instructions: _____</p>	<p>Antibiotics and blood products:</p> <p>Yes No Antibiotics</p> <p>Yes No Blood products</p> <p>Other instructions: _____</p>
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Section D	<p>Advance Directives: The following documents also exist:</p> <p>Living Will DPAHC Other _____</p>
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Section E	<p><input type="checkbox"/> I request that this document be submitted to the Idaho Health Care Directive Registry</p> <p>Patient/Surrogate Signature: X</p> <p>_____ Print Patient/Surrogate name Relationship (Self, Spouse, etc.) Date</p> <p>Physician/APRN/PA Signature: X</p> <p>_____ Print Physician/APRN/PA name ID license number Phone # _____ - _____ - _____ _____ Date</p> <p>Discussed with: Patient Spouse DPAHC Other _____</p> <p>The basis for these orders is: Patient's request Patient's known preference</p> <p style="text-align: center;">***ORIGINAL OR COPY TO ACCOMPANY PERSON IF TRANSFERRED OR DISCHARGED***</p> <p style="text-align: center;">***PROVIDER SUBMISSION OF COPY TO REGISTRY RECOMMENDED***</p> <p style="text-align: center;">***COPY OF ORIGINAL LEGALLY VALID***</p>
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Idaho POST Patient FAQs

The following document is intended as a general guide to answer questions concerning the Idaho POST. This document should not be considered legal advice.

1. What is a "POST?"

A POST is a Physician Orders for Scope of Treatment. POST is a universal advanced directive. It replaces Idaho Comfort One and supersedes all other DNR orders. (Effective date 7/1/07). Although POST supersedes Comfort One, if you have a Comfort One, it is still valid.

2. Is there identification jewelry associated with POST like there was with Comfort One/DNR?

DNR is represented by Medical jewelry: bracelet, necklace or anklet. POST jewelry always indicates DNR and is only available to those who select DO NOT RESUSCITATE (DNR) on their POST form. The jewelry is not required but may help Emergency Medical Services personnel be aware of and honor your choice to not be resuscitated.

3. When is it appropriate to complete a POST?

POST is appropriate for anyone that:

- Has an incurable or irreversible injury
- Has a chronic, progressive, or end-stage disease, illness or condition
- Is in a terminal state
- Wishes to define their preferences for medical care

4. How can I get a POST form?

You obtain the form from your healthcare provider (physician, NP or PA).

5. I understand that I can register my advance directive with the Idaho Secretary of State; is registration mandatory?

The Idaho Health Care Directive Registry is a repository that provides secure access to registered advance directives (including completed POST forms). In addition to healthcare provider access, you may obtain a copy of your registered advanced directive in the event you have lost your original. Registration of your Living Will, Durable Power of Attorney for Health Care or POST form with the Secretary of State is not mandatory. Registering your advance directive will provide an archive copy of the document, which will make the directive available for future download.

6. Is a copy of my POST form valid or must I have the original?

A copy is just as valid as the original.

7. Can the person that I designated as my Durable Power of Attorney for Health Care (DPAHC) override the choices that I chose on my POST form?

Your Durable Power of Attorney for Health Care cannot override your POST form unless they can provide evidence that your last known expressed wishes are different from those indicated on the POST.

8. Can my Durable Power of Attorney for Health Care (DPAHC) be subject to criminal or civil liability for decisions that he/she makes while exercising their responsibilities in regards to the Durable Power of Attorney for Health Care?

No, a DPAHC acting in good faith cannot be held criminally or civilly liable for their actions as a DPAHC.

9. Can I revoke a Living Will, Durable Power of Attorney for Health Care or POST once I sign it?

(a) A POST form or any other directives may be revoked at any time by any of the following methods:

- By being intentionally cancelled, defaced, obliterated or burned, torn otherwise destroyed by you, or by some person in your presence and by your direction;
- By your written, signed revocation expressing your intent to revoke,
- Or by your oral expression of your intent to revoke.
- Your POST may also be suspended by your written, signed or oral expression expressing your intent to suspend your POST.

(b) Note that you are responsible for notifying your physician if you revoke or suspend your living will or durable power of attorney for health care.

10. Is compliance with the wishes that I stated on my POST form optional or must health care providers honor my wishes?

POST must be honored by all health care professionals except when:

- They believe in good faith the POST has been revoked or suspended as indicated above
- OR
- To avoid an oral or physical confrontation
 - If ordered to by the attending physician
 - If neither a POST form or POST DNR jewelry are present

11. I have chosen to not be resuscitated (DNR) on my POST form. Is a new DNR order needed when I check in to a hospital or other health care facility?

POST provides a single uniform document that goes with you from one care setting to another. POST may travel with you. POST is honored in ALL health care facilities. No additional DNR order is needed.

12. Can I be required to execute an advance directive, such as a living will, durable power of attorney for health care or physician's orders for scope of treatment (POST) to receive health care?

No, you cannot be required to complete a living will, durable power of attorney for health care or POST form as a condition for being insured for, or receiving, health care services.

13. I have completed a POST form and informed all of my family members. What can I expect from health care providers and emergency medical services personnel if I should require emergency medical care?

If you require emergency medical care, you can expect the following:

- (a) Health care providers are required to make a reasonable effort to discover, by asking and looking for the POST form or POST jewelry.
- (b) Health care providers are not required to look for a POST form or jewelry if you are a victim of severe trauma, mass casualty, homicide or suicide.

14. If I elect for comfort measures only in the Medical Interventions section of the POST form (Section B), what sort of care can I expect?

"Comfort care" means treatment and care to provide comfort and cleanliness. You should expect oral and body hygiene; food and fluids offered orally; medication, positioning, warmth, appropriate lighting and other measures to relieve pain and suffering; and privacy and respect for your dignity and humanity.

15. On my POST form, I indicated that I desire aggressive interventions. Does this mean that my doctor is obligated to provide care that is considered futile or medically inappropriate?

No. Nothing in the Idaho POST law requires your health care provider to pursue treatment considered medically inappropriate or futile.

16. I just moved to Idaho and have an advance directive from another state; must I complete an Idaho POST?

No, provided the directive from the other state is materially similar to an Idaho directive, it is valid in Idaho.

17. Is my Idaho POST form valid in other states?

It depends on the laws of the other state. You should check the laws in the state(s) where you plan to visit.

18. I have been enrolled in the Idaho Comfort One/DNR program from prior to July 1, 2007, must I now complete an Idaho POST form also?

No, your Comfort One\DNR is still valid, provided it was signed prior to 1 July 2007. After 1 July 2007, the POST form replaces the Comfort One\DNR as the Idaho Do Not Resuscitate order. However, it is recommended that you discuss converting your Comfort One into a POST at your next routine appointment with your healthcare provider.

19. If I chose to make an advance directive, will it affect my ability to get or maintain my life insurance?

No, making a living will and/or durable power of attorney for health care or POST form will not affect your ability to get or maintain life insurance.