



# The Empowered Patient Coalition

## CHOOSING AN ADVOCATE AND PREPARING DOCUMENTS

**I HAVE CHOSEN** my advocate (or advocates). My advocate is   
\_\_\_\_\_.

The person I have chosen can be readily available.

My advocate has his/her own means of transportation.

My advocate is comfortable speaking to doctors on my behalf.

**I HAVE DISCUSSED** my health care wishes with my advocate(s).

**I HAVE DOCUMENTED** my wishes using:

A Medical Power of Attorney form (my named agent can be different from my advocate). My agent is \_\_\_\_\_

An Advance Directive (living will).

A HIPAA Authorization form (allows doctors to share information with your advocates).

A Do Not Resuscitate Order if applicable.

**I HAVE GIVEN** my advocate(s) a copy of my documents and I have the originals in a safe location.

My advocates know where to find the originals, if needed.   
My documents are located \_\_\_\_\_.