N: (Novant Health logo)

Choices and Champions®

Roles and responsibilities of my health care agent

Dear _____ , (name of your health care agent)

1 Your role is to make healthcare choices for me if or when I am not able to make those decisions for myself. My doctor will let you know when I do not have the ability to make my own healthcare decisions.

2 I will give you a copy of my Health Care Power of Attorney document. I will list any special instructions on this document. I am counting on you to follow my instructions and respect my wishes. I know this may not be easy for you since my choices may be different from the choices you would want for yourself or what you think is best for me.

3 As my health care agent, you will be able to do many things for me, including:
- Start or stop life-prolonging measures.
- Make decisions about mental health treatment.
- Choose my doctors and where I get my care.
- Review and share my medical information.

If I do not want you to make certain decisions for me, I have stated so in my Health Care Power of Attorney document.

4 Please make healthcare decisions about my care based on my goals and desires. It is very important that we take time to talk about them so you will understand my goals and the care I want.

5 If I need medical care and cannot make my own treatment decisions, please discuss my medical condition and treatment options with my healthcare team members. Please ask them for any medical information you need and to explain anything you do not understand. The information they provide will help you to make informed decisions about my treatment.

6 If, at some later time, you decide that you can no longer serve as my health care agent, please let me know. Likewise, if I decide to name another person as my health care agent, I will let you know. Either decision will release you from any further responsibilities as my health care agent.

7 Contact Choices and Champions at **1-844-677-5134** or **ChoicesandChampions@NovantHealth.org** for additional resources or questions.

Thank you for being my health care agent,

_____ (your signature)

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