

# NORTH DAKOTA



Legal Documents  
To Assure Future Health Care Choices

# **ADVANCE DIRECTIVES**

## **YOUR RIGHT TO MAKE HEALTH CARE DECISIONS UNDER THE LAW IN NORTH DAKOTA**

### **I. INTRODUCTION**

North Dakota and federal law give every competent adult, 18 years or older, the right to make their own health care decisions, including the right to decide what medical care or treatment to accept, reject or discontinue. If you do not want to receive certain types of treatment or you wish to name someone to make health care decisions for you, you have the right to make these desires known to your doctor, hospital or other health care providers, and in general, have these rights respected. You also have the right to be told about the nature of your illness in terms that you can understand, the general nature of the proposed treatments, the risks of failing to undergo these treatments and any alternative treatments or procedures that may be available to you.

However, there may be times when you cannot make your wishes known to your doctor or other health care providers. For example, if you were taken to a hospital in a coma, would you want the hospital's medical staff to know what your specific wishes are about the medical care that you want or do not want to receive.

This booklet describes what North Dakota and federal law have to say about your rights to inform your health care providers about medical care and treatment you want or do not want, and about your right to select another person to make these decisions for you, if you are physically or mentally unable to make them yourself.

To make these difficult issues easier to understand, we have presented the information in the form of questions and answers. Because this is an important matter, we urge you to talk to your spouse, family, close friends, personal advisor, your doctor and your attorney before deciding whether or not you want an advance directive.

### **II. QUESTIONS AND ANSWERS**

#### **GENERAL INFORMATION ABOUT ADVANCE DIRECTIVES**

##### **What are "Advance Directives"?**

Advance directives are documents which state your choices about medical treatment or name someone to make decisions about your medical treatment, if you are unable to make these decisions or choices yourself. They are called "advance" directives because they are signed in advance to let your doctor and other health care providers know your wishes concerning medical treatment. Through advance directives, you can make legally valid decisions about your future medical care.

North Dakota law recognizes 2 types of advance directives:

- 1) Health Care Instructions (Living Will).
- 2) An Appointment of A Health Care Agent.

### **Do I have to have an Advance Directive?**

No, it is entirely up to you whether you want to prepare any documents. But if questions arise about the kind of medical treatment that you want or do not want, advance directives may help to solve these important issues. Your doctor or any health care provider cannot require you to have an advance directive in order to receive care; nor can they prohibit you from having an advance directive. Moreover, under North Dakota law, no health care provider or insurer can charge a different fee or rate depending on whether or not you have executed an advance directive.

### **What will happen if I do not make an Advance Directive?**

You will receive medical care even if you do not have any advance directives. However, there is a greater chance that you will receive more treatment or more procedures than you may want.

If you cannot speak for yourself and have not made an advance directive, your doctor or other health care providers will generally look to your family or friends for decisions about your care. But if your doctor or your health care facility is unsure or if your family members cannot agree, they may have to ask the court to appoint a person (called a guardian) to make those decisions for you.

### **How do I know what treatment I want?**

Your doctor must inform you about your medical condition and what different treatments can do for you. Many treatments have serious side effects. Your doctor must give you information, in language that you can understand, about serious problems that medical treatment is likely to cause. Often, more than one treatment might help you and different people might have different ideas on which is best. Your doctor can tell you the treatments that are available to you, but he cannot choose for you. That choice depends on what is important to you.

### **Whom should I talk to about Advance Directives?**

Before writing down your instructions, you should talk to those people closest to you and who are concerned about your care and feelings. Discuss them with your family, your doctor, friends and other appropriate people, such as a member of your clergy or your lawyer. These are the people who will be involved with your health care, if you are unable to make your own decisions.

### **When do Advance Directives go into effect?**

It is important to remember that these directives only take effect when you can no longer make your own health care decisions. As long as you are able to give "informed consent," your health care providers will rely on **YOU** and **NOT** on your advance directives.

## **What is “Informed Consent”?**

Informed consent means that you are able to understand the nature, extent and probable consequences of proposed medical treatments and you are able to make rational evaluations of the risks and benefits of those treatments as compared with the risks and benefits of alternate procedures **AND** you are able to communicate that understanding in any way.

## **How will health care providers know if I have any Advance Directives?**

All hospitals, nursing homes, home health agencies, HMOs and all other health care facilities that accept federal funds must ask if you have an advance directive, and if so, they must see that it is made part of your medical records.

## **Will my Advance Directives be followed?**

Generally, yes, if they comply with North Dakota law. Federal law now requires your health care providers to give you their written policies concerning advance directives. A summary statement of those policies is provided for you at the back of this book. It may happen that your doctor or other health care provider cannot or will not follow your advance directives for moral, religious or professional reasons, even though they comply with North Dakota law. If this happens, they must immediately tell you. Then they must also help you transfer to another doctor or facility that will do what you want.

## **Can I change my mind after I write an Advance Directive?**

Yes, at any time, you can cancel or change any advance directive that you have written. To cancel your directive, simply destroy the original document and tell your family, friends, doctor and anyone else who has copies that you have cancelled them. To change your advance directives, simply write and date a new one. Again, give copies of your documents to all the appropriate parties, including your doctor.

## **Do I need a lawyer to help me make an Advance Directive?**

A lawyer may be helpful and you might choose to discuss these matters with him, but there is no legal requirement in North Dakota to do so. You may use the form that is provided in this booklet to execute your advance directives.

## **Will my North Dakota Advance Directive be honored in another state?**

The laws on advance directives differ from state to state, so it is unclear whether a North Dakota advance directive will be valid in another state. Because an advance directive is a clear expression of your wishes about medical care, it will influence that care no matter where you are admitted. However, if you plan to spend a great deal of time in another state, you might want to consider signing an advance directive that meets all the legal requirements of that state.

## **Will an Advance Directive from another state be valid in North Dakota?**

Yes. An advance directive executed in compliance with another state's laws will be honored in North Dakota to the extent permitted by North Dakota law.

## **What should I do with my Advance Directives?**

You should keep them in a safe place where your family members can get to them. Do **NOT** keep the original copies in your safe deposit box. Give copies of these documents to as many of the following people as you are comfortable with: your spouse and other family members; your doctor; your lawyer; your clergyperson; and any local hospital or nursing home where you may be residing. Another idea is to keep a small wallet card in your purse or wallet which states that you have an advance directive and who should be contacted. Wallet cards are provided for you at the back of this booklet for that purpose.

## **HEALTH CARE INSTRUCTIONS (LIVING WILL)**

### **What is a “Living Will”?**

A living will (called “Health Care Instructions” in North Dakota) is a document which tells your doctor or other health care providers whether or not you want life-prolonging treatments or procedures administered to you if you are unable to make those decisions yourself. It is called a “living will” because it takes effect while you are still living.

### **Is a “Living Will” the same as a “Will” or “Living Trust”?**

No. Wills and living trusts are financial documents which allow you to plan for the distribution of your financial assets and property after your death. A living will only deals with medical issues while you are still living. Wills and living trusts are complex legal documents and you usually need legal advice to execute them. You do not need a lawyer to complete your North Dakota living will.

### **When does a North Dakota Living Will go into effect?**

A living will goes into effect when: 1) your doctor has a copy of it, and 2) your doctor has concluded that you cannot make your own health care decisions.

### **What are “life-prolonging” procedures?**

These are treatments or procedures that are not expected to cure your terminal condition or make you better. They only prolong dying. Examples are mechanical respirators which help you to breathe, kidney dialysis which clears your body of wastes and cardiopulmonary resuscitation (CPR) which restores your heartbeat.

### **Is a Living Will the same as a “Do Not Resuscitate (DNR)” order?**

No. A North Dakota living will covers almost all types of life-prolonging treatments and procedures. A “Do Not Resuscitate” order covers two types of life-threatening situations. A DNR order is a document prepared by your doctor at your direction and placed in your medical records. It states that if you suffer cardiac arrest (your heart stops beating) or respiratory arrest (you stop breathing), your health care providers are not to try to revive you by any means.

### **Does a North Dakota Living Will apply if a woman is pregnant?**

Generally no. Medical treatment must be provided to a pregnant woman with a

terminal condition, unless the patient's attending physician and an obstetrician who has examined the patient both determine that such medical treatment will not allow for the continuing development and live birth of the unborn child, or that it will be physically harmful and painful to the woman, or it will prolong the severe pain that cannot be alleviated by medication.

### **Will I receive medication for pain?**

Unless you state otherwise in the living will, medication for pain will be provided where appropriate to make you comfortable and will not be discontinued.

### **Can my doctor be sued or prosecuted for carrying out the provisions of a North Dakota Living Will?**

No. North Dakota law states that a physician or any other health care provider cannot be subject to any criminal or civil liability or discipline for unprofessional conduct for carrying out the provisions of a valid North Dakota living will.

### **Does a North Dakota Living Will affect insurance?**

No. The making of a living will, in accordance with North Dakota law, will not affect the sale or issuance of any life insurance policy, nor shall it invalidate or change the terms of any insurance policy. In addition, the removal of life-support systems according to North Dakota law, shall not, for any purpose, constitute suicide, homicide or euthanasia, nor shall it be deemed the cause of death for the purposes of insurance coverage.

## **APPOINTMENT OF A HEALTH CARE AGENT (AHCA)**

### **What is an Appointment of a Health Care Agent (AHCA)?**

An AHCA is a legal document which allows you (the "Declarant") to appoint another person (the "Agent" or "Attorney-in-Fact") to make medical decisions for you if you should become temporarily or permanently unable to make those decisions yourself. The person you choose as your attorney-in-fact does not have to be a lawyer.

### **Who can I select to be my Agent?**

You can appoint almost any adult to be your agent. You should select a person(s) knowledgeable about your wishes, values, religious beliefs, in whom you have trust and confidence and who knows how you feel about health care. You should discuss the matter with the person(s) you have chosen and make sure that they understand and agree to accept the responsibility.

You can select a member of your family, such as your spouse, child, brother or sister, or a close friend. If you select your spouse and then become divorced, the appointment of your spouse as your agent is revoked. The following people **CANNOT** serve as your agent, unless they are related to you by blood, marriage or adoption:

- 1) Your health care provider;
- 2) An employee of your health care provider;
- 3) Your

long-term care services provider; or 4) An employee of your long-term care services provider.

### **When does the AHCA take effect?**

The AHCA only becomes effective when you are temporarily or permanently unable to make your own health care decisions and your agent consents to start making those decisions. Your agent will begin making decisions after your doctor has decided that you are no longer able to make them. Remember, as long as you are able to make treatment decisions, you have the right to do so.

### **What happens if I regain the capacity to make my own decisions?**

If your doctor determines that you have regained the capacity to make or to communicate health care decisions, then two things will happen:

- 1) Your agent's authority will end; and
- 2) Your consent will be required for treatment.

If your doctor later determines that you no longer have the capacity to make or to communicate health care decisions, then your agent's authority will be restored.

### **What decisions can my Agent make?**

Unless you limit his/her authority in the AHCA, your agent will be able to make almost every treatment decision in accordance with accepted medical practice that you could make, if you were able to do so. If your wishes are not known or cannot be determined, your agent has the duty to act in your best interest in the performance of his or her duties. These decisions can include authorizing, refusing or withdrawing treatment, even if it means that you will die. As you can see, the appointment of an agent is a very serious decision on your part.

### **Are there decisions my Agent cannot make?**

Yes. North Dakota law now prohibits your agent from consenting to your admission to a mental health facility or state institution for a period of more than 45 days without a mental health care proceeding or a court order. In addition, your agent cannot consent to psychosurgery, abortion or sterilization, unless the procedure is first approved by a court order.

### **Can there be more than one Agent?**

Yes. While you are not required to do so, you may designate alternates who may also act for you, if your primary agent is unavailable, unable or unwilling to act. Your alternates have the same decision-making powers as the primary agent.

### **Can I appoint more than one person to share the responsibility of being my Agent?**

You should appoint only **ONE** person to be your primary agent. Any others that you want to be involved with your health care decisions should be appointed



as your alternates. If two or more people are given equal authority and they disagree on a health care decision, one of the most important purposes of the AHCA—to clearly identify who has the authority to speak for you—will be defeated. If you are afraid of offending people close to you by choosing one over another to be your agent, ask them to decide among themselves who will be your primary agent and select the others as alternates.

### **Can my Agent be legally liable for decisions made on my behalf?**

No. Your health care agent or your alternate agents cannot be held liable for treatment decisions made in good faith on your behalf. Also, he/she cannot be held liable for costs incurred for your care, just because he/she is your agent.

### **Can my Agent resign?**

Yes. Your agent and your alternates can resign at any time by giving written notice to you, your doctor or the facility where you are receiving care.

### **How is the AHCA different from the Living Will?**

A North Dakota Living Will only applies when you are unable to make your own decisions and only applies to a limited number of health care decisions.

The AHCA allows you to appoint someone to make health care decisions for you if you cannot make them. It also covers all health care situations in which you are incapable of making the decisions for yourself. It also allows you to give specific instructions to your agent about the type of care you want to receive.

The AHCA allows your agent to respond to medical situations that you might not have anticipated and to make decisions for you with knowledge of your values and wishes.

Since the AHCA is more flexible, it is the advance directive most people choose. Some people, however, do not have anyone whom they trust or who knows their values and preferences. These people should consider creating a living will.

### **Does the Health Care Directive Form have to be signed and witnessed?**

Yes, you must sign (or have someone sign the Health Care Directive Form in your presence and at your direction, if you are unable to sign) and date it. Then it must be witnessed by 2 qualified people or be notarized. The only people who **CANNOT** witness your signature or serve as your notary public are: 1) Any person who is not 18 years of age; 2) The person you appointed as your agent or your alternate; 3) Your spouse, heir, or anyone related to you by blood, marriage or adoption; 4) Any person who has a claim against your estate; 5) Any person directly financially responsible for your medical care; or 6) Your attending physician.

If you decide to have the document notarized, the notary may be a person who is employed by your health care provider or long term care provider.

If you decide to have the document witnessed, at least one of the two witnesses cannot be your health care or long term care provider or an employee of your health care or long term care provider.



# NORTH DAKOTA HEALTH CARE DIRECTIVE

I \_\_\_\_\_, understand this document allows me to do **ONE OR ALL** of the following:

**PART 1:** Name another person (called the health care agent) to make health care decisions for me if I am unable to decide or speak for myself. My health care agent must make health care decisions for me based on the instructions I provide in this document (Part II), if any, the wishes I have made known to him or her, or must act in my best interest if I have not made my health care wishes known.

**AND/OR**

**PART II:** Give health care instructions to guide others making health care decisions for me. If I have named a health care agent, these instructions are to be used by the agent. These instructions may also be used by my health care providers, others assisting with my health care and my family, in the event I cannot make decisions for myself.

**AND/OR**

**PART III:** Allows me to make an organ and tissue donation upon my death by signing a document of anatomical gift.

## **PART I: APPOINTMENT OF HEALTH CARE AGENT THIS IS WHO I WANT TO MAKE HEALTH CARE DECISIONS FOR ME IF I AM UNABLE TO DECIDE OR SPEAK FOR MYSELF**

*(I know I can change my agent or alternate agent at any time and I know I do not have to appoint an agent or an alternate agent.)*

**NOTE:** If you appoint an agent, you should discuss this health care directive with your agent and give your agent a copy. If you do not wish to appoint an agent, you may leave Part I blank and go to Part II and/or Part III.

When I am unable to decide or speak for myself, I trust and appoint \_\_\_\_\_  
\_\_\_\_\_ to make health care decisions for me. This person is called my health care agent.

Relationship of my health care agent to me: \_\_\_\_\_

Telephone number of my health care agent: \_\_\_\_\_

Address of my health care agent: \_\_\_\_\_

## **(OPTIONAL) APPOINTMENT OF ALTERNATE HEALTH CARE AGENT:**

If my health care agent is not reasonable available, I trust and appoint \_\_\_\_\_  
\_\_\_\_\_ to be my health care agent instead.

Relationship of my alternate health care agent to me: \_\_\_\_\_

Telephone number of my alternate health care agent: \_\_\_\_\_

Address of my alternate health care agent: \_\_\_\_\_

**THIS IS WHAT I WANT MY HEALTH CARE AGENT TO BE ABLE TO DO  
IF I AM UNABLE TO DECIDE OR SPEAK FOR MYSELF**

*(I know I can change these choices)*

My health care agent is automatically given the powers listed below in (A) through (D). My health care agent must follow my health care instructions in this document or any other instructions I have given to my agent. If I have not given health care instructions, then my agent must act in my best interest.

Whenever I am unable to decide or speak for myself, my health care agent has the power to:

(A) Make any health care decisions for me. This includes the power to give, refuse, or withdraw consent to any care, treatment, service, or procedures. This includes deciding whether to stop or not start health care that is keeping me or might keep me alive and deciding about mental health treatment.

(B) Choose my health care providers.

(C) Choose where I live and receive care and support when those choices relate to my health care needs.

(D) Review my medical records and have the same rights that I would have to give my medical records to other people.

If I **DO NOT** want my health care agent to have a power listed above in (A) through (D) **OR** if I want to **LIMIT** any power in (A) through (D), **I MUST** say that here:

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My health care agent is **NOT** automatically given the powers listed below in (1) and (2). If I **WANT** my agent to have any of the powers in (1) and (2), I must **INITIAL** the line in front of the power, then my agent **WILL HAVE** that power.

\_\_\_\_\_ (1) To decide whether to donate any parts of my body, including organs, tissues, and eyes, when I die.

\_\_\_\_\_ (2) To decide what will happen with my body when I die (burial, cremation).

If I want to say anything more about my health care agent's powers or limits on the powers, I can say it here:

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**PART II: HEALTH CARE INSTRUCTIONS**

**NOTE:** Complete this **PART II** if you wish to give health care instructions. If you appointed an agent in **Part I**, completing this **Part II** is optional but would be very helpful to your agent. However, if you chose not to appoint an agent in **Part I**, you **MUST** complete some or all of this Part II if you wish to make a valid health care directive.

These are instructions for my health care when I am unable to decide or speak for myself. These instructions must be followed (so long as they address my needs).

**THESE ARE MY BELIEFS AND VALUES ABOUT MY HEALTH CARE**

*(I know I can change these choices or leave any of them blank).*

I want you to know these things about me to help you make decisions about my health care:

My goals for my health care:

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My fears about my health care:

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My spiritual or religious beliefs and traditions:

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My beliefs about when life would be no longer worth living:

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My thoughts about how my medical condition might affect my family:

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**THIS IS WHAT I WANT AND DO NOT WANT FOR MY HEALTH CARE**

*(I know I can change these choices or leave any of them blank)*

Many medical treatments may be used to try to improve my medical condition or to prolong my life. Examples include artificial breathing by a machine connected to a tube in the lungs, artificial feeding of fluids through tubes, attempts to start a stopped heart, surgeries, dialysis, antibiotics, and blood transfusions. Most medical treatments can be tried for a while and then stopped if they do not help.

I have these views about my health care in these situations:

*(Note: You can discuss general feelings, specific treatments, or leave any of them blank).*

If I had a reasonable chance of recovery and were temporarily unable to decide or speak for myself, I would want:

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If I were dying and unable to decide or speak for myself, I would want:

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If I were permanently unconscious and unable to decide or speak for myself, I would want:

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If I were completely dependent on others for my care and unable to decide or speak for myself, I would want:

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In all circumstances, my doctors will try to keep me comfortable and reduce my pain. This is how I feel about pain relief if it would affect my alertness or if it could shorten my life:

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There are other things that I want or do not want for my health care, if possible:

Who I would like to be my doctor:

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Where I would like to live to receive health care:

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Where I would like to die and other wishes I have about dying:

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My wishes about what happens to my body when I die (cremation, burial):

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Any other things:

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### **PART III: MAKING AN ANATOMICAL GIFT**

I would like to be an organ donor at the time of my death. I have told my family my decision and ask my family to honor my wishes. I wish to donate the following:(Initial one statement)

\_\_\_\_\_ Any needed organs and tissue.

\_\_\_\_\_ Only the following organs and tissue: \_\_\_\_\_

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**PART IV: MAKING THE DOCUMENT LEGAL PRIOR DESIGNATIONS REVOKED.**

I revoke any prior health care directive.

**DATE AND SIGNATURE OF PRINCIPAL  
(YOU MUST DATE AND SIGN THIS HEALTH CARE DIRECTIVE)**

I sign my name to this Health Care Directive Form on \_\_\_\_\_ (Date)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(You sign here)

**(THIS HEALTH CARE DIRECTIVE WILL NOT BE VALID UNLESS IT IS NOTARIZED OR SIGNED BY TWO QUALIFIED WITNESSES WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE. IF YOU HAVE ATTACHED ANY ADDITIONAL PAGES TO THIS FORM, YOU MUST DATE AND SIGN EACH OF THE ADDITIONAL PAGES AT THE SAME TIME YOU DATE AND SIGN THIS HEALTH CARE DIRECTIVE.)**

**NOTARY PUBLIC OR STATEMENT OF WITNESSES**

This document must be (1) notarized or (2) witnessed by two qualified adult witnesses. The person notarizing this document may be an employee of a health care or long-term care provider providing your care. At least one witness to the execution of the document must not be a health care or long-term care provider providing you with direct care or an employee of the health care or long-term care provider providing you with direct care.

None of the following may be used as a notary or witness:

- 1. A person you designate as your agent or alternate agent;
- 2. Your spouse;
- 3. A person related to you by blood, marriage, or adoption;
- 4. A person entitled to inherit any part of your estate upon your death; or
- 5. A person who has, at the time of executing this document, any claim against your estate.

**Option 1: Notary Public**

In my presence on \_\_\_\_\_ (date), \_\_\_\_\_ (name of declarant) acknowledged the declarant's signature on this document or acknowledged that the declarant directed the person signing this document to sign on the declarant's behalf.

\_\_\_\_\_  
(Signature of Notary Public) My commission expires \_\_\_\_\_, 20\_\_\_\_.

**Option 2: Two Witnesses**

Witness One:

(1) In my presence on \_\_\_\_\_ (date), \_\_\_\_\_ (name of declarant) acknowledged the declarant's signature on this document or acknowledged that the declarant directed the person signing this document to sign on the declarant's behalf.

(2) I am at least eighteen years of age.

(3) If I am a health care provider or an employee of a health care provider giving direct care to the declarant, I must initial this box:

I certify that the information in (1) through (3) is true and correct.

\_\_\_\_\_  
(Signature of Witness One)

\_\_\_\_\_  
(Address)

Witness Two:

(1) In my presence on \_\_\_\_\_ (date), \_\_\_\_\_ (name of declarant) acknowledged the declarant's signature on this document or acknowledged that the declarant directed the person signing this document to sign on the declarant's behalf.

(2) I am at least eighteen years of age.

(3) If I am a health care provider or an employee of a health care provider giving direct care to the declarant, I must initial this box:

I certify that the information in (1) through (3) is true and correct.

\_\_\_\_\_  
(Signature of Witness Two)

\_\_\_\_\_  
(Address)

### **ACCEPTANCE OF APPOINTMENT OF POWER OF ATTORNEY.**

I accept this appointment and agree to serve as agent for health care decisions. I understand I have a duty to act consistently with the desires of the principal as expressed in this appointment. I understand that this document gives me authority over health care decisions for the principal only if the principal becomes incapacitated. I understand that I must act in good faith in exercising my authority under this power of attorney. I understand that the principal may revoke this power of attorney at any time in any manner.

If I choose to withdraw during the time the principal is competent, I must notify the principal of my decision. If I choose to withdraw when the principal is not able to make health care decisions, I must notify the principal's physician.

\_\_\_\_\_  
(Signature of agent/date)

\_\_\_\_\_  
(Signature of alternate agent/date)

# **A SUMMARY STATEMENT OF HEALTH CARE POLICIES REGARDING PATIENTS' RIGHTS OF SELF-DETERMINATION**

*(Since a summary like this cannot answer all possible questions or cover every circumstance, you should discuss any remaining questions with a representative of this health care facility.)*

1. Prior to the start of any procedure or treatment, the physician shall provide the patient with whatever information is necessary for the patient to make an informed judgment about whether the patient does or does not want the procedure or treatment performed. Except in an emergency, the information provided to the patient to obtain the patient's consent shall include, but not necessarily be limited to, the intended procedure or treatment, the potential risks, and the probable length of disability. Whenever significant alternatives of care or treatment exist, or when the patient requests information concerning alternatives, the patient shall be given such information. The patient shall have the right to know the name and person responsible for all procedures and treatments.

2. The patient may refuse medical treatment to the extent permitted by law. If the patient refuses treatment, the patient will be informed of significant medical consequences that may result from such action.

3. The patient will receive written information concerning his or her individual rights under North Dakota state law to make decisions concerning medical care.

4. The patient will be given information and the opportunity to make advance directives--including, but not limited to a North Dakota Living Will and an Appointment of a Health Care Agent.

5. The patient shall receive care regardless of whether or not the patient has or has not made an advance directive.

6. The patient shall have his or her advance directive(s), if any advance directive has been created, made a part of his or her permanent medical record.

7. The patient shall have all of the terms of his or her advance directive(s) complied with by the health care facility and caregivers to the extent required or allowed by law.

8. The patient shall be transferred to another doctor or health care facility if his or her doctor(s), or agent of his or her doctor(s), or the health care facility cannot respect the patient's advance directive requests as a matter of "conscience."

9. The patient shall receive the name, phone number and address of the appropriate state agency responsible for receiving questions and complaints about these advance directive policies.



