



- A.R. Gould Hospital
- Acadia Hospital
- Acadia Healthcare
- Beacon Health
- Blue Hill Hospital
- C. A. Dean Hospital
- Eastern Maine Medical Center
- Inland Hospital
- Lakewood
- Maine Coast Hospital
- Mercy Hospital
- Northern Light Home Care & Hospice
- Northern Light Laboratory
- Northern Light Medical Transport
- Northern Light Pharmacy
- Sebasticook Valley Hospital
- Work Health

Patient Identification

Power of Attorney for Health Care

Northern Light Health and its affiliates (Northern Light Health) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language. Northern Light Health does not exclude people or treat them differently because of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language.

Northern Light Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 1-888-986-6341. If you have a TTY, you may also dial 711 Maine Relay.

If you believe that Northern Light Health or any of its affiliates has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnicity, age, mental or physical ability or disability, political affiliation, religion, culture, socio-economic status, genetic information, veteran status, sexual orientation, sex, gender, gender identity or expression, or language, you can file a grievance with your Northern Light Health Civil Rights Coordinator, 797 Wilson St., Suite 4, Brewer, ME 04412, 1-866-769-8363 (telephone), 1-207-989-1420 (fax), or at nondiscrimination@northernlight.org (email). If you need help filing a grievance, your Northern Light Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-986-6341 (ATS : 711).
Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-986-6341 (TTY: 711).
Oromo (Cushite): XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-986-6341 (TTY: 711).
Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-986-6341 (TTY：711)。
Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-986-6341 (TTY: 711).
Tagalog (Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-986-6341 (TTY: 711).

Cambodian (Khmer): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, លេខាធិការនឹងផ្តល់ជូនសេវាបន្ថែមដោយឥតគិតថ្លៃដល់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-986-6341 (TTY: 711)។

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-986-6341 (телетайп: 711).

Arabic: (رقم 1-888-986-6341/ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711. هاتف الصم والبكم.)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-986-6341 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-986-6341 (TTY: 711)번으로 전화해 주십시오.

Thai: ระวัง: ถ้าพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-986-6341 (TTY: 711).

Nilotic (Dinka): PID KENE: Na ye jam nē Thuonjaj, ke kuony yenē koc waar thook atō kuka lēu yök abac ke cın wēnh cuatē piny. Yuopē 1-888-986-6341 (TTY: 711)

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-986-6341 (TTY:711) まで、お電話にてご連絡ください。

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-986-6341 (TTY: 711).



Instructions:

This document lets you choose another person to make health care decisions for you, either right away or when you are too sick to choose your own care. The person you choose is called your agent. You may also name a second and third choice to be your agent, if your first choice is not willing, reasonably available, or able to make decisions for you. If you choose an agent on this form, your agent will be able to:

- Make all health care decisions for you, including decisions regarding tests, surgery, and medications;
- Decide whether or not to have food or fluids given to you through tubes or fed into your veins through an IV;
- Decide whether or not to use treatments or machines to keep you alive or attempt to restart your heart or breathing; and
- Make any health decision he or she believes would be consistent with your values or in your best interest.

Who Can Be Your Agent

You can name any adult you trust to be your agent, except your agent may not be the owner, operator or employee of a nursing home or residential long-term care facility where you are receiving care, unless that person is your relative.

How Your Agent Must Make Decisions

- If you have given explicit oral instruction to your agent, or if you have filled out the longer version of this document, entitled Advance Directives, your agent must follow those instructions.
- If you have not given explicit care instructions to your agent, your agent must make choices consistent with what they believe you would choose, based on your known values and preferences.
- If your agent does not have any information about your specific treatment preferences or your personal values and interests, they must make decisions based on what would be in the best interest of someone in your situation.

Who Can See Your Health Care Information

Once your agent has the right to make health care decisions for you, your agent can look at your medical records and consent to giving your medical information to others. The state and federal privacy laws let your agent see all of your health information so that he or she can make the right decisions for you.

Advance Care Directives

This form allows you to designate an agent who will make health care decisions for you in certain circumstances. However, there is a longer Advance Directives form which allows you to both designate an agent and also to make specific health care choices in advance.

We **STRONGLY** encourage you to take, complete and return the complete Maine Hospital Association Advance Care packet in addition to the handout called Your Conversation Starter Kit: When it Comes to End of Life Care, Talking Matters. These handouts will allow you to designate more specific information about your wishes.



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Choose Your Agent(s)

Instructions: Fill in your name and the name of the person you choose to be your agent to make health care decisions for you here:

My Name: _____

My Agent's Name: _____

Title or Relationship to Me: _____

My Agent's Address: _____

My Agent's Home/Cellular Phone: _____

My Agent's Work Phone: _____

If the person I have named above is not willing, reasonably available or able to make decisions for me, I choose the following person to be my agent:

Choice #2 to be my Agent

Name: _____

Title or Relationship to Me: _____

Address: _____

Home/Cellular Phone: _____

Work Phone: _____

If the person I have named as Choice #2 is not willing, reasonably available or able to make decisions for me, I choose the following person to be my Agent:

Choice #3 to be my Agent

Name: _____

Title or Relationship to Me: _____

Address: _____

Home/Cellular Phone: _____

Work Phone: _____

My agent's authority becomes effective when my primary physician determines that I am unable to make my own health-care decisions unless I mark the following box. If I mark this box [], my agent's authority to make health-care decisions for me takes effect immediately.

Desire to Change Agent

You may end your agent's right to make decisions while you are still able to make those decisions by telling your primary physician or putting your decision in writing and attaching it to this form. If you want to name a new agent, you must put that instruction in writing and sign it in front of two witnesses who must also sign their names.

Any time you cancel, replace or change this form, you should give copies of the changed or new form to everyone who has a copy of your original form.



Signature Page

You must sign and date the form on this page. You must also have two other adults sign as witnesses at the time you sign the form.

Make sure you tell people. Tell your family members, physicians and others close to you what you have decided. You should talk to the agent(s) you have chosen to make sure that they understand your wishes and are willing to carry them out. Give a copy of this form to your physician, to any place you get health care, and to any agent(s) you have chosen.

Sign and date the form here:

Sign your name: _____
Your Address: _____
Print Your Name _____
Date _____

First Witness:

Sign your name: _____
Your Address: _____
Print Your Name _____
Date _____

Second Witness:

Sign your name: _____
Your Address: _____
Print Your Name _____
Date _____

Notary Public Information

You do not need to have a Notary Public sign this form to make it legal in Maine. However, if you travel or live part of the year out-of-state, it would be wise to have it signed by a Notary. Some states require this. You can find this service under Notary Public in the phone book. Most banks also have Notaries Public and will usually notarize papers for bank customers when asked.

Notary Acknowledgement

Then personally appeared the above named _____, known to me or who presented satisfactory evidence of his/her identity, and acknowledged this Power of Attorney for Health Care as his/her free act and deed before me.

Notary Signature: _____ Date: _____

Printed Name: _____ Notary Public State of: _____ Commission Exp: _____