



Making My Own Healthcare Decisions For People with Disabilities

INSTRUCTIONS

The goal of this letter is to help more people with disabilities make their own decisions about their health.

The letter can:

- » Explain how you make decisions to your doctors.
- » Explain how you act when you are upset, worried, or confused.
- » Explain what the doctor can do if you are upset, worried, or confused.
- » Tell the doctor when you want help making decisions and when you don't.
- » Explain that you want someone else to make decisions for you only if you can't make the decision by yourself, with help.

To use this letter:

1. Read the letter and decide if you need help understanding it or completing it.
2. Make a line through any parts of the letter that you don't want.
3. Complete any parts of the letter that you didn't make a line through.
4. Sign the letter.
5. Share the letter with your Supporters.
6. Ask your Supporters to sign the letter.
7. Give a copy of the letter to each of your doctors.
8. Ask the doctors if they have any questions about the letter.



Call your local chapter of The Arc or state's protection and advocacy program if you need help.

This letter can be used as a supported decision-making agreement.

Anyone can sign a supported decision-making agreement.

A supported decision-making agreement is a form that describes when you want help to make your own decisions. It also says who you want to help you.

Some states have their own supported decision-making agreement that you may want to use instead.

This letter cannot be used as a healthcare power of attorney.

A power of attorney is a document that lets someone else make decisions for you when you cannot make them for yourself.

You get to decide who that person should be. You can pick someone you trust.

You can also change your mind. You can pick someone else, or you can decide not to have a power of attorney at all.

Each state has its own power of attorney form. You must use your state's form.

Some states have different words for a healthcare power of attorney, but they mean the same thing. Your state's healthcare power of attorney might be called:

- » Medical power of attorney
- » Healthcare proxy
- » Healthcare representative
- » Healthcare surrogate
- » Healthcare advanced directive
- » Advocate for healthcare decisions

A power of attorney is different from guardianship because you choose to sign a power of attorney and you choose the person who might make your decisions.

In a guardianship, a court decides that you cannot make your own decisions. The court will pick your guardian.

Powers of attorney and guardianship can be hard to understand.



Call your local chapter of The Arc or state's protection and advocacy program for questions about powers of attorney or guardianship.

You can still use this letter, even if you have a power of attorney. You can attach this letter to your state's power of attorney form.

It may help your doctors decide when you can make your own decision and when someone else should make the decision.



Making My Own Healthcare Decisions

A Letter for My Doctors

Today's Date: _____

Dear doctors and other healthcare providers:

This letter explains how to help me make my own decisions about my health.

It also explains who I want to help me when I'm making decisions. Those people are called my Supporters.

Sometimes I need help making decisions, but that doesn't mean I can't make my own decisions.

1. Sometimes my Supporter will come to my appointment with me. Please talk to me, not to my Supporter.
2. Sometimes my Provider will bring me to my appointment. My Provider is someone from an agency that provides me services for my disability. Please talk to me, not my Provider. They don't make decisions for me.
3. Explain things in a way that I can understand.
4. Ask me if I have any questions.
5. Check to make sure that I understand what you are saying.
6. Give me important information in writing. Make sure it is written in a way that I can understand.
7. Ask me if I would like to talk with my Supporter.
8. Give me time to think about what you are saying.
9. Give me time to talk to my Supporter, if I want to.
10. My Supporter may ask questions to help me understand my decision.
11. My Supporter may help me tell you what my decision is.
12. Please respect my decision.

When I am upset, worried, or confused, it may take me longer to make decisions.

Describe here how the doctor will know that you are upset, worried, or confused.

If I seem upset, worried, or confused, you can:

- » Talk to me calmly until I'm ready to make a decision.
 - » Ask if I want to talk to my Supporter.
 - » Ask if I want to have my appointment on a different day.
 - » Other [describe here]:
-
-
-

I WANT THE FOLLOWING PEOPLE TO BE MY SUPPORTERS.

I will add pages if I have more than two Supporters.

I will make a line through any sections that I do not want.

Supporter 1

Name: _____

Address: _____

Phone number: _____

Email address: _____

This Supporter can help me make doctor appointments. Yes No

This Supporter can talk to doctors even if I am not there. Yes No
If yes, please provide me the form I need to sign.

This Supporter can see my medical records. Yes No
If yes, please provide me the form I need to sign.

This Supporter can help me with insurance questions. Yes No

This Supporter **CANNOT** do these things.

Supporter 2

Name: _____

Address: _____

Phone number: _____

Email address: _____

This Supporter can help me make doctor appointments. Yes No

This Supporter can talk to doctors even if I am not there. Yes No
If yes, please provide me the form I need to sign.

This Supporter can see my medical records. Yes No
If yes, please provide me the form I need to sign.

This Supporter can help me with insurance questions. Yes No

This Supporter **CANNOT** do these things.

I have a healthcare power of attorney:

Yes (please ask me for a copy)

No

I only want someone else to make healthcare decisions for me if I cannot make them for myself, even with help.

Someone else can make healthcare decisions for me only for as long as I cannot make them for myself.

Doctors must follow the law in my state to decide when I cannot make my own decisions.

Doctors who understand me and my disability should help decide when I cannot make my own decisions, even with help.

In an emergency please contact:

Name: _____

Address: _____

Phone number: _____

Email address: _____

Please check one box:

- I read and understood this letter.
- Someone read this letter to me. I understand what the letter says.

My signature: _____

My name: _____

My address: _____

My phone number: _____

My email address: _____

My date of birth: _____

Supporter 1: I agree to support this person to make healthcare decisions in the way that they ask.

Supporter 1 Signature

Today's Date

Supporter 2: I agree to support this person to make healthcare decisions in the way that they ask.

Supporter 2 Signature

Today's Date