

NEBRASKA
Advance Directive
Planning for Important Healthcare Decisions

Caring Connections
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Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are up to date.

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and healthcare providers
- E**ngage in personal or community efforts to improve end-of-life care

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Using these Materials

BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive healthcare.
2. These materials include:
 - Instructions for preparing your advance directive, please read all the instructions.
 - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

ACTION STEPS

3. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
4. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
5. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
6. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, healthcare providers and/or faith leaders so that the form is available in the event of an emergency.

Introduction to Your Nebraska Advance Directive

This packet contains two legal documents that protect your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself:

1. The **Nebraska Power of Attorney for Health Care** lets you name someone to make decisions about your health care—including decisions about life support—if you can no longer speak for yourself. The Power of Attorney for Health Care is especially useful because it appoints someone to speak for you any time you are unable to make your own health care decisions, not only at the end of life. It goes into effect when your doctor and, when applicable, a consulting physician certify in writing that you are incapable of making health care decisions, and document the cause and nature of your incapacity. The term incapable means the inability to understand and appreciate the nature and consequences of healthcare decisions, including the benefits of, risks of, and alternatives to any proposed health care or the inability to communicate in any manner an informed health care decision.
2. The **Nebraska Declaration** is your state's living will. It lets you state your wishes about medical care in the event that you can no longer make your own health care decisions. The Declaration becomes effective once your attending doctor (1) determines that you are incapable of making decisions about the use of life-sustaining treatment and that you are either in a persistent vegetative state or in a terminal condition and (2) has notified a reasonably available member or your immediate family or guardian, if any, of his or her diagnosis of incapacity and the intent to invoke your Declaration.

Note: These documents will be legally binding only if the person completing them is a competent adult (at least 19 years old) or someone who is or has been married.

Instructions for Completing Your Nebraska Power of Attorney for Health Care

Whom should I appoint as my attorney-in-fact?

Attorney-in-fact does not refer to a lawyer. Your attorney-in-fact is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your power of attorney may be a family member or a close friend whom you trust to make serious decisions. The person you name as your attorney-in-fact should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (An attorney-in-fact may also be called an "agent" or "proxy.")

The person you appoint as your attorney- in-fact cannot be:

- your doctor,
- an employee of your doctor who is not related to you by blood, marriage or adoption,
- an owner, operator or employee of your treating health care provider who is not related to you by blood, marriage or adoption, or
- a person unrelated to you by blood, marriage or adoption who is currently serving as an attorney-in-fact for ten or more people.

You can appoint a second person as your alternate attorney-in-fact. The alternate will step in if the first person you name as power of attorney is unable, unwilling or unavailable to act for you.

How do I make my Nebraska Power of Attorney for Health Care legal?

The law requires that you have your Power of Attorney for Health Care witnessed. You can do this in either of two ways:

1. Have your signature witnessed by a notary public who is neither your attorney-in-fact nor your alternate attorney-in-fact,

OR

2. Sign your document in the presence of two witnesses, who must also sign the document to show that they know you and believe you to be of sound mind, that neither they nor your doctor are appointed as your attorney-in-fact, and that you have signed or acknowledged your signature in their presence. These witnesses **cannot** be:
 - your spouse, parent, child, grandchild, sibling or presumptive heir,
 - a known devisee at the time of the witnessing,
 - your doctor,
 - the person you name as your attorney-in-fact, or
 - an employee of your life or health insurance provider.

Note: No more than one witness may be an administrator or employee of a health care provider that is caring for or treating you.

Instructions for Completing Your Nebraska Power of Attorney for Health Care (continued)

Should I add personal instructions to my Nebraska Power of Attorney for Health Care?

Under Nebraska law, your attorney-in-fact does not have the authority to consent to the withholding or withdrawal of a life-sustaining procedure or artificially administered nutrition or hydration (*e.g.*, tube feeding) ***unless:***

- You are suffering from a terminal condition or are in a persistent vegetative state; *and*
- You have explicitly granted your attorney-in-fact with the authority to withdraw or withhold such treatments; *or*
- Your wishes regarding the withdrawal or withholding of such treatments is established by clear and convincing evidence.

What if I change my mind?

You may revoke your Nebraska Power of Attorney for Health Care at any time and in any manner that reflects your intent to revoke, provided that you are competent. Your revocation is effective once you notify your health care provider, attending physician or attorney-in-fact.

Your health care provider and attorney-in-fact, if notified, must inform your attending physician of the revocation.

Unless you provide otherwise, making a valid power of attorney for health care will revoke any previously executed power of attorney for health care.

Note: If you appoint your spouse as your attorney-in-fact, a decree of divorce or legal separation will automatically revoke that appointment, unless the decree specifically provides otherwise.

What other important facts should I know?

A pregnant patient's Power of Attorney for Health Care will not be honored if it is probable that the fetus will develop to the point of live birth with continued life support.

Instructions for Completing Your Nebraska Declaration

How do I make my Nebraska Declaration legal?

In order to make your Declaration legally binding, you must do one of two things:

1. Sign your Declaration, or direct another to sign it, in the presence of two witnesses. These witnesses cannot be employees of your life or health insurance provider. No more than one witness can be an administrator or employee of your treating health care provider.

OR

2. Sign your Declaration, or direct another to sign it, in the presence of a notary public.

Can I add personal instructions to my Declaration?

Yes. There is a section in your document where you can add personal instructions.

If you have appointed an attorney-in-fact and you want to add personal instructions to your Declaration, it is a good idea to write a statement such as "Any questions about how to interpret or when to apply my Declaration are to be decided by my agent."

What if I change my mind?

You may revoke your Nebraska Declaration at any time and in any manner without regard to your mental or physical condition. Your revocation becomes effective once you or a witness to your revocation notify your doctor or treating health care provider.

What other important facts should I know?

A pregnant patient's Nebraska Declaration will not be honored if it is probable that the fetus will develop to the point of live birth with continued life support.

INSTRUCTIONS

PRINT THE NAME,
ADDRESS, AND
TELEPHONE
NUMBER OF
YOUR ATTORNEY-
IN-FACT

PRINT THE NAME,
ADDRESS AND
TELEPHONE
NUMBER OF
YOUR ALTERNATE
ATTORNEY-IN-FACT

ADD GENERAL
INSTRUCTIONS
(IF ANY)

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**NEBRASKA POWER OF ATTORNEY FOR HEALTH CARE
PAGE 1 OF 4**

I appoint _____,

whose address is _____,

and whose telephone number is _____,
as my power of attorney for health care.

I appoint _____,

whose address is _____,

and whose telephone number is _____,

as my successor power of attorney for health care.

I authorize my attorney-in-fact appointed by this document to make health care decisions for me when I am determined to be incapable of making my own health care decisions. I have read the warning which accompanies this document and understand the consequences of executing a power of attorney for health care.

I direct that my power of attorney comply with the following instructions or limitations: (optional)

**NEBRASKA POWER OF ATTORNEY FOR HEALTH CARE
PAGE 2 OF 4**

STATE YOUR
DIRECTIONS FOR
THE USE OF LIFE-
SUSTAINING
TREATMENT
(IF ANY)

I direct that my attorney-in-fact comply with the following instructions on life-sustaining treatment (any medical procedure, treatment, or intervention that uses mechanical or other artificial means to sustain, restore, or supplant a spontaneous vital function that serves only to prolong the dying process of a person suffering from a terminal condition or who is in a persistent vegetative state): (optional)

STATE YOUR
DIRECTIONS FOR
THE USE OF
ARTIFICIAL
NUTRITION AND
HYDRATION
(IF ANY)

I direct that my attorney-in-fact comply with the following on artificially administered nutrition and hydration: (optional)

I HAVE READ THIS POWER OF ATTORNEY FOR HEALTH CARE. I UNDERSTAND THAT IT ALLOWS ANOTHER PERSON TO MAKE LIFE AND DEATH DECISIONS FOR ME IF I AM INCAPABLE OF MAKING SUCH DECISIONS. I ALSO UNDERSTAND THAT I CAN REVOKE THIS POWER OF ATTORNEY FOR HEALTH CARE AT ANY TIME BY NOTIFYING MY POWER OF ATTORNEY, MY PHYSICIAN, OR THE FACILITY IN WHICH I AM A PATIENT OR RESIDENT. I ALSO UNDERSTAND THAT I CAN REQUIRE IN THIS POWER OF ATTORNEY FOR HEALTH CARE THAT THE FACT OF MY INCAPACITY IN THE FUTURE BE CONFIRMED BY A SECOND PHYSICIAN.

SIGN AND DATE
YOUR DOCUMENT

(signature of person making designation)

(date)

**NEBRASKA POWER OF ATTORNEY FOR HEALTH CARE
PAGE 3 OF 4**

WITNESSING
PROCEDURE

YOUR WITNESSES
MUST PRINT
THEIR NAMES
AND SIGN AND
DATE YOUR
DOCUMENT

DECLARATION OF WITNESSES

We declare that the principal is personally known to us, that the principal signed or acknowledged his or her signature on this power of attorney for health care in our presence, that the principal appears to be of sound mind and not under duress or undue influence, and that neither of us nor the principal's attending physician is the person appointed as attorney-in-fact by this document.

Witnessed by:

WITNESS #1

(signature of witness)

(date)

(printed name of witness)

WITNESS #2

(signature of witness)

(date)

(printed name of witness)

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NEBRASKA DECLARATION – PAGE 1 OF 2

INSTRUCTIONS

If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

ADD PERSONAL
INSTRUCTIONS
(IF ANY)

Other directions:

SIGN AND DATE
YOUR DOCUMENT
PRINT YOUR
ADDRESS

Signed this _____ day of _____

TURN TO THE
NEXT PAGE TO
HAVE YOUR
DOCUMENT
WITNESSED

Signature _____

Address _____

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NEBRASKA DECLARATION – PAGE 2 OF 2

WITNESSING
PROCEDURE

The declarant voluntarily signed this writing in my presence.

YOUR TWO
WITNESSES
MUST SIGN YOUR
DOCUMENT AND
PRINT THEIR
ADDRESSES

Witness _____

Address _____

Witness _____

Address _____

OR

OR

A NOTARY PUBLIC
MUST SIGN YOUR
DOCUMENT HERE

The declarant voluntarily signed this writing in my presence.

notary public

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You Have Filled Out Your Advance Directive, Now What?

1. Your Nebraska Power of Attorney for Health Care and Nebraska Declaration are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them.
2. Give photocopies of the signed originals to your power of attorney and alternate power of attorney, doctor(s), family, close friends, clergy and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records.
3. Be sure to talk to your power of attorney and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your documents after they have been signed and witnessed, you must complete new documents.
5. Remember, you can always revoke one or both of your Nebraska documents.
6. Be aware that your Nebraska documents will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop.

Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. We suggest you speak to your physician for more information. **Caring Connections does not distribute these forms.**