

# **COLORADO**

## **Advance Directive**

### **Planning for Important Healthcare Decisions**

#### ***Caring Connections***

*1700 Diagonal Road, Suite 625, Alexandria, VA 22314*

[www.caringinfo.org](http://www.caringinfo.org)

*800/658-8898*

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, supported by a grant from The Robert Wood Johnson Foundation.

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:

**Learn** about options for end-of-life services and care

**Implement** plans to ensure wishes are honored

**Voice** decisions to family, friends and health care providers

**Engage** in personal or community efforts to improve end-of-life care

Please call the HelpLine at 800/658-8898 to learn more about the LIVE campaign, obtain free resources, or join the effort to improve community, state and national end-of-life care.

If you would like to make a contribution to help support our work, please visit [www.nationalhospicefoundation.org/donate](http://www.nationalhospicefoundation.org/donate). Contributions to national hospice programs can also be made through the Combined Health Charities or the Combined Federal Campaign by choosing #0544.

**Support for this program is provided by a grant from  
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## **Your Advance Care Planning Packet**

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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 could receive health care.
2. These materials include:
  - Instructions for preparing your advance directive.
  - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

### PREPARING TO COMPLETE YOUR ADVANCE DIRECTIVE

3. Read the HIPAA Privacy Rule Summary on page 4.
4. Read all the instructions, on pages 7 through 9, as they will give you specific information about the requirements in your state.
5. Refer to the Glossary of Terms About End-of-Life Decision-making if any of the terms are unclear, located in Appendix A.

### ACTION STEPS

6. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
7. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
8. 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.
9. 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, health care providers and/or faith leaders so that the form is available in the event of an emergency.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, please refer to the list of state-specific contacts for Legal Assistance for Questions Pertaining to Health Care Advance Directives located in Appendix B.

## Summary of the HIPAA Privacy Rule

HIPAA is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information.

### Your Rights

You have the right to:

- Ask to see and get a copy of your health records.
- Have corrections added to your health information.
- Receive a notice that tells you how your health information may be used and shared.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing.
- Get a report on when and why your health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected, you can
  - File a complaint with your provider or health insurer
  - File a complaint with the U.S. Government

You also have the right to ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint from the Web site at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) or by calling 1-866-627-7748.

### Who Must Follow this Law?

- Doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for health care, such as Medicare and Medicaid.

### What Information is Protected?

- Information your doctors, nurses, and other health care providers put in your medical record.
- Conversations your doctor has about your care or treatment with nurses and others.
- Information about you in your health insurer's computer system.
- Billing information about you by your clinic / health care provider.
- Most other health information about you held by those who must follow this law.

## Summary of the HIPAA Privacy Rule (continued)

Providers and health insurers who are required to follow this law must keep your information private by:

- Teaching the people who work for them how your information may and may not be used and shared.
- Taking appropriate and reasonable steps to keep your health information secure.

To make sure that your information is protected in a way that does not interfere with your health care, your information can be used and shared:

- For your treatment and care coordination.
- To pay doctors and hospitals for your health care and help run their businesses.
- With your family, relatives, friends or others you identify who are involved with your health care or your health care bills, unless you object.
- To make sure doctors give good care and nursing homes are clean and safe.
- To protect the public's health, such as by reporting when the flu is in your area.
- To make required reports to the police, such as reporting gunshot wounds.

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer.
- Use or share your information for marketing or advertising purposes.
- Share private notes about your mental health counseling sessions.

## Introduction to Your Colorado Advance Health Care 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 **Colorado Medical Durable Power of Attorney for Health Care** lets you name someone to make decisions about your medical care—including decisions about life support—if you can no longer speak for yourself. The Medical Durable 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 medical decisions, not only at the end of life.

2. The **Colorado Declaration as to Medical or Surgical Treatment** is your state's living will. It lets you state your wishes about medical care in the event that you develop a terminal condition and are either unconscious or otherwise incompetent to make your own medical decisions. Your attending physician and one other physician must certify that you have terminal condition. Once you are certified as having a terminal condition, your physician must immediately make a reasonable effort to notify your spouse, any adult children, a parent, or attorney-in-fact under a Medical Durable Power of Attorney of such certification (to the extent the physician knows the whereabouts of any such persons). The Declaration becomes effective, and your physician must comply with your Declaration, if no one challenges the validity of the Declaration within 48 hours after the certification is made by the physicians. =

Caring Connections recommends that you complete both of these documents to best ensure that you receive the medical care you want when you can no longer speak for yourself.

*Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).*

## **Completing Your Colorado Medical Durable Power of Attorney for Health Care**

### **Whom should I appoint as my agent?**

The agent is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your agent can be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (An agent may also be called an “attorney-in-fact” or “proxy.”)

You can appoint a second and third person as your alternate agent. The alternate will step in if the first person you name as agent is unable, unwilling or unavailable to act for you.

### **How do I make my Colorado Medical Durable Power of Attorney for Health Care legal?**

Colorado law does not specify witnessing requirements for your Medical Durable Power of Attorney. However, to ensure that your document is honored, we recommend that you have it witnessed in the same manner as your Colorado Declaration by signing it in the presence of two witnesses, 18 years of age or older. The witnesses should sign to show that they personally know you and believe you to be of sound mind and free of duress, fraud or undue influence, that you signed or acknowledged the signature of the Medical Durable Power of Attorney in their presence, and that they are neither your agent, your health care provider or an employee of your health care provider.

These witnesses **cannot** be:

- a person who has a claim against your estate upon your death, a person who knows or believes that he is entitled to any portion of your estate upon your death either as a beneficiary of a will in existence at the time the document is signed or as an heir at law,
- your attending physician or any other physician,
- an employee of your attending physician or treating health care facility, or
- a patient in your treating health care facility.

If you are physically unable to sign your Medical Durable Power of Attorney for Health Care, you may direct someone to sign it in your presence. This person must meet the same requirements as your witnesses.

### **Should I add personal instructions to my Colorado Medical Durable Power of Attorney for Health Care?**

Caring Connections advises you not to add instructions to this document. One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your medical condition changes and deal with situations that you did not foresee. If you add instructions to this document, you might unintentionally restrict your agent's power

## **Completing Your Colorado Medical Durable Power of Attorney for Health Care (continued)**

to act in your best interest. Instead, we urge you to talk with your agent about your future medical care and describe what you consider to be an acceptable "quality of life."

If you want to record your wishes about specific treatments or conditions, you should use your Colorado Declaration (the living will).

### **What if I change my mind?**

Colorado law does not specify procedures for revoking the Medical Durable Power of Attorney. If in the future you want to revoke this document, we advise that you follow the revocation procedures for the Colorado Declaration. You may revoke your Medical Durable Power of Attorney for Health Care orally, in writing, or by burning, tearing, canceling, obliterating, or destroying the document. Your doctor must be notified of your revocation for it to be effective.

## **Completing Your Colorado Declaration as to Medical or Surgical Treatment**

### **How do I make my *Colorado Advance Directive for Health Care* legal?**

#### **How do I make my Colorado Declaration legal?**

In order to make your Declaration legally binding, you must sign your document in the presence of two witnesses, 18 years of age or older, who must also sign to show that they believe you to be of sound mind and under no constraint or undue influence.

These witnesses **cannot** be:

- a person who has a claim against your estate upon your death,
- a person who knows or believes that he is entitled to any portion of your estate upon your death either as a beneficiary of a will in existence at the time the Declaration is signed or as an heir at law,
- your attending physician or any other physician,
- an employee of your attending physician or treating health care facility, or
- a patient in your treating health care facility.

If you are physically unable to sign your Declaration, you may direct someone to sign it in your presence. This person must meet the same requirements as your witnesses.

#### **Can I add personal instructions to my Declaration?**

Yes. You can add personal instructions in the part of the document called "Other directions." For example, you may want to refuse specific treatments by a statement such as, "I especially do not want cardiopulmonary resuscitation, a respirator, artificial feeding, or antibiotics." You may also want to emphasize pain control by adding instructions such as, "I want to receive as much pain medication as necessary to ensure my comfort, even if it may hasten my death."

If you have appointed an agent, 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."

It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor or order the Caring Connections booklet, "Advance Directives and End-of-Life Decisions."

#### **What if I change my mind?**

You may revoke your Declaration orally, in writing, or by burning, tearing, canceling, obliterating, or destroying the document. Your doctor must be notified of your revocation for it to be effective.

#### **What other important facts should I know?**

A pregnant patient's Declaration will not be honored if her attending physician determines that the fetus is viable and could, with a reasonable degree of medical

**If you have questions about filling out your advance directive, please consult the list of state-based resources located in Appendix B.**

## **You Have Filled Out Your Advance Directive, Now What?**

1. Your *Colorado Medical Durable Power of Attorney for Health Care and Colorado Declaration as to Medical or Surgical Treatment* are important legal documents. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed original to your agent and alternates, 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 document placed in your medical records.
3. Be sure to talk to your agent and alternate(s), doctor(s), clergy, 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 a new document.
5. Remember, you can always revoke your Colorado document.
6. Be aware that your Colorado document 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 directive that states otherwise. These directives called "(CPR) directives" are designed for people whose poor health gives them little chance of benefiting from CPR.

### **Caring Connections does not distribute these forms.**

These directives must be signed by you (or if you are not capable of providing informed consent, a person who is authorized under state law to make medical decisions on your behalf) and your physician, and instruct emergency medical service personnel, health care providers and health care facilities not to attempt CPR if your heart or breathing should stop. The directive must be in the form, and include the information, required by the Colorado Board of Health. Currently not all states have laws authorizing non-hospital CPR Directives.

**Caring Connections does not distribute these forms.** We suggest you speak to your physician. If you would like more information about this topic contact Caring Connections and ask about the booklet "Cardiopulmonary Resuscitation, Do-Not-Resuscitate Orders and End-Of-Life Decisions."

INSTRUCTIONS

PRINT YOUR NAME

PRINT THE NAME,  
HOME ADDRESS  
AND HOME AND  
WORK TELEPHONE  
NUMBERS OF YOUR  
AGENT

PRINT THE NAME,  
HOME ADDRESS  
AND HOME AND  
WORK TELEPHONE  
NUMBERS OF YOUR  
FIRST AND SECOND  
ALTERNATE AGENTS

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**COLORADO MEDICAL DURABLE POWER OF ATTORNEY FOR  
HEALTH CARE – PAGE 1 OF 3**

I, \_\_\_\_\_, hereby  
(your name)

appoint:

-----  
(name of agent)

-----  
(home address of agent)

-----  
(work telephone number of agent) (home telephone number of agent)

as my agent to make health care decisions for me if and when I do not have the capacity to make my own health care decisions. This gives my agent the power to consent to giving, withholding or stopping any health care, treatment, service or diagnostic procedure. My agent also has the authority to talk with health care personnel about my condition, access my medical records, get information and sign forms necessary to carry out those decisions. If the person named as my agent is not available or is unable or unwilling to act as my agent, then I appoint the following person(s) to serve in the order listed below:

1.

\_\_\_\_\_  
(name of first alternate)

\_\_\_\_\_  
(home address)

\_\_\_\_\_  
(work telephone number) (home telephone number)

2.

\_\_\_\_\_  
(name of second alternate)

\_\_\_\_\_  
(home address)

\_\_\_\_\_  
(work telephone number) (home telephone number)

**COLORADO MEDICAL DURABLE POWER OF ATTORNEY FOR  
HEALTH CARE - PAGE 2 OF 3**

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By this document I intend to create a Medical Durable Power of Attorney which shall take effect upon my incapacity to make my own health care decisions and shall continue during that incapacity. My agent shall make health care decisions as I may direct below or as I make known to him or her in some other way. If I have not expressed a choice about the health care in question, my agent shall base his/her decisions on what he/she believes to be in my best interest.

(a) Statement of desires concerning life-prolonging care, treatment, services and procedures:

(b) Special provisions and limitations:

ADD PERSONAL  
INSTRUCTIONS  
(IF ANY)

STATE ANY SPECIAL  
PROVISIONS OR  
LIMITATIONS  
(IF ANY)

YOU AND YOUR  
WITNESSES MUST  
SIGN THE  
DOCUMENT ON THE  
NEXT PAGE

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**COLORADO MEDICAL DURABLE POWER OF ATTORNEY FOR  
HEALTH CARE - PAGE 3 OF 3**

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BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DOCUMENT.

SIGN AND DATE  
THE DOCUMENT  
AND PRINT YOUR  
ADDRESS

I sign my name to this form on: \_\_\_\_\_ at:  
(date)

-----  
(address)

-----  
(signature of person creating Medical Durable Power of Attorney)

**WITNESSES**

WITNESSING  
PROCEDURE

YOUR WITNESSES  
MUST SIGN AND  
PRINT THEIR  
NAMES AND  
ADDRESSES

I declare that the person who signed or acknowledged this document is personally known to me, that he/she signed or acknowledged this Medical Durable Power of Attorney in my presence, and that he/she appears to be of sound mind and under no duress, fraud or undue influence. I am not the person appointed as the agent by this document, nor am I the patient's health care provider, or an employee of the patient's health care provider.

WITNESS #1

First Witness' Signature  
\_\_\_\_\_

Home  
Address \_\_\_\_\_

Print Name and Date \_\_\_\_\_

WITNESS #2

Second Witness'  
Signature \_\_\_\_\_

Home  
Address \_\_\_\_\_

Print Name and Date \_\_\_\_\_

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1700 Diagonal Road, Suite 625, Alexandria, VA 22314  
[www.caringinfo.org](http://www.caringinfo.org), 800/658-8898



**COLORADO DECLARATION AS TO MEDICAL OR SURGICAL  
TREATMENT - PAGE 2 OF 2**

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ADD PERSONAL  
INSTRUCTIONS  
(IF ANY)

3. Other directions:

DATE AND SIGN  
THE DOCUMENT

4. I execute this declaration, as my free and voluntary act, this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(day) (month) (year)

By \_\_\_\_\_  
(signature of declarant)

WITNESSING  
PROCEDURE

The foregoing instrument was signed and declared by \_\_\_\_\_

PRINT YOUR NAME

\_\_\_\_\_ to be his or her declaration, in the  
(name of declarant)

presence of us, who, in his or her presence, in the presence of each  
other, and at his or her request, have signed our names below as  
witnesses, and we declare that, at the time of the execution of this  
instrument, the declarant, according to our best knowledge and belief,  
was of sound mind and under no constraint or undue influence.

WITNESSES MUST  
SIGN AND PRINT  
THEIR ADDRESSES  
BELOW

Dated at \_\_\_\_\_, Colorado, this \_\_\_\_\_ day of \_\_\_\_\_,  
(city) (day) (month) (year)

Name  
\_\_\_\_\_

WITNESS #1

Address  
\_\_\_\_\_

Name  
\_\_\_\_\_

WITNESS #2

Address  
\_\_\_\_\_

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*Courtesy of Caring Connections*  
1700 Diagonal Road, Suite 625, Alexandria, VA 22314  
[www.caringinfo.org](http://www.caringinfo.org), 800/658-8898

## Appendix A

### Glossary of Terms About End-of-life Decision Making

**Advance directive** - A general term that describes two kinds of legal documents, living wills and medical powers of attorney. These documents allow a person to give instructions about future medical care should he or she be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.

**Artificial nutrition and hydration** – Artificial nutrition and hydration (or tube feeding) supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein.

**Assisted Suicide** - Providing someone the means to commit suicide, such as a supply of drugs or a weapon, knowing the person will use these to end his or her life.

**Best Interest** - In the context of refusal of medical treatment or end-of-life court opinions, a standard for making health care decisions based on what others believe to be "best" for a patient by weighing the benefits and the burdens of continuing, withholding or withdrawing treatment.

**Brain Death** -The irreversible loss of all brain function. Most states legally define death to include brain death.

**Capacity** - In relation to end-of-life decision-making, a patient has medical decision making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the available treatment options. The patient's ability to understand other unrelated concepts is not relevant. The term is frequently used interchangeably with competency but is not the same. Competency is a legal status imposed by the court.

**Cardiopulmonary Resuscitation** - Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.

**Do-Not-Resuscitate (DNR) order** - A DNR order is a physician's written order instructing health care providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.

**Emergency Medical Services (EMS)**: A group of governmental and private agencies that provide emergency care, usually to persons outside of health care facilities; EMS personnel generally include paramedics, first responders and other ambulance crew.

**Euthanasia** - The term traditionally has been used to refer to the hastening of a suffering person's death or "mercy killing". Voluntary active euthanasia involves an intervention requested by a competent individual that is administered to that person to cause death, for example, if a physician gives a lethal injection with the patient's full informed consent. Involuntary or non-voluntary active euthanasia involves a physician engaging in an act to end a patient's life without that patient's full informed consent. See also Physician-hastened Death (sometimes referred to as Physician-assisted Suicide).

**Guardian ad litem** - Someone appointed by the court to represent the interests of a minor or incompetent person in a legal proceeding.

**Healthcare Agent:** The person named in an advance directive or as permitted under state law to make healthcare decisions on behalf of a person who is no longer able to make medical decisions.

**Hospice care** - A program model for delivering palliative care to individuals who are in the final stages of terminal illness. In addition to providing palliative care and personal support to the patient, hospice includes support for the patient's family while the patient is dying, as well as support to the family during their bereavement.

**Incapacity** - A lack of physical or mental abilities that results in a person's inability to manage his or her own personal care, property or finances; a lack of ability to understand one's actions when making a will or other legal document.

**Incompetent** – Referring to a person who is not able to manage his/her affairs due to mental deficiency (lack of I.Q., deterioration, illness or psychosis) or sometimes physical disability. Being incompetent can be the basis for appointment of a guardian or conservator.

**Intubation**- Refers to "endotracheal intubation" the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.

**Life-Sustaining Treatment** - Treatments (medical procedures) that replace or support an essential bodily function (may also be called life support treatments). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and certain other treatments.

**Living Will** - A type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to communicate. It may also be called a "directive to physicians", "health care declaration," or "medical directive." The purpose of a living will is to guide family members and doctors in deciding how aggressively to use medical treatments to delay death.

**Mechanical ventilation** - Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea). Mechanical ventilation often is used to assist a person through a short-term problem or for prolonged periods in which irreversible respiratory failure exists due to injuries to the upper spinal cord or a progressive neurological disease.

**Medical power of attorney** - A document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to communicate. This type of advance directive may also be called a health care proxy, durable power of attorney for health care or appointment of a health care agent. The person appointed may be called a health care agent, surrogate, attorney-in-fact or proxy.

**Palliative care** - A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering, by controlling pain and symptoms, and by enabling the patient to achieve maximum functional capacity. Respect for the patient's culture, beliefs, and values are an essential component. Palliative care is sometimes called "comfort care" or "hospice type care."

**Power of Attorney** – A legal document allowing one person to act in a legal matter on another's behalf pursuant to financial or real estate transactions.

**Respiratory Arrest:** The cessation of breathing - an event in which an individual stops breathing. If breathing is not restored, an individual's heart eventually will stop beating, resulting in cardiac arrest.

**Surrogate Decision-Making** - Surrogate decision-making laws allow an individual or group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permit surrogate decision making for patients without advance directives.

**Ventilator** – A Ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.

**Withholding or withdrawing treatment** - Forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.

## Appendix B

### Legal & End-Of-Life Care Resources Pertaining to Health Care Advance Directives

#### LEGAL SERVICES

Individuals needing help with the advance directive forms should get in touch with their Area Agency on Aging (AAA) and ask for legal assistance. They will put them in contact with legal services in their region.

Anyone over the age of 60 can get legal information and advice about most issues, including, but not limited to:

- Living Wills and Trusts
  - Power of Attorney
  - Civil matters and much more
- 
- Must be 60 and older
  - Free to individuals 60 and older with low to moderate incomes, however, they do encourage you to make a donation

**For more information call the Administration on Aging in Denver Colorado:**  
1-303-844-2951

**OR**

**Visit the Department of Human Service Aging and Adult Service website for a list of AAA:**

<http://www.cdhs.state.co.us/ADRS/AAS/aaas.htm>

#### END-OF-LIFE SERVICES

Colorado Department of Human Service (CDHS) website has information on services and programs available for adults 18 and older with low to moderate income. Individuals can receive resources and services including, but not limited to:

- Medicare and Medicaid
  - Housing
  - Seniors services and programs
  - Employment
  - Energy assistance programs
  - Legal referrals and much more
- 
- Must be 18 and older
  - Free services and programs available for individuals with low to moderate incomes

**Visit the website for more information about the services and programs:**

<http://www.cdhs.state.co.us/>

**For more information call CDHS: 303-866.5700**