The Arc
Center for Future Planning®

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