

Advance Directive Setup Checklist

Why this matters: In a medical crisis, the right documents, naming the right people, kept in the right places, can be the difference between your wishes being honored and the medical system defaulting to decisions you would not have chosen.

How to use this checklist: Go through each section below. For each item, mark whether you have it in place and whether it is current and appropriately distributed.

Section 1: Healthcare proxy

A healthcare proxy names another person to make medical decisions on your behalf if you cannot make them yourself.

- ☐ I have a healthcare proxy in place
- ☐ The person I named is still available, willing, and the right person
- ☐ My healthcare proxy knows they are named
- ☐ My healthcare proxy and I have had a real conversation about my values and preferences
- ☐ A copy is on file with my primary care physician
- ☐ A copy is in the hospital system where I would most likely receive care
- ☐ My healthcare proxy has a physical copy
- ☐ A copy is easily accessible at home (not in a safe deposit box)

Section 2: Living will / advance directive

A living will documents your actual preferences about end-of-life medical treatment: resuscitation, ventilators, artificial nutrition, aggressive intervention for terminal conditions.

- ☐ I have a living will in place
- ☐ My living will reflects my current values and preferences
- ☐ My healthcare proxy has read my living will
- ☐ A copy is on file with my primary care physician
- ☐ A copy is in the hospital system where I would most likely receive care
- ☐ A copy is easily accessible at home

Section 3: HIPAA authorization

A HIPAA authorization lets specific people access your medical records even while you still have capacity. For aging adults with involved family members, this is often the practical document that makes everything else work.

- ☐ I have a current HIPAA authorization in place
- ☐ It names the people who should be able to access my medical information
- ☐ A copy is on file with my doctors

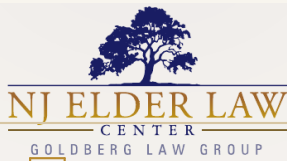
ADVANCE DIRECTIVE SETUP

Section 4: POLST (only if you need one)

POLST is a medical order, signed by a physician, that translates your preferences into immediate orders emergency personnel can act on. POLST is specifically for people with serious illness, advanced age, or foreseeable medical crises.

Who should have a POLST:

- ☐ People with advanced serious illness
- ☐ People in late-stage dementia



- ☐ People in nursing homes or assisted living with significant medical conditions
- ☐ People in hospice care
- ☐ Frail older adults for whom medical crises are foreseeable

If any of the above describe you or a loved one:

- ☐ A POLST is in place
- ☐ The POLST is prominently displayed where emergency responders would see it (traditionally the refrigerator)
- ☐ A copy is on file with the physician
- ☐ The POLST reflects current wishes (POLST should be reviewed any time the medical situation significantly changes)

If none of the above describe you, you do not need a POLST yet. Keep this checklist for when circumstances change.

Section 5: The conversation

Documents without conversations often fail at the exact moment they are needed.

- ☐ I have had a real conversation with my healthcare proxy about specific scenarios (what I would want in a stroke, in a serious car accident, in advanced dementia, in a terminal diagnosis)
- ☐ My adult children (or other close family) know I have these documents in place
- ☐ My adult children know where the documents are stored
- ☐ My adult children know who my healthcare proxy is

Section 6: Review and update

- ☐ My documents have been reviewed in the last 3 to 5 years
- ☐ My documents still reflect my current wishes
- ☐ The people I named are all still available and appropriate
- ☐ I have not had a significant life change (new diagnosis, divorce, death of named proxy, move to a new state) that would require updates

What to do with your results

If you have everything in place and current: schedule to review again in 3 years, or after any significant life change.

If you have some documents but not all: the full set (healthcare proxy, living will, HIPAA authorization) is typically completed in a single engagement. If you are over 70 or have significant medical conditions, add the POLST conversation with your physician.

If you have nothing or do not know what you have: schedule an advance directive review with our firm. We put the full set in place in a single engagement, include the critical conversation with your named healthcare agent, and distribute copies to the people and institutions that need them.

Make sure the documents, people, and locations all line up.

An advance directive review can help you put the full set in place and make sure the right people have access.

[Schedule an advance directive review →](#)