Advance Directive Quick Reference Guide

1. Please note that we have classes available to guide you through this process if you need support beyond what is offered in this guide: https://www.peacehealth.org/advance-care-planning-classes

2. Decide who you want to speak for you if you are unable to speak for yourself (your Healthcare Representative/Healthcare Agent) and have the conversation with them about your wishes.

3. Complete your state specific Advance Directive, which can be downloaded here: https://www.peacehealth.org/advance-care-planning-resources

4. Sign the document in front of 2 witnesses (see witness requirements on form) OR a notary public.
   a. A notary public may be available at your bank, provider’s office, FedEx office etc. - inquire by phone first.
   b. PeaceHealth employees cannot act as witnesses for PeaceHealth patients.

5. Oregon only - Be sure your representative has signed the document in the space provided for them to accept their role.

6. Write your name and date of birth on every page of the document.

7. Make copies of the documents; keep the original.

8. Give copies to:
   a. Your Healthcare Representative/Healthcare Agent and alternates
   b. Your Primary Care Provider’s office at PeaceHealth and ask them to scan it into your electronic medical record. Alternatively, you can take a copy of your document to any registration desk at a PeaceHealth facility.
   c. Any healthcare providers outside of the PeaceHealth system where you may receive care and ask them to scan it into your electronic medical record.

9. If you prefer to send a copy directly to PeaceHealth Health Information Management, mail to:
   PeaceHealth
   Attention: HIM
   1115 SE 164th Avenue
   Dept 336 Vancouver, WA 98683
   Or Fax to: 360-729-3378

You may also call 360-729-1340 or email RSSYS-PeacehealthACP@peacehealth.org to ask medical records to look up your healthcare record and confirm that your Advance Directive is on file.

10. Review/revise your Advance Directive documents as needed - Remember The 6D’s:
    • Decade (when you turn 40, 50 etc.), Divorce, Diagnosis (of a new illness), Decline (in health), Death (of Healthcare Representative or Agent), Distance (if you or your HC rep/agent move)

If you have questions or would like further assistance, please email the Advance Care Planning team at: RSSSC-ACPTeam@peacehealth.org