

**have
you had
the talk?**TM

Toolkit



Have You Had the Talk™ is provided as a public service by Hospice of Michigan.

888-247-5701 / www.haveyouhadthetalk.com

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have you had the talk?

TOOLKIT INTRODUCTION

What is The Talk?

This is “The Talk” nobody talks about. You already know about the talk about sex and the one about drugs and the one about planning for college, retirement, and your last will and testament. But what about “The Talk” that helps you and the people you love navigate a medical event like a heart attack or stroke, cancer, a chronic illness like diabetes or Parkinson’s, or a gradual decline in health and independence?

The **Have You Had the Talk** Campaign will help you get a conversation going with the people you love about the kind of care you’d want if ever faced with an illness or medical event where you have to rely on someone else to help you through it. This is the conversation we put off until there is an emergency. Then no one knows what to do or who to call. Think about it: if you suddenly needed the help of a loved one in a medical situation, do they know who your doctors are? What prescriptions you take? And why? Do you know who their doctors are?

Probably not.

The **Have You Had the Talk** Toolkit helps you plan for a medical emergency now – while you are in control and can speak for yourself. Then, with your plan in place, you can go back to living the best possible life.

It’s easy.

- **STEP 1: Clarify your thoughts and wishes.**
- **STEP 2: Organize paperwork and put wishes in writing.**
- **STEP 3: Have the Talk with the people you love.**
- **STEP 4: Be informed of services and resources available to help you and the people you love.**

Don’t put the toolkit aside. Complete it, make copies of your completed documents and share them with the people you love. Keep the toolkit in the same place at all times. If it can’t be found, it can’t help.

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TOOLKIT INTRODUCTION

Instructions for Completing Toolkit:

■ STEP 1: Clarify your thoughts and wishes.

- The Six Questions Worksheet will get you thinking. Use the worksheet to jot down your wishes and hone in on what's most important.
- Think about who you'd want to carry out your instructions and make decisions on your behalf in the event of an emergency. The person you designate as your "patient advocate" will be named on the Durable Power of Attorney in Step Two.

■ STEP 2: Organize paperwork and put wishes in writing.

- Once you've decided on the items in Step One, organize your medical and personal information and put your decisions in writing.
- Medical and Personal Information forms: Complete these forms. The completed document provides key information about your current health status in a format that will be easy to share with family, doctors and other emergency and health care personnel providing care and services to you. This form also provides a place to record the location of key financial and other supporting documents that will be helpful in an emergency.
- Durable Power of Attorney for Health Care: Also known as an advance directive, this form provides the legal framework for designating a patient advocate appointed by you to make decisions on your behalf in the event you can't speak for yourself. Before designating someone as your patient advocate, talk to them about your wishes and tell them why you have selected them. Ask their permission to name them and have them complete the form titled "Acceptance by Patient Advocate" that is part of the Durable Power of Attorney for Health Care.
- Once you have completed the Durable Power of Attorney for Health Care, ask two adults to witness as you sign the form. The witnesses cannot be members of your family, nor beneficiaries of your assets, nor medical personnel where you receive care.

have you had the talk?

TOOLKIT INTRODUCTION

■ STEP 3: Have the Talk with the people you love.

- Review the tips for talking with the people you love.
- Set up a time and place to have the talk.
- Tell the people you love about your wishes.
- Ask them about what they would want.
- Life and situations change. So, get a conversation going. Keep it going.

■ STEP 4: Be informed

- Review the Internet Resources provided.
- Be resourceful in looking for articles, books and other sources of information about health care decision making and planning.

Other Instructions:

- Use the Check List to keep track. As you complete the forms in the toolkit, check off the item on the check list.
- Make copies of the documents and share them with your loved ones, attorney, and physicians.
- Place the completed documents in a large Ziploc™-style bag and place in the freezer. Yes the freezer. If you keep the toolkit in the freezer, it is instantly accessible to anyone who needs it. No searching through files or a pile on your desk. If you decide to store the Toolkit in a more traditional location, be sure to tell the people who need to know where to find it.
- Keep an extra set in the glove box of your car.
- Keep a set in your safe deposit box if you have one.
- Fill out the Wallet Card with emergency contact information and place in your wallet.
- Spread the word about the importance of Having the Talk. Be an advocate for making medical wishes known.



GETTING STARTED

The Check List will keep you on track.

- ☐ Reviewed all documents in this toolkit.
- ☐ Made decisions about the care I want in the event of a medical emergency or event.
- ☐ Selected a Health Care Advocate to make decisions on my behalf in the event I cannot make them for myself.
- ☐ Completed the Medical and Personal Information Forms in the Toolkit.
- ☐ Secured the permission of the person I selected to be my patient advocate.
- ☐ Completed the Durable Power of Attorney for Healthcare.
- ☐ My designated patient advocate has read and signed the consent form attached to the Durable Power of Attorney.
- ☐ Two adults have witnessed my signature to the Durable Power of Attorney (the witnesses must not be recipients of your assets and cannot be spouse, child, sibling, or an employee of health care facility where you are a patient).
- ☐ Made copies of all documents and gave to the following people

- ☐ Put the documents in a Ziploc™ bag and placed in freezer or other location _____
- ☐ Put a copy in the glove box of my car.
- ☐ Completed the wallet card with emergency contact information.
- ☐ Set up a meeting with the important people in my life to Have the Talk.
- ☐ Had the Talk. Told the people I love about the kind of care I want if I am ever faced with a serious medical event.
- ☐ Talked to the people I love about what they want.

have you had the talk?

THE SIX QUESTIONS WORKSHEET

It's easy to talk about the weather, and the latest movie you saw. Harder to have a focused conversation about important topics and keep track of information.

The Six Questions Worksheet will get you started. The questions are provocative and are meant to help you clarify your wishes so you can make a plan and then live the best possible life.

☐ What tasks would you like to accomplish before you die?

☐ What does "quality of life" mean to you?

☐ What would a good death look like to you?

☐ What role would you like your loved ones to play in your dying?

☐ What kind of help and support would you like for you and your loved ones?

☐ Who would be the best person to advocate for you in an emergency?

(Some traits your patient advocate needs: good organizational skills, good listening skills, ability to follow through, grasps details, cares about you and wants the best possible outcome, will follow your wishes and instructions.)



Ottawa Personal Decision Guide™ for People Facing Tough Health or Social Decisions



You will be guided through four steps: 1 2 3 4

1 Clarify your decision.

What decision do you face?		
What is your reason for making this decision?		
When do you need to make a choice?		
How far along are you with making a choice?	<input type="checkbox"/> I have not yet thought about options <input type="checkbox"/> I am thinking about the options	<input type="checkbox"/> I am close to making a choice <input type="checkbox"/> I have already made a choice
Are you leaning toward one option?	<input type="checkbox"/> Yes <input type="checkbox"/> If Yes, which one?	<input type="checkbox"/> No

1 Explore your decision.

Knowledge

List the options and main benefits and risks you already know.
Underline the benefits and risks you think are most likely to happen.

Values

Circle stars (★) to show how much each benefit and risk matters to you. 5 stars means that it matters “a lot.” No star means “not at all.”

Certainty

Circle the option with the benefits that matter most to you and are most likely to happen. Avoid the option with the risks that are most important to avoid.

	Benefits Reasons to use this option	How much it matters Circle 1 to 5 ★	Risks Reasons to avoid this option	How much it matters Circle 1 to 5 ★
Option 1		★ ★ ★ ★ ★		★ ★ ★ ★ ★
Option 2		★ ★ ★ ★ ★		★ ★ ★ ★ ★
Option 3		★ ★ ★ ★ ★		★ ★ ★ ★ ★

Which option do you prefer? ☐ Option 1 ☐ Option 2 ☐ Option 1 ☐ Unsure

Support

Who else is involved?	Name:	Name:	Name:
Which option does this person prefer?			
Is this person pressuring you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How can this person support you?			
What role do you prefer in making your choice?	<input type="checkbox"/> I prefer to share the decision with _____ <input type="checkbox"/> I prefer to decide myself after hearing the views of _____ <input type="checkbox"/> I prefer that someone else decides. Who? _____		

STEP 1: Clarify your thoughts and wishes.



Ottawa Personal Decision Guide™ for People Facing Tough Health or Social Decisions



3 Identify your decision-making needs.

The SURE Test © 2008 O'Connor & Légaré

Knowledge	Do you know the benefits of each option?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Values	Are you clear enough about which benefits matter most to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support	Do you have enough support and advice to make a choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certainty	Do you feel sure about the best choice for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

People who answer “No” to one or several questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes. Therefore, it is important to work through steps 2 and 4 that focus on your needs.

4 Plan the next steps based on your needs.

Knowledge You feel you do not have enough facts.	<input type="checkbox"/> Find out about the chances of benefits and risks. <input type="checkbox"/> List your questions. <input type="checkbox"/> List where to find the answers (e.g. library, health professionals, counselors):
Values You are not sure which benefits and risks matter most to you.	<input type="checkbox"/> Review the stars in the balance scale to see what matters most to you. <input type="checkbox"/> Find people who know what it is like to experience the benefits and risks. <input type="checkbox"/> Talk to others who have made the decision. <input type="checkbox"/> Read stories of what mattered most to others. <input type="checkbox"/> Discuss with others what mattered most to you.
Support You feel you do NOT have enough support. You feel PRESSURE from others to make a specific choice.	<input type="checkbox"/> Discuss your options with a trusted person (e.g. health professional, counselor, family, friends). <input type="checkbox"/> Find out what help is on hand to support your choice (e.g. funds, transport, child care). <input type="checkbox"/> Focus on the opinions of others who matter most. <input type="checkbox"/> Share your guide with others. <input type="checkbox"/> Ask others to complete this guide. Find areas of agreement. When you disagree on facts, agree to get information. When you disagree on what matters most, respect the other's opinion. <input type="checkbox"/> Take turns to listen, mirror back what the other has said matters most to him or her. <input type="checkbox"/> Find a neutral person to help you and others involved.
Other factors Other factors making the decision difficult.	List anything else you need:

Ottawa Personal Decision Guide © O'Connor, Stacey, Jacobsen. 2011. University of Ottawa, Canada.



MEDICAL INFORMATION

My name:

Date:

Birthdate:

Bloodtype:

Allergies:

In case of emergency contact:

Name:

Relationship to me:

Cell:

Home:

Work:

Name:

Relationship to me:

Cell:

Home:

Work:

Name:

Relationship to me:

Cell:

Home:

Work:

My Durable Power Of Attorney (Advance Directive) can be found:

Last updated:

Last witnessed:

My Last Will and Testament can be found:

Last updated:

Last witnessed:



Other important documents can be found:

Diagnoses

Diagnosis	Date	Physician	Treatment

Surgeries/Medical Procedures

Surgery	Date	Surgeon	Hospital

Current Medications

Prescription	Date	mg	Frequency/Instructions	Treats (condition)



MEDICAL INFORMATION *continued*



Primary Physician

Name:

Street Address:

City:

State:

ZIP:

Phone:

Directions:

Specialist Physician

Name:

Street Address:

City:

State:

ZIP:

Phone:

Directions:

Specialist Physician

Name:

Street Address:

City:

State:

ZIP:

Phone:

Directions:

Other Medical Professional

Name:

Street Address:

City:

State:

ZIP:

Phone:

Directions:



Other important contact

Name:

Street Address:

City:

State:

ZIP:

Phone:

Directions:

Other important contact

Name:

Street Address:

City:

State:

ZIP:

Phone:

Directions:

Other important contact

Name:

Street Address:

City:

State:

ZIP:

Phone:

Directions:

Other important information



DURABLE POWER OF ATTORNEY FOR HEALTH CARE



I, _____, am of sound mind, and I voluntarily
PRINT OR TYPE YOUR FULL NAME

make this designation. I designate _____, my
FULL NAME OF PATIENT ADVOCATE

_____, living at _____ as
SPOUSE, CHILD, FRIEND, ETC. ADDRESS, CITY, STATE OF PATIENT ADVOCATE

my patient advocate to make care, custody and medical treatment decisions for me in the event I become unable to participate in medical treatment decisions. If my first choice cannot service, I designate

_____, my _____, living at
FULL NAME OF PATIENT ADVOCATE SUCCESSOR SPOUSE, CHILD, FRIEND, ETC.

_____ to serve as patient advocate.
ADDRESS, CITY, STATE OF PATIENT ADVOCATE SUCCESSOR

The determination of when I am unable to participate in medical treatment decisions shall be made by my attending physician and another physician or licensed psychologist.

In making decisions for me, my patient advocate shall follow my wishes of which he or she is aware, whether expressed orally, in a living will, or in this designation.

My patient advocate has authority to consent to or refuse treatment on my behalf, and to arrange medical services for me, including admission to a hospice program, hospital or nursing care facility, and to pay for such services with my funds. In addition, my patient advocate has authority to make decisions regarding my mental health treatment and—upon my death— make decisions regarding organ donation. I have read and understand the HIPAA requirements stated on the back of this document and grant my patient advocate full rights to any medical records to which I have a right.

I expressly authorize my patient advocate to make a decision to withhold or withdraw treatment which would allow me to die and I acknowledge such decision could or would allow my death. My patient advocate can sign a do-not- resuscitate declaration for me. My patient advocate can refuse food and water administered to me through tubes or by any other means.

SIGN YOUR NAME HERE IF YOU WISH TO GIVE YOUR PATIENT ADVOCATE THIS AUTHORITY

My specific wishes concerning health care are the following (if none, write “none”):



DURABLE POWER OF ATTORNEY *continued*

I may change my mind at any time by communicating in any manner that this designation does not reflect my wishes.

It is my intent that my family, the medical facility, and any doctors, nurses and other medical personnel involved in my care shall have no civil or criminal liability for honoring my wishes as expressed in this designation or for implementing the decisions of my patient advocate.

Photostatic copies of this document, after it is signed and witnessed, shall have the same legal force as the original document.

I sign this document after careful consideration. I understand its meaning and I accept its consequences.

Dated: _____ Signed: _____

Address: _____

NOTICE REGARDING WITNESSES

You must have two adult witnesses who will not receive your assets when you die (whether you die with or without a Will), and who are not your parent, spouse, child, grandchild, brother or sister, physician or employee at the health care facility where you are a patient.

STATEMENT OF WITNESSES

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud or undue influence.

Signed by Witness: _____

Type or print full name: _____

Address: _____

Signed by Witness: _____

Type or print full name: _____

Address: _____

The HIPAA Privacy Rule:

In short, the Privacy Rule ensures that your “protected health information” (PHI) cannot be shared without your permission. All entities who have access to your health records, such as hospitals, physicians, pharmacies and hospice providers, are required to abide by this law. The rule applies specifically to information that could be deemed “identifiable.” Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number). By granting authority to your patient advocate, you are entrusting him or her to represent your privacy interests with respect to HIPAA.



DURABLE POWER OF ATTORNEY *continued*

ACCEPTANCE BY PATIENT ADVOCATE

- (A) This designation shall not become effective unless the patient is unable to participate in treatment decisions.
- (B) A patient advocate shall not exercise powers concerning the patient's care, custody and medical treatment that the patient, if the patient were able to participate in the decision, could not have exercised on his or her own behalf.
- (C) This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death.
- (D) A patient advocate may make a decision to withhold or withdraw treatment, which would allow a patient to die, only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient's death.
- (E) A patient advocate shall not receive compensation for the performance or his or her authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights, and responsibilities.
- (F) A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and all act consistent with the patient's best interest. The known desires of the patient expressed or evidenced while the patient is able to participate in medical treatment decisions are presumed to be in the patient's best interests.
- (G) A patient may revoke his or her designation at any time or in any manner sufficient to communicate an intent to revoke.
- (H) A patient advocate may revoke his or her acceptance to the designation at any time and in any manner sufficient to communicate an intent to revoke.
- (I) A patient admitted to a health facility or agency has the rights enumerated in Section 20201 of the Public Health Code, Act N. 368 of the Public Acts of 1978, being Section 333.20201 of the Michigan Compiled Laws.

I understand the above conditions and I accept the designation as patient advocate for:

Patient Name: _____

Dated: _____ Signed: _____

Provided by Hospice of Michigan, www.hom.org. This document is for your information and is not designed to replace the counsel of your attorney. REV. 3/11

have you had the talk?

TIPS FOR HAVING THE TALK

“Having the Talk” is simply about preparing in advance to deal with a medical event – even a routine one. Sharing your plans will give your loved ones confidence to assist you with a health related matter. Once you “have the talk,” your loved ones will have all the information they need: your health status, your doctors, prescriptions, your wishes, and their role in assisting you.

“Having the talk” is a practical step to take and it provides you and your loved ones with an opportunity to have a meaningful conversation about some of the big issues in life. Once you get this conversation going, you may be surprised at how enjoyable and enriching it is, and you might be surprised by what people say!

Here are some tips:

- Let your loved ones know you want to meet and share the plans you have made in the event of a routine medical procedure or other health-related event.
- Set a time and place and have a set plan for the information you want to share. (If it's hard to find a time when everyone can meet, choose a time when you already know you'll be together – like Thanksgiving or other holiday.)
- Select a location where you can talk comfortably.
- Have a specific timeframe for going through your plan and sharing your wishes. Two hours allows plenty of time to share the information and have a lively conversation about what you and your loved ones would want when faced with a medical situation.
- Getting together for “the talk” can and should be an enjoyable event. Have refreshments and encourage everyone to be comfortable.
- Make copies of all of your documents so they can be shared.
- Expect that there will be distractions and that the subject will be changed as the conversation gets going.
- Be prepared to bring the conversation back on track so that you accomplish the goals for the meeting.

(continued)

have you had the talk?

TIPS FOR HAVING THE TALK *continued*

Topics to consider:

- Where to find medical information about you. Show them the toolkit. Show them the forms you completed. Now easy to find, they will know all of your doctors, prescriptions and diagnoses. Tell them where you will be keeping it.
- Current health status. Even if you are in perfect health, let them know. It is not uncommon to be presented with a routine procedure. If you go to the hospital, your family will have all the information they need to assist you. If you've been ill or had surgeries, give them an overview of what you have been dealing with. Don't get bogged down in details at this point.
- Let them know who you have selected to be your "patient advocate." (Make sure this person already has agreed to be your advocate and understands their role.)
- Tell them some of the situations you have considered and the kind of care you would want. These decisions are not set in stone. They can be changed at any time. The idea is to get family members to understand your basic philosophy about these matters so that they know what you'd want and can help ensure you get the care you'd want.
- Ask them if they have thought about the care they would want. Get them talking about their wishes and encourage them to follow a process to select a "patient advocate" and complete a process like the one you have.
- Ask them if they have questions.
- If there are conflicts in the family, this is an especially good time to talk about your wishes. Conflicts can be prevented during health care events by getting all parties on the same page in advance when it's clear that plans have been made by you for you.



have you had the talk?

INTERNET RESOURCES

This list of nonprofit resources was compiled to help you make informed choices about end-of-life issues. Information is available from these organizations at no cost to you. Generally speaking, if it isn't free, or they ask for anything besides your address... you don't want it!

Caring Connections

www.caringinfo.org

State-specific advance directives with instructions are available for free download after registration of name and email address. About How You LIVE empowers consumers to take action; specifically the campaign encourages people to: learn about your options for end-of-life services and care; implement plans to ensure your wishes are honored; and voice your decisions to family, friends and health care providers.

Caring Conversations

www.practicalbioethics.org/cpb.aspx?pgID=886

The Caring Conversations workbook provides a social ritual that helps loved ones plan for the end of life. Sharing the information in Caring Conversations allows others to understand and respect the preferences of patients who can no longer speak for themselves and eases the tension that patients and their families experience during a last illness. The workbook (also available in Spanish) is intended to help you, your family, and your friends think about these issues now, while you are able to respond to specific questions.

Funeral Consumers Alliance

www.funerals.org

The Funeral Consumers Alliance is a nonprofit organization dedicated to protecting a consumer's right to choose a meaningful, dignified, affordable funeral. They offer information on funeral choices to increase public awareness of funeral options, including how to care for your own dead without using a funeral home. The \$10 end-of-life planning kit: *Before I Go, You Should Know* – is the only item in this resource list that is an exception to the rule – if it isn't free, you don't want it.

Gift of Life

www.giftoflifemichigan.org

Gift of Life is the only non-profit full service organ and tissue recovery organization in Michigan since 1971. As an organization, the Gift of Life acts as an intermediary between the donor hospital and the recipient transplant center providing all of the services necessary for organ and tissue donation. The website has an online registry.

Hospice of Michigan

www.hom.org

Hospice of Michigan (HOM) is the largest nonprofit hospice organization in Michigan, providing comprehensive, compassionate comfort care to people with acute chronic illness and support to their loved ones. HOM started in 1979, and now serves more than 56 counties in the Lower Peninsula. The Open Access Policy assures that Hospice of Michigan will care for all who need and seek end-of-life services, regardless of age, diagnosis or ability to pay. The website offers an extensive array of resources for patients, caregivers and the medical community.

National Hospice and Palliative Care Organization

www.nhpco.org

Hospice and palliative care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. At the center of hospice and palliative care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.

On Our Own Terms – Bill Moyers

www.pbs.org/wnet/onourown/terms

There is a great divide separating the kind of care Americans say they want at the end of life and what our culture currently provides. Surveys show that we want to die at home, free of pain, surrounded by the people we love. But the vast majority of us die in the hospital, alone, and experiencing unnecessary discomfort. Bill Moyers goes from the bedsides of the dying to the front lines of a movement to improve end-of-life care in ON OUR OWN TERMS: Moyers on Dying.

Peace of Mind

www.legislature.mi.gov/documents/Publications/PeaceofMind.pdf

This free online booklet is designed to assist you in preplanning: personal records, medical records and forms on Michigan's Statutory Will and Patient Advocate law and organ donation. This booklet is not intended to replace the advice of a legal professional when it comes to making long-term care and end-of-life decisions. For additional information or if you are in need of a referral for legal counsel, please contact: State Bar of Michigan at (800) 968-1442 or see the following internet resource.



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DID YOU KNOW?

1. **Have You Had the Talk** Campaign is brought to you by Hospice of Michigan.
2. Hospice of Michigan exists to provide expert, high quality, compassionate care to people who have life-limiting illnesses, and support for families.
3. Research shows that people who use hospice services live longer and have significantly better quality of life than those who do not elect to use hospice services.
4. Choosing hospice to help patients through a life-limiting illness is not giving up hope. It is a change in tactics. Hospice of Michigan maximizes quality of life through expert care and significant support to the patient and their family members.
5. Hospice of Michigan is the state's largest hospice serving 900 patients each day, and more than 4,500 people annually throughout the Lower Peninsula.
6. All hospices are not alike. You have a legal right to choose your hospice.
7. 28% of referrals to Hospice of Michigan are made by a family member or the patient themselves. All you have to do is call.
8. You don't have to wait for a physician or nurse to refer you to hospice, you can call Hospice of Michigan anytime, day or night.
9. We work to improve the care of the dying in Michigan through advocacy, education, legislation, research, etc...
10. Our families are our marketing plan. Thank you for spreading the news.
11. We provide hospice care in patients' homes, assisted living centers, nursing homes and hospitals.
12. Hospice of Michigan is a non-profit hospice. This is an important distinction among hospices. Our mission is to serve all who need and seek our care regardless of their age, diagnosis or ability to pay. Our commitment is to provide the best possible care. Unlike publicly traded hospices, we do not have the objective of earning a profit and returning profits to stockholders. The need to earn profits requires a limitation of care and the screening of incoming patients to take only those whose costs will be low.
13. Hospice of Michigan raises more than \$4 million each year to support our mission to serve all who need and seek our care regardless of age, diagnosis or ability to pay. As a non-profit organization, the community provides financial support through donations to ensure the maximum benefit to our patients and the community.
14. To make a donation in support of Hospice of Michigan, call (313) 578-6261 or (616) 356-5211 or go online to www.hom.org.
15. At Hospice of Michigan, hospice care is all we do. We are experts at caring for people at this important stage of life.
16. Hospice of Michigan: ask for us by name.



In Case of Emergency (ICE) Cards

☒ Get Organized ☒ Take Control

have
you had
the
talk?

• Save copies on your computer; Type in any card, others will auto-fill; Print; Cut out; and Laminate. Put in wallet, bags, pockets, suitcase, glove box of car.

In Case of Emergency (ICE)

MY NAME: _____

ADDRESS: _____

Home Phone: _____ Mobile Phone: _____

PRIMARY CONTACT (MDPOA): _____

Home Phone: _____ Mobile Phone: _____

Relationship: _____

DIAL 911 FOR EMERGENCIES

Additional Information

CONTACT (2): _____

Home Phone: _____ Mobile Phone: _____

Relationship: _____

Additional Information:

DOB: _____ BLOOD TYPE: _____

ALLERGIES: _____

PHYSICIAN: _____

DIAL 911 FOR EMERGENCIES

< FOLD
HERE >

CUT
ALONG
THE
EDGES

In Case of Emergency (ICE)

MY NAME: _____

ADDRESS: _____

Home Phone: _____ Mobile Phone: _____

PRIMARY CONTACT (MDPOA): _____

Home Phone: _____ Mobile Phone: _____

Relationship: _____

DIAL 911 FOR EMERGENCIES

Additional Information

CONTACT (2): _____

Home Phone: _____ Mobile Phone: _____

Relationship: _____

Additional Information:

DOB: _____ BLOOD TYPE: _____

ALLERGIES: _____

PHYSICIAN: _____

DIAL 911 FOR EMERGENCIES

In Case of Emergency (ICE)

MY NAME: _____

ADDRESS: _____

Home Phone: _____ Mobile Phone: _____

PRIMARY CONTACT (MDPOA): _____

Home Phone: _____ Mobile Phone: _____

Relationship: _____

DIAL 911 FOR EMERGENCIES

Additional Information

CONTACT (2): _____

Home Phone: _____ Mobile Phone: _____

Relationship: _____

Additional Information:

DOB: _____ BLOOD TYPE: _____

ALLERGIES: _____

PHYSICIAN: _____

DIAL 911 FOR EMERGENCIES

< FOLD
HERE >

In Case of Emergency (ICE)

MY NAME: _____

ADDRESS: _____

Home Phone: _____ Mobile Phone: _____

PRIMARY CONTACT (MDPOA): _____

Home Phone: _____ Mobile Phone: _____

Relationship: _____

DIAL 911 FOR EMERGENCIES

Additional Information

CONTACT (2): _____

Home Phone: _____ Mobile Phone: _____

Relationship: _____

Additional Information:

DOB: _____ BLOOD TYPE: _____

ALLERGIES: _____

PHYSICIAN: _____

DIAL 911 FOR EMERGENCIES