The Right Choice at the Right Time
Advance Care Planning in Idaho

Advance Directive Wallet Card

We urge all people in Idaho to place a copy their advance directive (living will and durable power of attorney for health care) in the Idaho Health Care Directives Registry in the Office of the Secretary of State. There is no fee for this service. For more information call: 208.332.2814 or go to http://www.idsos.state.id.us/ . If you place your documents in the Registry you will receive a wallet card with password so that your wishes for care at the end of life are just a click away from medical personnel in the time of crisis or emergency.

If you choose not to use the Registry, we offer the following wallet card as a way to help medical personnel know about your wishes for end-of-life care (living will) and who to contact if you are unable to speak for yourself (durable power of attorney for health care). If you do not have a living will or durable power of attorney for health care, check out THE RIGHT CHOICE section of our website www.abetterwaycoalition.org. Find more about the POST Program (portable DNR) on the homepage of our website.

How to use the wallet card: print this page and complete both sides of the wallet card including your signature and the date/s your advance directives were completed. Cut, fold and place the card with your driver's license or other identification in your wallet. You may want to laminate or use clear mailing tape to protect the card once completed.

IMPORTANT NOTICE TO MEDICAL PERSONNEL	**IMPORTANT NOTICE TO MEDICAL PERSONNEL**
I, _____ executed a Living Will on this date_____. It is located: _____. I want (check & initial): _____Option 1. All Treatment, Artificial Nutrition & Hydration _____Option 2. Artificial Nutrition and/or Hydration _____ Only hydration administered; _____ Only nutrition administered; _____ Both nutrition and hydration administered. _____Option 3. Comfort Care *A Better Way Coalition: Life on Our Own Terms*	I, _____ executed a Durable Power of Attorney for Health Care on this date: _____. It is located: _____. My agents are: Name Telephone 1. _____ (___) _____ 2. _____ (___) _____ 3. _____ (___) _____ I, _____ have a POST. Blood Type:_____ Organ Donor:_____

PROVIDED BY

A Better Way Coalition: Life on Our Own Terms

Idaho Statewide End-of-Life Coalition

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Promoting compassionate end-of-life care for people in Idaho