Iowa Advance Directive Form

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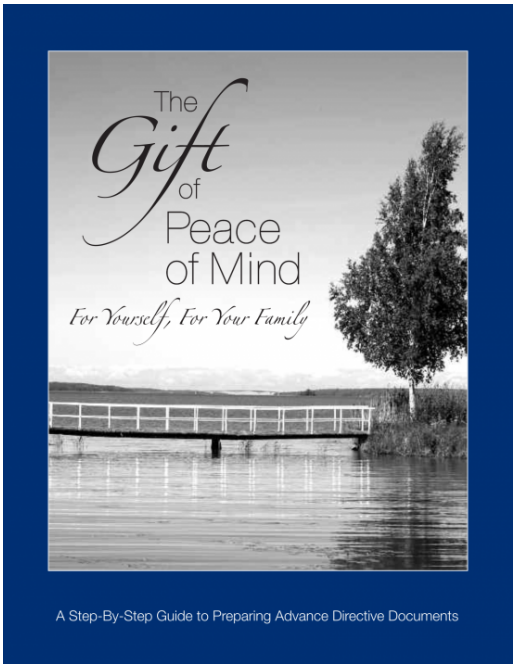

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Updated July 27, 2023

An **Iowa advance directive** is a collection of forms that allows a person to outline their healthcare goals and choose a medical agent to act on their behalf in case they become unable to make decisions for themselves. The form must be notarized or signed with at least two witnesses present. Afterward, the advance directive should be stored in a safe and accessible place for use in the event of an emergency.

Advance Directive Includes

- Declaration Relating to Use of Life-Sustaining Procedures
- Durable Power of Attorney for Health Care Decisions

TABLE OF CONTENTS

Laws

Statutes – Chapter 144A (Life-Sustaining Procedures)[1]

Signing Requirements – Two witnesses or a notary public.[2]

Versions (6)

- AARP
- Iowa.gov
- Iowa City Hospice
- Pella Health

- State BAR
- Unity Point

AARP

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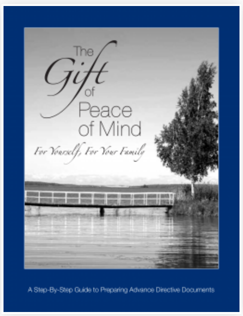

Iowa.gov

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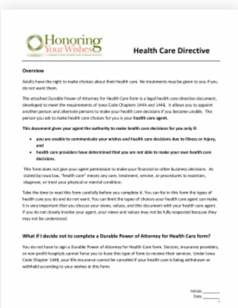

Iowa City Hospice

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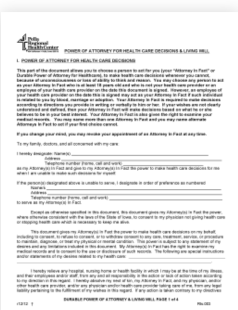

Pella Health

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State BAR

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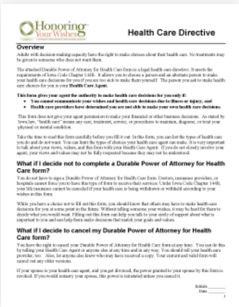

Unity Point

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How to Write

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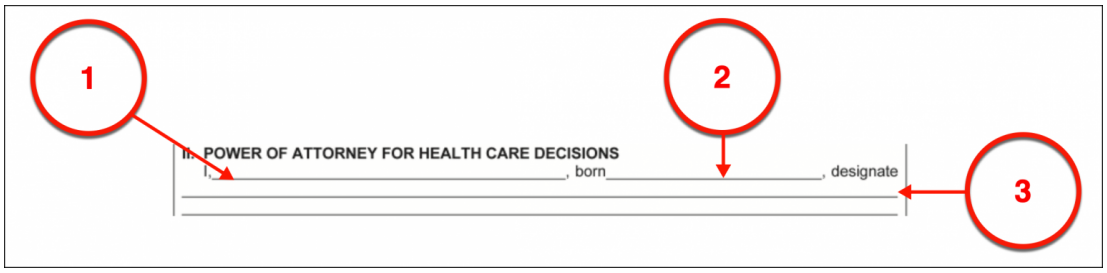
Power Of Attorney For Health Care Decisions

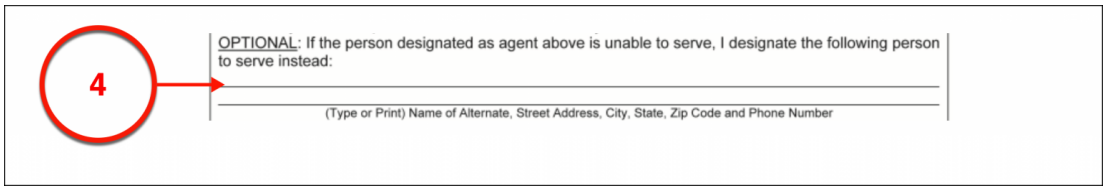
(1) Name Of Iowa Principal. Before the appointment of your Health Care Agent can begin, you must record your full name to identify yourself as the Iowa Principal issuing this appointment.

(2) Birth Date Of Iowa Principal. Solidify your identity to the Iowa Physicians that will review this document by presenting the date of your birth.

(3) Health Care Agent. The identity of your Iowa Health Care Agent must now be attached to receive the principal power you are delivering. This person should be someone who is both fully abreast of your basic health care or treatment philosophy and reliable enough to carry out your instructions. Present the full name, the complete address, and all telephone number(s) where he or she can be reached. Bear in mind that an Iowa Physician looking over this document to learn of your health care preferences may be doing so because you are unable to communicate and require treatment. Therefore, it is crucial that the contact information for your Iowa Health Care Agent is accurately recorded.

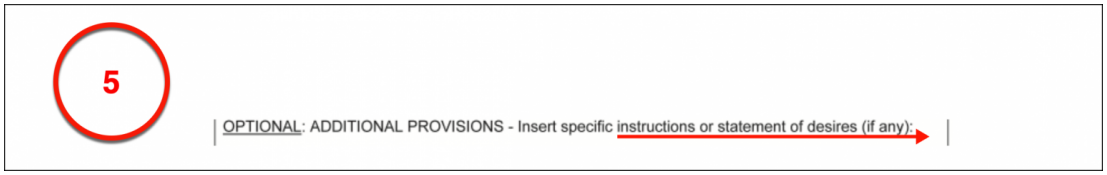


(4) Alternate Health Care Agent. It is important to try to anticipate the various scenarios that may occur when you are suffering from a traumatic medical event or are entirely incommunicative while requiring life-saving medical treatment. For instance, should your Health Care Agent be revoked over the course of time, has refused to carry out your directives when asked, or is unable to effectively discuss and deliver your health care directives, then Iowa Physicians may have no other choice than to look to the default treatment options defined by state laws or hospital policy. To avoid this scenario, designate a Successor to the Iowa Health Care Agent by documenting his or her name, address, and phone number.



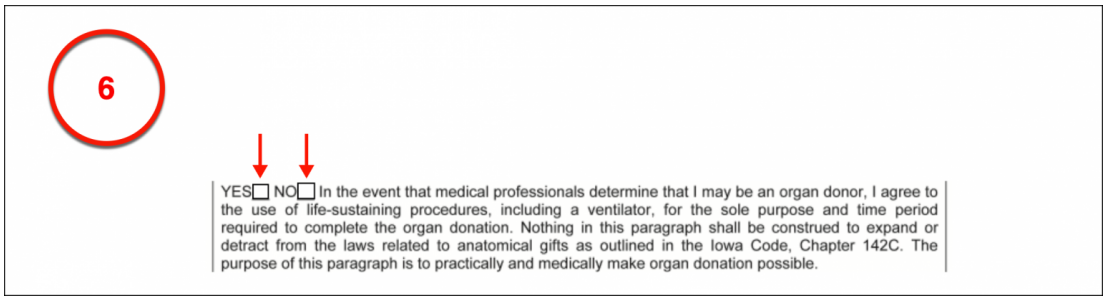
Additional Provisions

(5) Iowa Principal Directives. As a general rule, Iowa Physicians will assume that your Health Care Agent can use the full scope of principal decision-making powers over your treatment as defined by this document. If you wish to place restrictions on this use of power to discuss your medical needs or remove the Health Care Agent's ability on certain matters, then such provisions must be clearly discussed in this paperwork. A distinct area is available for this task and may be expanded upon by using an attachment to present every specific and general instruction you have regarding the Health Care Agent's use of principal power and the medical procedures you will allow or deny as treatment.



Maintaining Anatomical Gifts

(6) Iowa Principal Approval Or Refusal. If you are a registered Iowa Organ Donor, then it may be necessary to keep your body alive for the sole purpose of successfully completing an organ donation. This is especially true when the viability of an organ is lost upon death. To grant approval for life-sustaining procedures to be employed solely for this purpose, select the box labeled "Yes." To prevent life-sustaining procedures to be used only to complete an organ transfer, select the "No" checkbox.



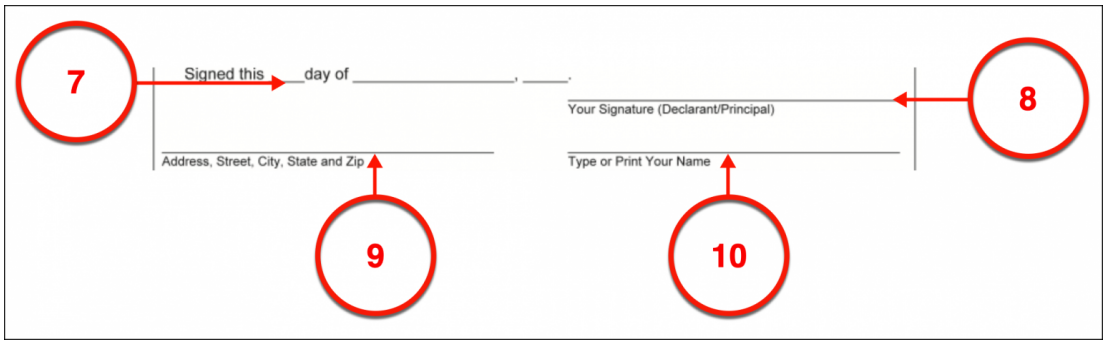
Iowa Principal Signature

(7) Signature Date. Complete the appointment of your Iowa Health Care Agent with a dated signature that is also witnessed or notarized. Review the above document to satisfaction then, on the day you sign this directive, report the current calendar date.

(8) Iowa Principal Signing. Sign your name to the completed appointment before two Witnesses.

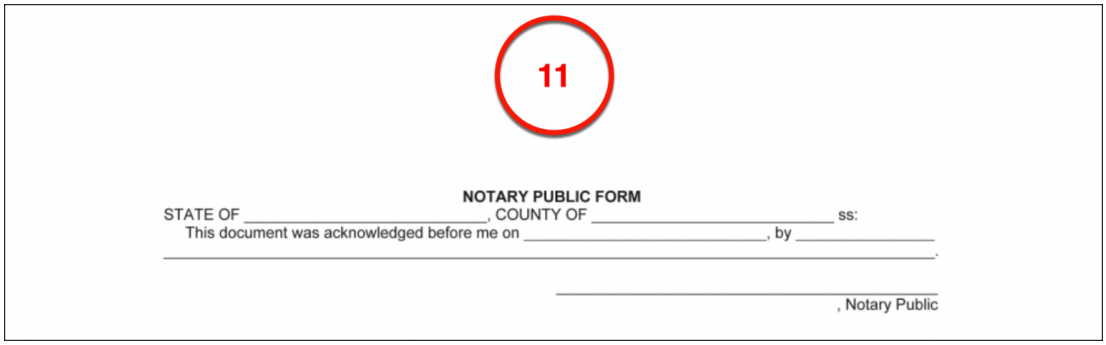
(9) Printed Name.

(10) Iowa Principal Address.



Notary Public Form

(11) Notarization. If you have opted to have your signature notarized then, release the signed appointment to the Notary Public overseeing the signing. He or she will make use of the next area to satisfy the notarization requirement.

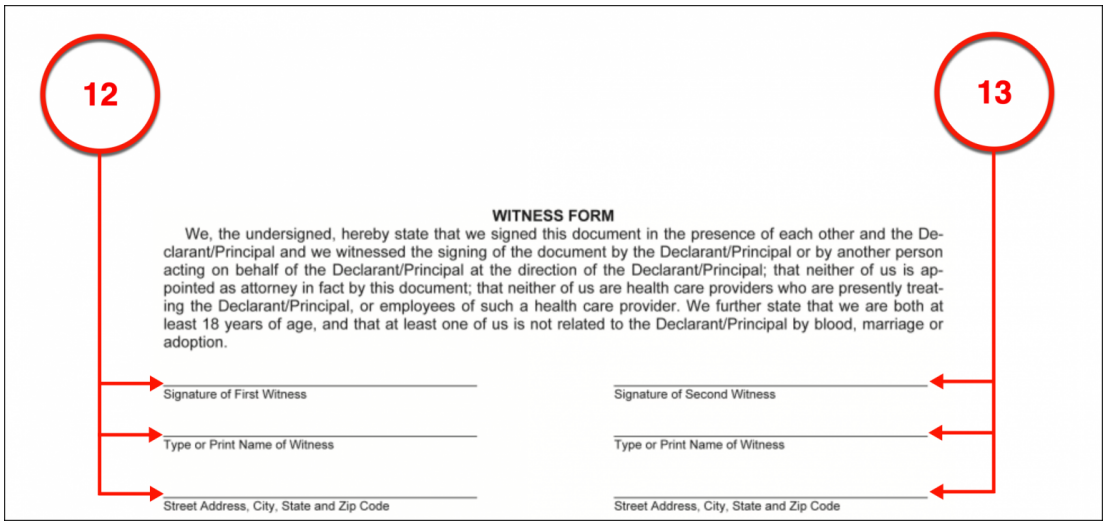


Witness Form

(12) Signature Of First Witness. If your signing is observed by two Witnesses, then the First Iowa Witness must confirm his or her qualifications, as discussed in the Witness declaration, and verify that

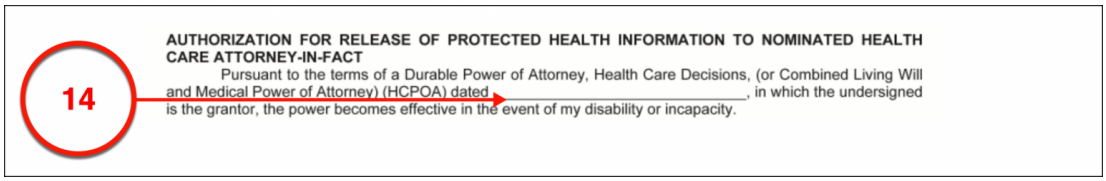
its description of your signature is accurate by signing and printing his or her name then documenting his or her address.

(13) Signature Of Second Witness. The Witness statement must be proven as true by two Witnesses. Therefore, the Second Witness must sign his or her name as a testimony then provide his or her printed name and address.



Authorization For Release Of Protected Health Information

(14) Power Of Attorney Date. Your sensitive medical information is protected by law. Thus, for your Iowa Health Care Agent to be able to access it, direct authorization will be needed – even if you are incapacitated. You can grant consent to release your sensitive medical information to your Iowa Health Care Agent (regardless of its source) through the next portion of this document. Begin by furnishing the formal date of your Combined Living Will And Medical Power Of Attorney.



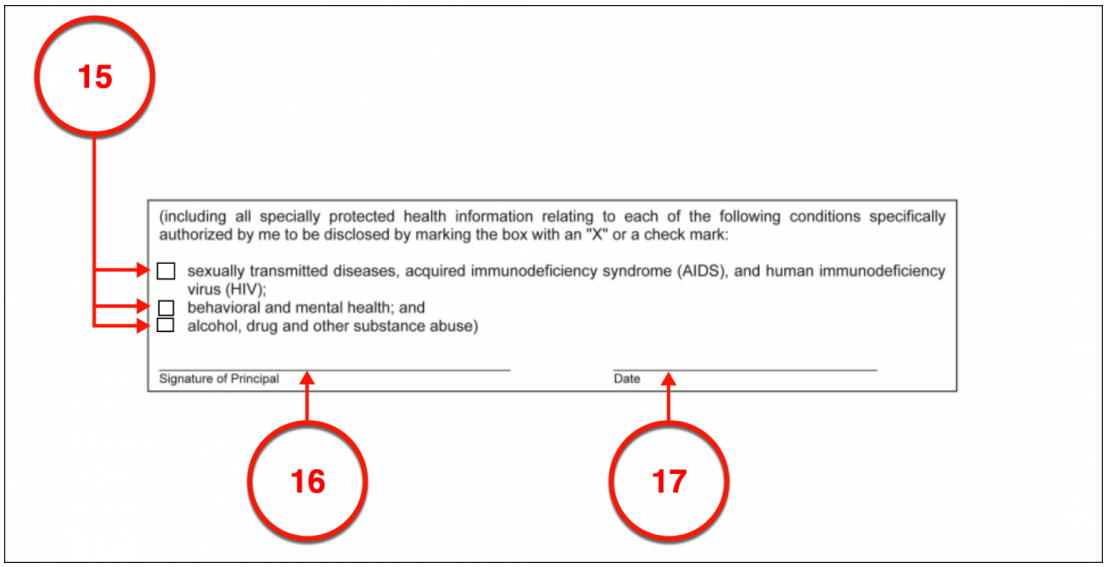
Authorization To Release Information

(15) Specific Medical Record Access. To release your medical records to your Health Care Agent discussing STD (sexually transmitted diseases), AIDS (Acquired Immunodeficiency Syndrome, and HIV (Human Immunodeficiency Virus), you must mark the first checkbox. The second and third checkboxes should be selected if you will authorize your Iowa Health Care Agent to access medical files containing information about any behavioral or mental health issues and substance abuse issues or conditions you may have.

Iowa Signature Execution

(16) Signature Of Principal. Your signature as the Iowa Principal must be supplied to give your Health Care Agent the consent needed to access the medical information you approved above.

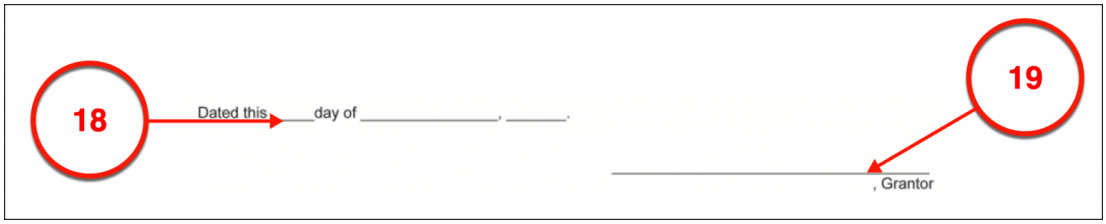
(17) Signature Date.



HIPAA Personal Representative Appointment

(18) Signature Date. You must give additional approval to appoint your Iowa Health Care Agent as your HIPAA (Health Insurance Portability And Accountability Act of 1996). This approval must be provided to the next section and begins with a report of your signature date to this area.

(19) Grantor Signature. Formally designate your Iowa Health Care Agent as your HIPAA Representative by signing this document as the Grantor of the principal power needed to act in this manner.

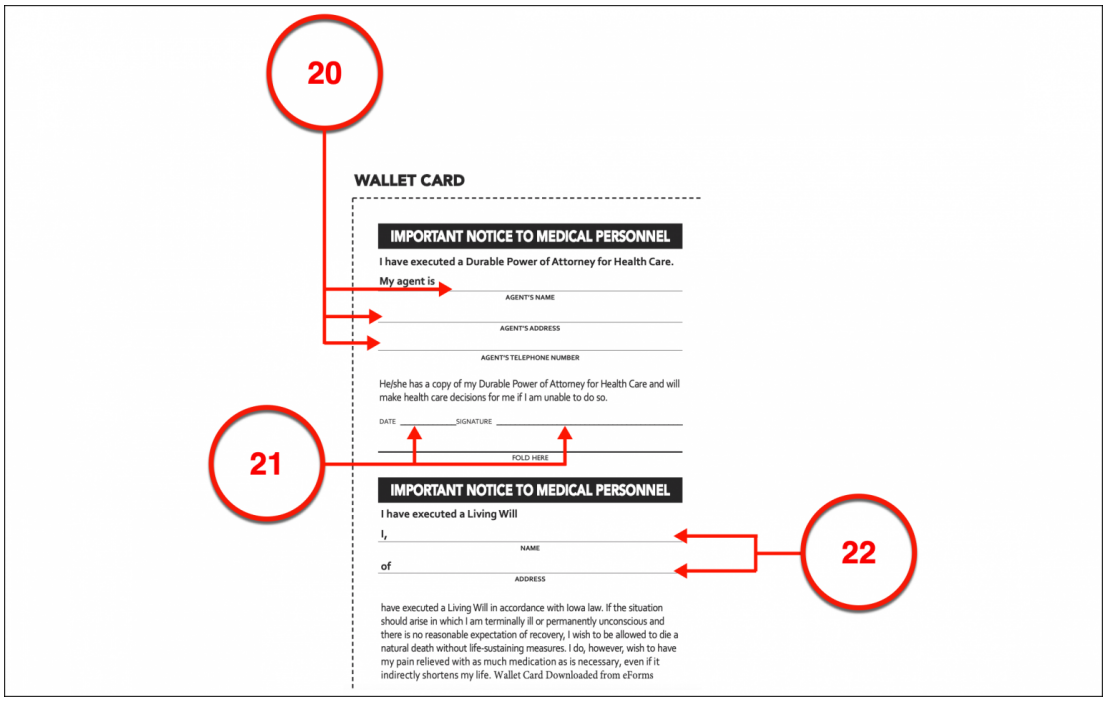


Iowa Principal Wallet Card

(20) Agent Information. A convenient method of informing Iowa First Responders and Physicians that you have appointed a Health Care Agent is by carrying a card in your wallet that is easily visible. Such a card has been provided and may be detached and stored appropriately (in your wallet). Complete the first portion of this card by reporting your Agent's name, address, and telephone number.

(21) Iowa Principal Dated Signature. Verify that the Party you identified above is your current Iowa Health Care Agent by dating and signing this portion of the wallet card.

(22) Living Will Status. If you have a living will set in place that dictates your denial of life-sustaining treatment when you have been diagnosed with a fatal and incurable medical condition or as permanently unconscious, then you must complete the verification statement in the second segment of the wallet card. This requires a record of your full name and current address where requested.



Related Forms


IOWA STATUTORY POWER OF ATTORNEY FORM

POWER OF ATTORNEY

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including but not limited to your money) whether or not you are able to act for yourself. The meaning of this power of attorney is explained in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B. This power of attorney does not authorize the agent to make health care decisions for you. You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you. Your agent is not entitled to compensation unless you state otherwise in the optional Special Instructions. This form provides for designation of one agent. If you wish to name more than one agent, you may name a cosigner in the optional

Special Instructions. Cosigners must act by majority rule unless you provide otherwise in the optional Special Instructions. If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent. This power of attorney becomes effective immediately upon signature and acknowledgment unless you state otherwise in the optional Special Instructions. If you have questions about this power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, _____ (name of principal) name the following person as my agent:

Name of Agent _____

Agent's Address _____

Agent's Telephone Number _____

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent

Name of Successor Agent _____

Successor Agent's Address _____

Successor Agent's Telephone Number _____

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Durable (Financial) Power of Attorney

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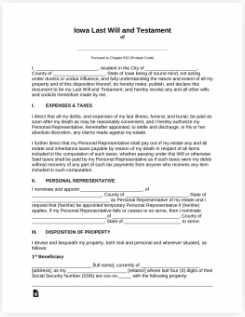
Iowa Last Will and Testament

of

Pursuant to Chapter 633 (Probate Code)

I, _____, resident in the City of _____, County of _____, State of Iowa being of sound mind, not acting under duress or undue influence, and fully understanding the nature and extent of all my property and of this disposition thereof, do hereby make, publish, and declare this document to be my Last Will and Testament, and hereby revoke any and all other wills and codicils heretofore made by me.

I. EXPENSES & TAXES

I direct that all my debts, and expenses of my last illness, funeral, and burial, be paid as soon after my death as may be reasonably convenient, and I hereby authorize my Personal Representative, hereinafter appointed, to settle and discharge, in his or her absolute discretion, any claims made against my estate.

I further direct that my Personal Representative shall pay out of my estate any and all estate and inheritance taxes payable by reason of my death in respect of all items included in the computation of such taxes, whether passing under this Will or otherwise. Said taxes shall be paid by my Personal Representative as if such taxes were my debts and expenses, and I waive any right of such tax payments from anyone who receives any item included in such computation.

II. PERSONAL REPRESENTATIVE

I nominate and appoint _____, County of _____, State of _____ as Personal Representative of my estate and I request that (he/she) be appointed temporary Personal Representative if (he/she) applies. If my Personal Representative fails or ceases to so serve, then I nominate _____ of _____, County of _____, State of _____ to serve.

III. DISPOSITION OF PROPERTY

I devise and bequeath my property, both real and personal and wherever situated, as follows:

1st Beneficiary

_____ (full name), currently of _____ (address), as my _____ (relation) whose last four (4) digits of their Social Security Number (SSN) are xxx-xx-_____, with the following property:

Last Will and Testament

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Sources

1. Chapter 144A (Life-Sustaining Procedures)
2. § 144B.3