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How to Complete Your Michigan Patient Advocate Designation

Patient Advocate Designation (MCL 700.5506 to 700.5515)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. In Michigan, a **Patient Advocate Designation** (Michigan's health care power of attorney) names someone to make medical and mental health decisions for you when you cannot participate in them, and records your wishes.

1. **Name your advocates (Page 1)**
   Name a patient advocate and a successor.
2. **Initial your choices (Page 2)**
   An advocate may withhold or withdraw treatment that would allow you to die only if you say so clearly, which is why Section 3 is initialed.
3. **Sign before two qualified witnesses (Pages 3–4)**
   Michigan requires **two witnesses**, who may not be your spouse, parent, child, grandchild, sibling, heir, doctor, patient advocate, or an employee of your insurer, care facility, or mental health provider. We can provide qualified witnesses, and can also notarize it.
4. **Advocate signs the acceptance (Page 5)**
   Your advocate must sign the statutory acceptance before acting.

After It's Signed

- Give copies to your patient advocates, doctors, and hospital; it must be part of your medical record before it is used.

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Michigan-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

PATIENT ADVOCATE DESIGNATION

(Michigan — MCL 700.5506 to 700.5515)

I,

Name of patient | Date of birth

Address

being 18 years of age or older and of sound mind, voluntarily designate the following individual as my **patient advocate** to exercise powers concerning my care, custody, and medical or mental health treatment decisions:

Patient advocate | Telephone | Relationship

Address

If my patient advocate does not accept, is incapacitated, resigns, or is removed, I designate as successor patient advocate:

Successor patient advocate | Telephone | Relationship

Address

1. When this designation is effective. The authority conferred by this designation is exercisable only when I am unable to participate in medical or mental health treatment decisions, as applicable, as determined by my attending physician and another physician or licensed psychologist (MCL 700.5508). If I authorize an anatomical gift below, that authority remains exercisable after my death.

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2. Powers. My patient advocate may make all decisions about my care, custody, and medical treatment that I could make, including consenting to or refusing treatment, choosing providers and facilities, and accessing my medical records, subject to these limits:

3. Life-sustaining treatment. Initial ONE if you wish:

☐ I expressly authorize my patient advocate to make decisions to withhold or withdraw treatment that would allow me to die, and I acknowledge that such decisions could or would allow my death.

☐ I do NOT authorize my patient advocate to make decisions to withhold or withdraw treatment that would allow me to die.

4. Mental health treatment (optional). Initial if you wish:

☐ My patient advocate may make mental health treatment decisions for me, including consenting to the forced administration of medication or to inpatient hospitalization, as permitted by MCL 700.5509(1)(h).

☐ I waive my right to revoke this designation as to mental health treatment decisions, understanding that revocation as to that treatment will be delayed for 30 days after I communicate my intent to revoke.

5. Anatomical gift (optional).

☐ My patient advocate may make an anatomical gift of all or part of my body, and this authority remains exercisable after my death.

6. My wishes and instructions about my care and treatment:

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7. Revocation. I may revoke this designation at any time and in any manner sufficient to communicate an intent to revoke. A copy has the same effect as the original. This designation must be made part of my medical record before it is implemented.

X _____ _____

Signature of patient | Date

STATEMENT OF WITNESSES

We sign below as witnesses. This declaration was signed in our presence. The patient appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud, or undue influence. Neither of us is the patient's spouse, parent, child, grandchild, sibling, presumptive heir, known devisee at the time of the witnessing, physician, or patient advocate or an employee of a life or health insurance provider for the patient, of a health facility that is treating the patient, or of a home for the aged where the patient resides, or of a community mental health services program or hospital that is providing mental health services to the patient.

X _____ _____

Witness No. 1's Signature | Date

_____ _____

Name Printed | Address

X _____ _____

Witness No. 2's Signature | Date

_____ _____

Name Printed | Address

OPTIONAL NOTARIZATION (recommended for use outside Michigan or when a facility asks for it)

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NOTARY ACKNOWLEDGMENT

STATE OF MICHIGAN)
COUNTY OF)

This document was acknowledged before me on

(date) by (name(s) of the patient)

X _____
Notary Public

(Notary seal)

Notary's printed name

Notary public, State of Michigan, County of

Acting in the County of (if different) Commission expires

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ACCEPTANCE OF PATIENT ADVOCATE

(MCL 700.5507)

I accept my designation as patient advocate for the patient named above. I understand and agree to the following statements:

1. This patient advocate designation is not effective unless the patient is unable to participate in decisions regarding the patient's medical or mental health, as applicable. If this patient advocate designation includes the authority to make an anatomical gift as described in section 5506, the authority remains exercisable after the patient's death.
2. A patient advocate shall not exercise powers concerning the patient's care, custody, and medical or mental health treatment that the patient, if the patient were able to participate in the decision, could not have exercised on the patient's own behalf.
3. This patient advocate 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.
4. A patient advocate may make a decision to withhold or withdraw treatment that 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.
5. A patient advocate shall not receive compensation for the performance of the patient advocate's authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in the performance of the patient advocate's authority, rights, and responsibilities.
6. A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient's best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical or mental health treatment decisions are presumed to be in the patient's best interests.
7. A patient may revoke the patient's patient advocate designation at any time and in any manner sufficient to communicate an intent to revoke.
8. A patient may waive the patient's right to revoke the patient advocate designation as to the power to make mental health treatment decisions, and if the waiver is made, the patient's ability to revoke as to certain treatment will be delayed for 30 days after the patient communicates the patient's intent to revoke.
9. A patient advocate may revoke the patient advocate's acceptance of the patient advocate designation at any time and in any manner sufficient to communicate an intent to revoke.
10. A patient admitted to a health facility or agency has the rights enumerated in section 20201 of the public health code, 1978 PA 368, MCL 333.20201.

X _____ Date

Patient advocate

X _____ Date

Successor patient advocate

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