



How to Create an Online Advance Care Plan

Welcome!

Thank you for taking this important step to make sure your wishes are known in the event of a health care crisis. Now more than ever, it is important to plan ahead before an emergency happens.

This process of planning ahead is called advance care planning. Advance care planning is identifying and writing down what type of health care you would want and naming a person (called a health care agent) who can speak for you if you are unable to speak for yourself. Without an advance care plan or a health care agent loved ones and doctors may make decisions that do not reflect your wishes. For more information about advance care planning and selecting a health care agent, please visit the [community resources page](#) on the Voice Your Choice website.

Voice Your Choice is proud to offer an online tool that allows your advance care plan to be easily accessed in an emergency and mobile across different types of health care settings and providers. We are committed to supporting you in creating your online advance care plan. This detailed step-by-step manual will guide you through the process. If you would like to explore additional tools for the online platform, please see the community resources page on the Voice Your Choice website. We hope you find this guide and all the Voice Your Choice materials helpful. Please feel free to share these resources with your friends, family, and colleagues.

If you need additional support, please visit the [Voice Your Choice website](#). There are [resources](#) that will provide key information about advance care planning.

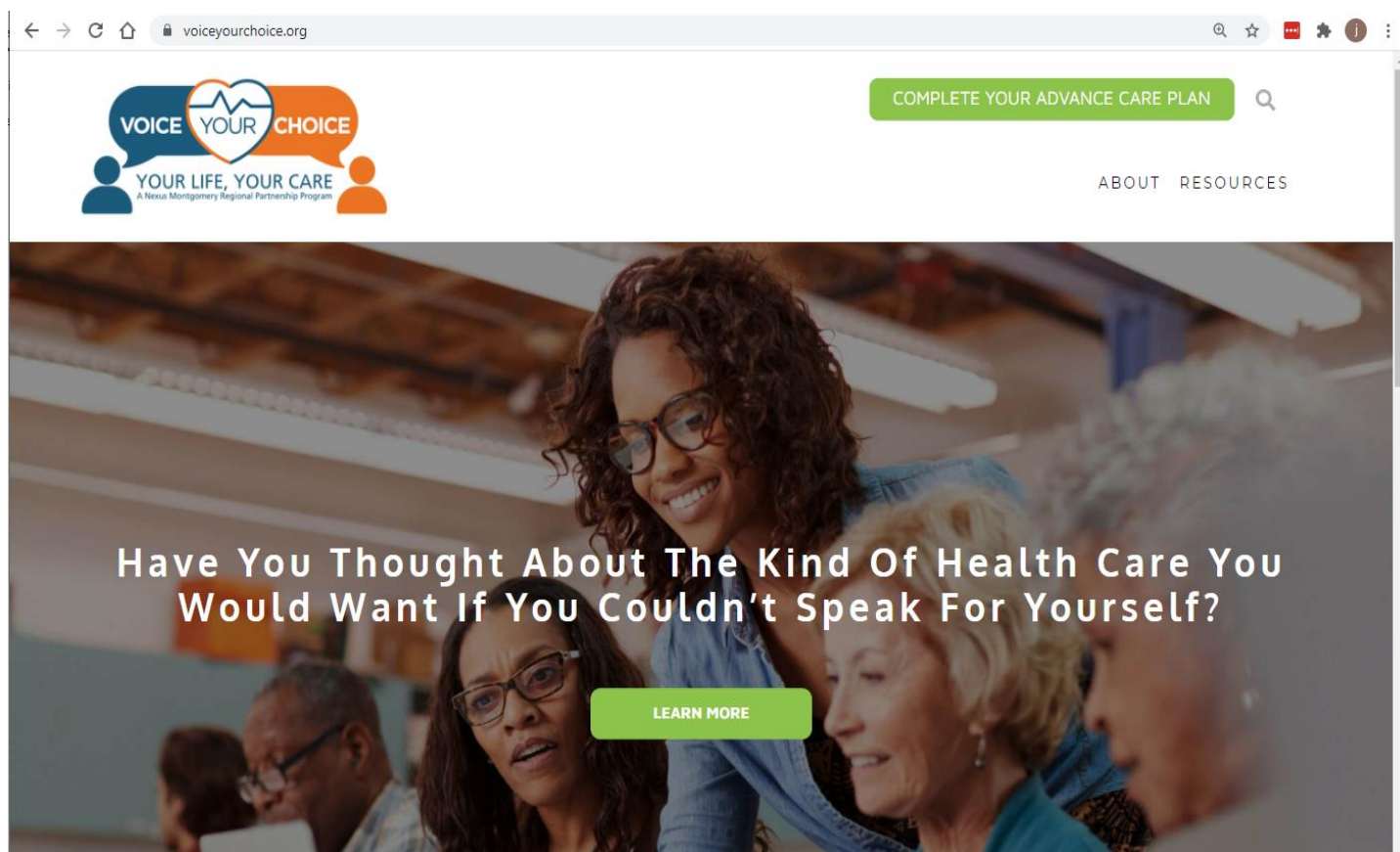
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Creating Your Account

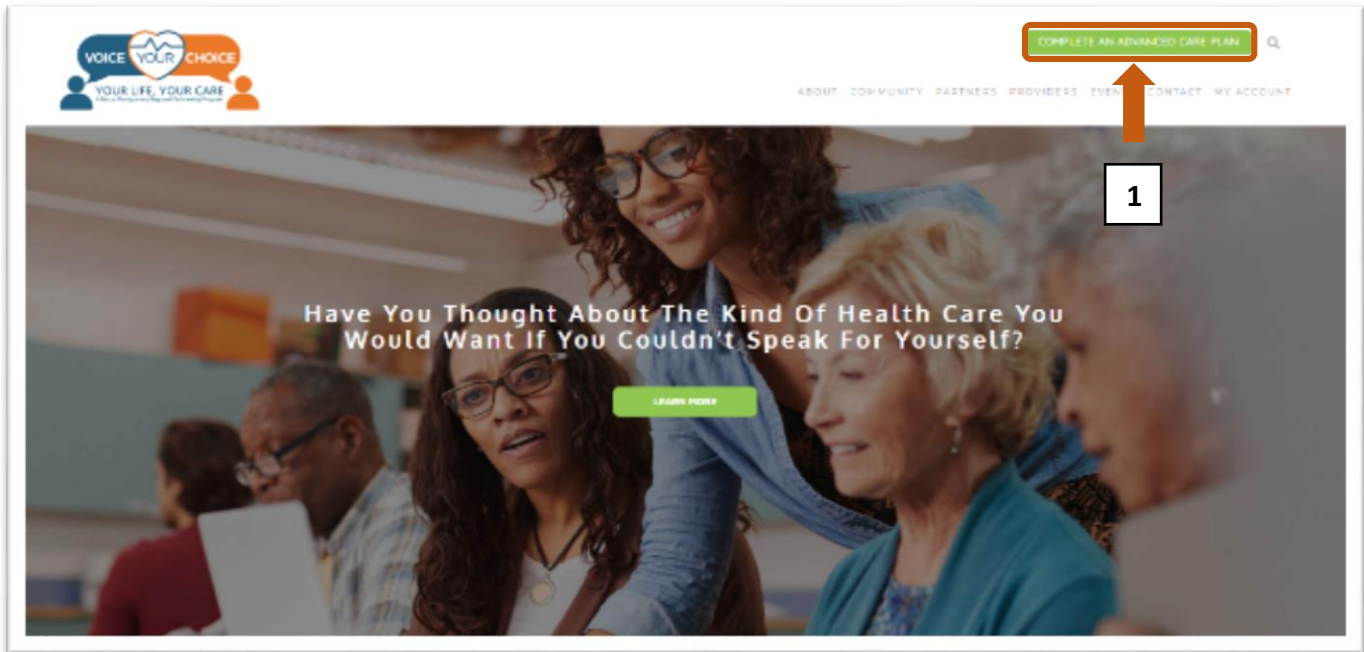
[Go to the Voice Your Choice Website Portal](#)

The first step to creating your online advance care plan is to go to your web browser (e.g. – Google, Bing, Explorer) and type in www.VoiceYourChoice.org. This will bring you to the Voice Your Choice website (see picture below).

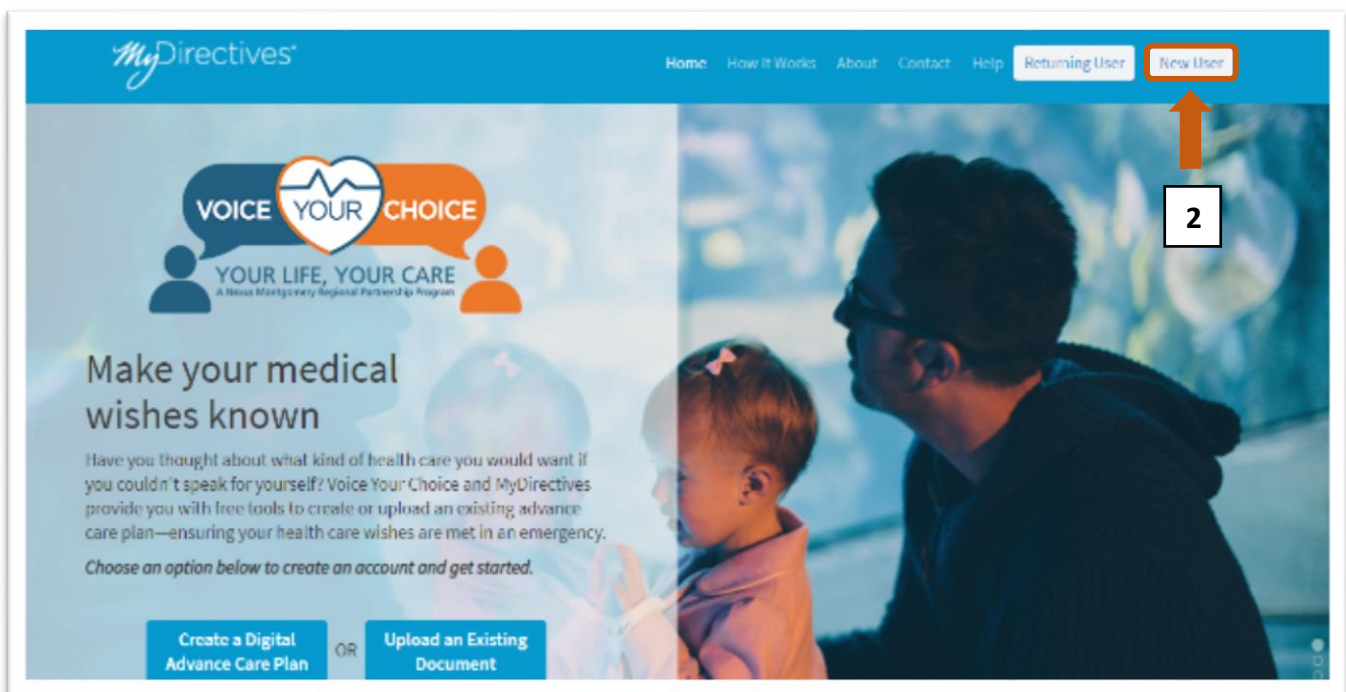


Register Your Account

1. Click on the **COMPLETE AN ADVANCED CARE PLAN** green button.
 - Once you click, a new tab will open automatically taking you to the online advance care planning platform



2. Then click on the **New User** button



Create Your Voice Your Choice Online Account:

1. Fill out your first and last name
2. Choose a username
3. Enter your personal email address (and NOT a work email address)
4. Provide your phone number (optional)
5. Click on the upside-down triangles in the calendar dropdown menu to enter your date of birth
6. Alternately, you can use Facebook or your Apple ID to sign up
7. When you are finished click the **SUBMIT** button

The screenshot shows the 'Create Your Account' form on the MyDirectives website. The form is titled 'My Contact Information' and includes the following fields and options:

- 1**: First Name input field.
- 2**: Username input field.
- 4**: Mobile Phone input field with a dropdown menu set to 'OPTIONAL'.
- 3**: Email input field.
- 5**: Date of Birth input field with dropdown menus for Month, Day, and Year.
- 6**: 'Sign up with Facebook' button with the Facebook logo.
- 'Continue with Apple' button with the Apple logo.
- 7**: 'SUBMIT' button.
- 'CANCEL' button.

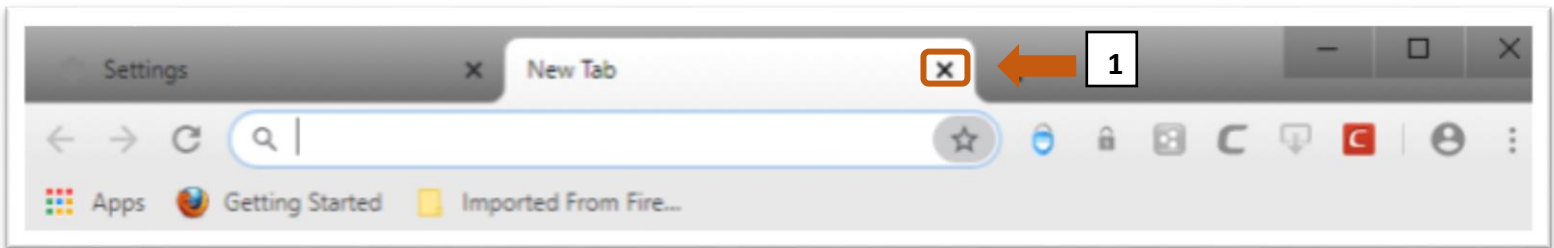
The MyDirectives logo is in the top left, and the 'SIGN IN' button is in the top right. A 'VOICE YOUR CHOICE' logo is also present in the top right area.

You will see a confirmation message that informs you an email has been sent to you.

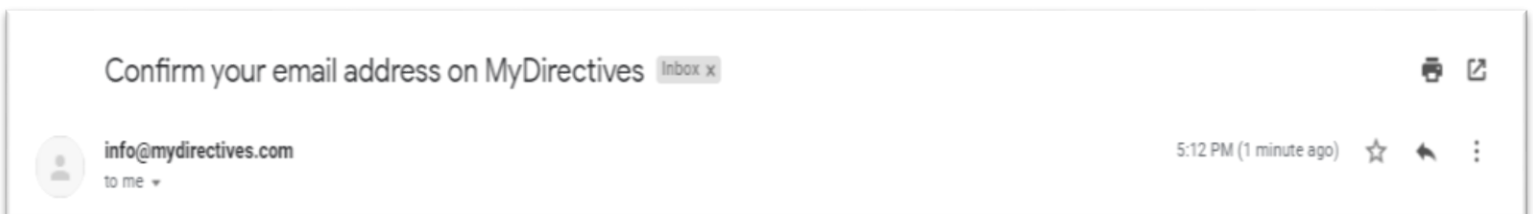
The screenshot shows an 'Email Confirmation' message. The header is 'Email Confirmation'. The main text reads: 'We have emailed you a link to confirm your email address and continue with the account creation process. Please check your Inbox.' Below this, it says: 'While the confirmation email is sent immediately, it may take a short time to arrive. If you did not receive an email please click on the link below to verify your contact information and submit a new request. In addition, please be sure to check your email Spam folder.' At the bottom, there is a blue link: [I did not receive the confirmation email](#).

1. Open a new tab on your browser and go to your email

***Important: Do not X out the current tab or type in your email**

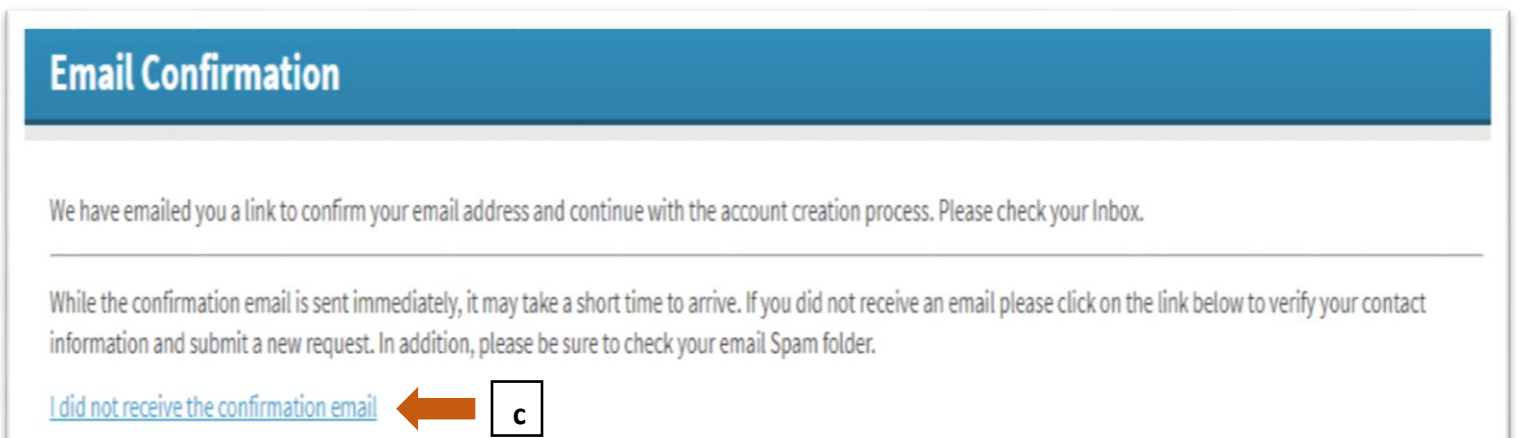


When you open your email, you should see an email from info@mydirectives.com with the subject: "Confirm your email address on MyDirectives."



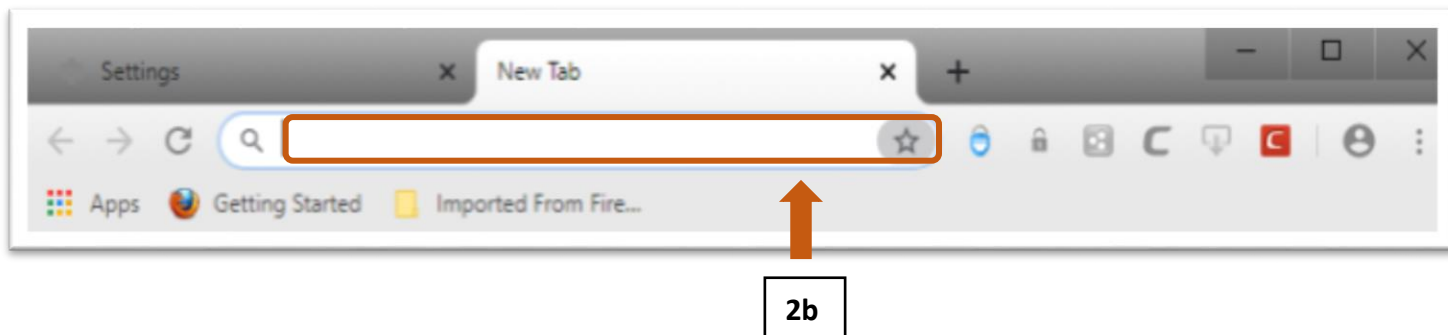
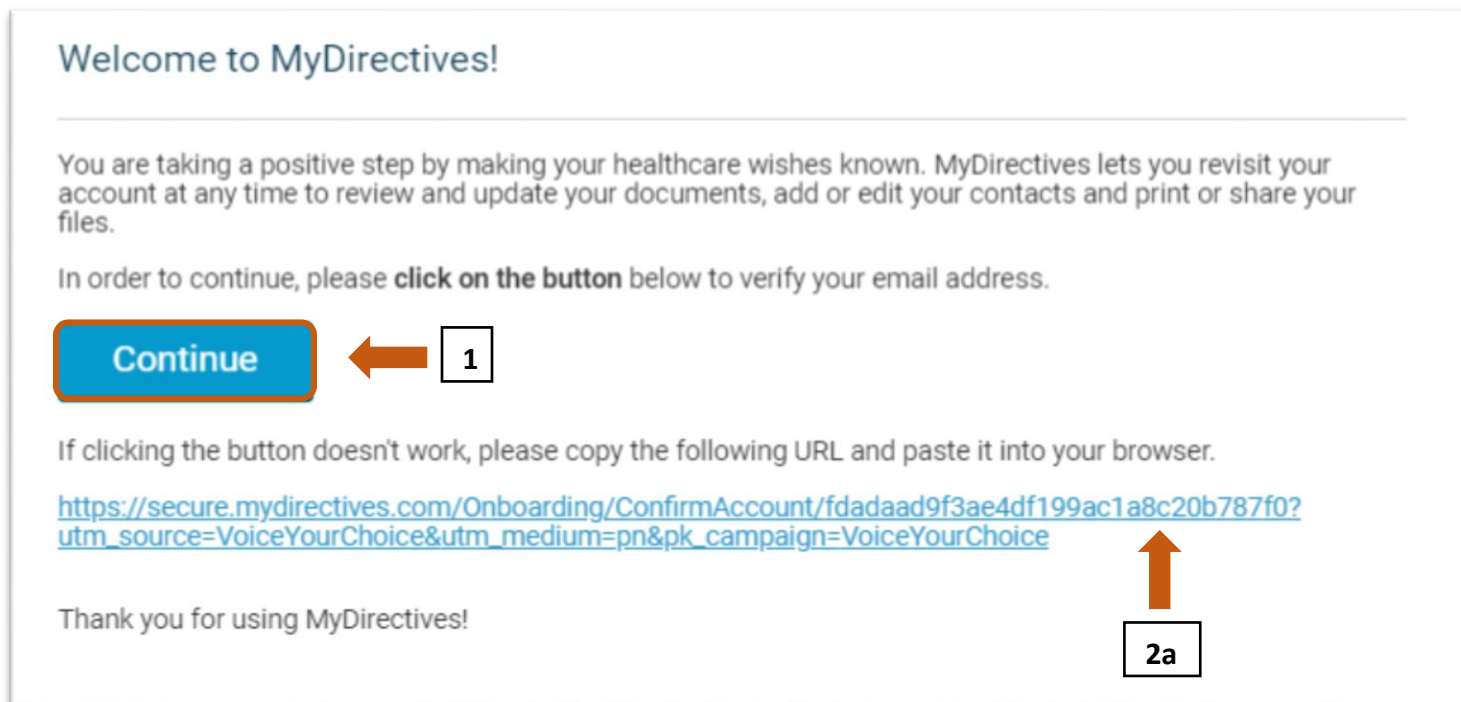
If you did not receive an email:

- a) Wait for a minute and refresh your inbox
- b) Check your spam folder
- c) Return to the Voice Your Choice tab with the email confirmation message and click on the blue text ***I did not receive the confirmation email***



When you open the confirmation email, you will see the message below.

1. Click the blue **Continue** button which will open a new tab
2. If the blue **Continue** button does not redirect you to a new tab:
 - a. Copy the blue underlined URL text
 - b. Paste the text into a new tab and hit enter



You will see the page below.

1. Create a password that includes at least 1 capital letter, 1 lowercase letter, 1 number, 6 characters, and does not include spaces
2. Enter the same password in the second text box to match the first

***Important: All the text lines in the grey box will have green check marks next to them once your password includes all the required entities**

Account Confirmation

Your email address has been confirmed.

Please create a password so you can sign in at any time to view and update your information.

My Contact Information [Edit](#)

Name:
Username:
Email:
Mobile Phone:

Create a Password

Password ← **1**

Confirm Password ← **2**

Show Passwords

Passwords match

Your password must:

- ✓ have at least 1 capital letter
- ✓ have at least 1 lowercase letter
- ✓ have at least 1 number
- ✓ be at least 6 characters
- ✓ have no spaces

***Important**

1. Check the box to agree to the ***Terms and Conditions of Use***
2. If you would like to read the details, you can click the blue text
3. Click ***Save and Continue***

Terms and Conditions of Use

I agree to the Terms and Conditions of Use. [\(Click to read\)](#) [Fullscreen](#)

1 → ← **2**

3 →

Completing Your Advance Care Plan

Section 1: My Health Care Agent

Step 1: Navigate to Name Your Primary Health Care Agent

To navigate to the page labeled **Name Your Primary Health Care Agent**:

1. Scroll to the top of the page and hover over **My Decisions**
2. A dropdown menu will appear. Please select **My Healthcare Agent**
3. For additional information, there is a **Guide** tab on the top right-hand corner of the page

The screenshot shows the MyDirectives website interface. At the top, there is a blue navigation bar with the MyDirectives logo on the left and a 'SIGN OUT' button on the right. In the center of the navigation bar are four menu items: 'My Decisions', 'My Circle', 'My Documents', and 'Help'. An orange arrow labeled '1' points to the 'My Decisions' menu item. Below the navigation bar, the main content area is titled 'Name Your Primary Healthcare Agent'. A dropdown menu is open under 'My Decisions', showing options: 'My Advance Care Goals', 'My Preferences in Specific Circumstances', 'My End-of-Life Preferences', 'My Healthcare Agent', and 'My Thoughts'. An orange arrow labeled '2' points to the 'My Healthcare Agent' option. In the top right corner of the main content area, there is a 'Guide' tab with a person icon. An orange arrow labeled '3' points to this 'Guide' tab. Below the navigation bar, there is a question: 'Who do you want to speak for you if you can't?' followed by a radio button and the text: 'I do not want to designate a healthcare agent at this time, and I do not want a default healthcare agent designated for me under applicable law. I trust the doctors and nurses treating me to make medical treatment decisions regarding my treatment and care.'

Note: If you do not wish to designate a health care agent at this time, you can check the corresponding statement near the top of the page (illustrated below).

The screenshot shows the 'Name Your Primary Healthcare Agent' page. At the top right, there is a 'Guide' tab with a person icon. Below the navigation bar, there is a question: 'Who do you want to speak for you if you can't?' followed by a radio button and the text: 'I do not want to designate a healthcare agent at this time, and I do not want a default healthcare agent designated for me under applicable law. I trust the doctors and nurses treating me to make medical treatment decisions regarding my treatment and care.'

The form on the page will retract, and you can click **“Save and Continue”** to go to the **“My Thoughts”** section.

The screenshot shows the 'Name Your Primary Healthcare Agent' page. The radio button for the statement 'I do not want to designate a healthcare agent at this time, and I do not want a default healthcare agent designated for me under applicable law. I trust the doctors and nurses treating me to make medical treatment decisions regarding my treatment and care.' is checked. Below the statement, there is a blue navigation bar with three buttons: 'PREVIOUS', 'My Thoughts', and 'SAVE AND CONTINUE'. The 'SAVE AND CONTINUE' button is highlighted with an orange border and an orange arrow points to it from the right.

Step 2: Designate a Health Care Agent

My Health Care Agent:

1. Choose your health care agent's title from the dropdown menu
2. Fill in your health care agent's first name, then middle name (optional), and last name
3. If applicable, choose your health care agent's suffix from the dropdown menu
4. Choose your health care agent's relationship to you from the dropdown menu
5. Fill in your health care agent's email address
6. Home phone number is optional
7. Mobile phone number is optional
8. If you would like to add your health care agent's address, click "Add Address" and complete required fields
9. Make sure this box is checked to notify this person that you have chosen him or her to be your healthcare agent. It is highly recommended that you discuss your care preferences with the person before completing this form, and whenever you wish to change your care preferences.

Title: **1** Relationship: **4**

First Name: **2** Email Address: **5**

Middle Name: Home Number: **6**

Last Name:

Suffix: **3** Mobile Number: **7**

[Add Address](#) **8**

9 Notify this person that you have chosen him or her to be your healthcare agent.

Step 3: Choose the Powers to Give This Health Care Agent

1. Read the list of powers by clicking "***Click here to read the list.***"
2. Please choose one of the answers by clicking on the corresponding space
3. If you chose the second answer, to "***limit the responsibility of my healthcare agent,***" you must detail your healthcare agent's powers in the text box

Powers I wish to give to my healthcare agent... **1**

Here is a list of powers normally given. [Click here to read the list.](#)

2 I want to grant these responsibilities to my healthcare agent.

I want to limit the responsibilities of my healthcare agent.

3

Note: It is optional to choose one or two alternate healthcare agents in case your original choice for health care agent is not able to serve. To do so, click on “Save and Add Another” at the bottom of the page.



You will be presented with a new page to enter this healthcare agent’s name and contact information. Follow the direction above and complete the form as you did for the original health care agent.

A screenshot of a form titled 'Name Your First Alternate Healthcare Agent'. The form has a search icon and the text 'Who do you want to speak for you if you can't?'. There is a 'Guide' button in the top right. The form contains several input fields: 'Title' and 'Relationship' are dropdown menus; 'First Name', 'Email Address', 'Middle Name', and 'Home Number' are text input fields. 'Middle Name' and 'Home Number' are marked as 'OPTIONAL'.

Step 4: Save and Continue

Click Save and Continue to navigate to the next page, *My Thoughts*

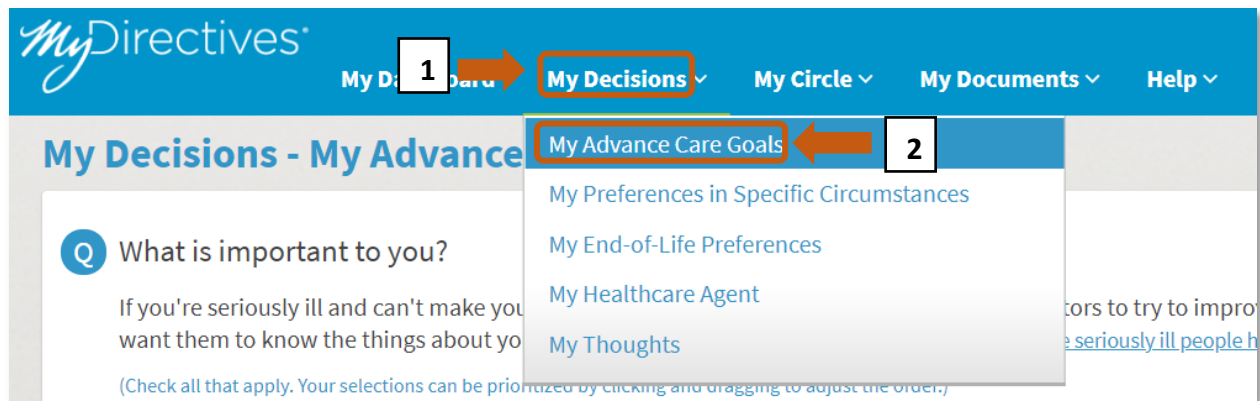


Section 2: My Advance Care Goals

Go to *My Advance Care Goals*:

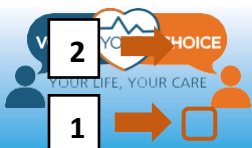
1. Scroll to the top of the page and hover over the menu item: *My Decisions*
2. A dropdown menu will appear. Please select *My Advance Care Goals*
3. Review and answer the three questions on this page.

- Click the orange Guide button next to each question, located on the right-hand side, for help specific to each question.



Question 1: What Is Important to You?

- Select all the values that are important to you by clicking once on the corresponding check box (clicking the row will also work). The box will become a check mark, and the row will turn green, confirming that you have selected this value.
- Each row you selected will also be automatically moved to the top of the list.
- If you want to de-select a value, you can click the corresponding check mark or row, and the check mark will be removed, and the row will revert to gray.
- After you selected all the values that are important to you, you can rearrange the selected values in the order of each value's importance to you. You can use the rearrange button, at the right end of each row, to move each row up and down. Just press the rearrange button, hold, and move the row up and down. Place the value that is most important to you at the top.
- If a value that is very important to you is not listed, you can add that value in the text box provided under the list of values. Click inside the box to insert text.
- To see examples of others' answers, you can click on the underlined blue text in the instruction paragraph, or the orange Guide button.



Q What is important to you?

Guide

If you're seriously ill and can't make your wishes known, you would obviously want your doctors to try to improve your condition. But, in case they can't, you might want them to know the things about your life and health that you value most. ([Read what some seriously ill people have answered.](#))

(Check all that apply. Your selections can be prioritized by clicking and dragging to adjust the order.)

- Being free from pain
- Being with my family
- Being able to feed, bathe, and take care of myself
- Not being a financial burden to my family
- Not being a physical burden to my family
- Being at peace with my God
- Resolving conflicts
- Avoiding prolonged dependence on machines
- Avoiding prolonged dependence on artificial or assisted nutrition through tubes
- Dying at home
- Other things that are very important to me about life and health...

Type here other things that are very important...

Question 2: Decision-Making Capacity

1. Choose between the two options by clicking on the answer you agree with. After selecting one of the answers, the circle at the beginning of the row will become a check mark, and the row will turn green, confirming that you have selected this answer.
2. To change your choice, click on the not-selected option, either the circle, or the row.

Q If in the future your doctors determine you no longer have sound decision-making capacity or you are declared incompetent, do you want your doctors to follow the preferences you're expressing now, or do you want to be allowed to change these preferences in the future regardless of your mental state?

Guide



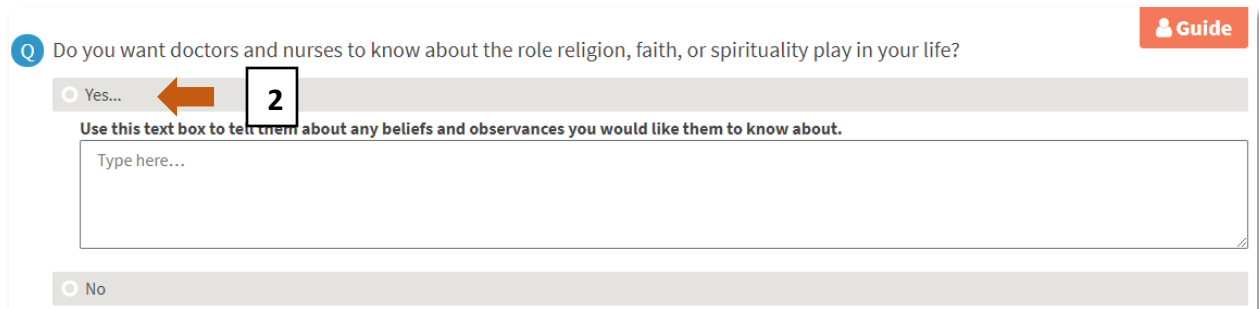
- If I am declared incompetent, follow this document.
- If I am declared incompetent, let me override this document regardless of my mental state.

Question 3: Role of Religion, Faith, or Spirituality

1. Choose **Yes** or **No** by clicking the corresponding row. The row will turn green.
2. If you choose **Yes**, describe your relevant beliefs and observances in the text box provided under the "Yes" row.

You must enter some information in the text box before you are able to save this page and advance to the next step.

3. If you choose **No**, the row will turn green, and the text box will be hidden.
4. To change your choice, click on the other option, either the circle, or the row.



Q Do you want doctors and nurses to know about the role religion, faith, or spirituality play in your life? Guide

Yes... 2

Use this text box to tell them about any beliefs and observances you would like them to know about.

Type here...

No

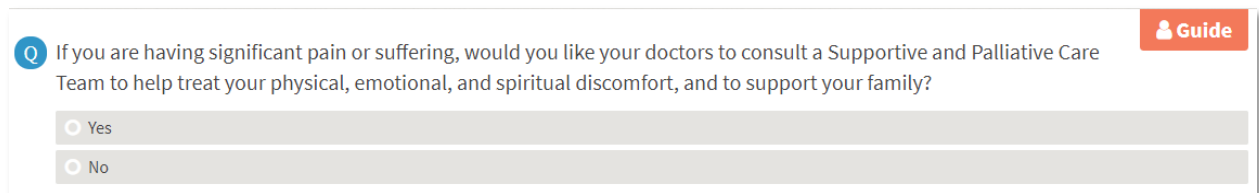
1

3

The screenshot shows a survey question with a 'Yes...' option and a text box for additional information. A 'No' option is also visible. Annotations include a large orange arrow pointing to the 'Yes...' option (labeled '2'), a box labeled '1' with an arrow pointing to the question, and a box labeled '3' with an arrow pointing to the 'No' option.

Question 4: Supportive and Palliative Care

Choose **Yes** or **No** by clicking the corresponding row



Q If you are having significant pain or suffering, would you like your doctors to consult a Supportive and Palliative Care Team to help treat your physical, emotional, and spiritual discomfort, and to support your family? Guide

Yes

No

The screenshot shows a survey question with two radio button options: 'Yes' and 'No'.

Save Your Selections and Continue

Click **Save and Continue** to navigate to the next page, **My Preferences in Certain Circumstances**



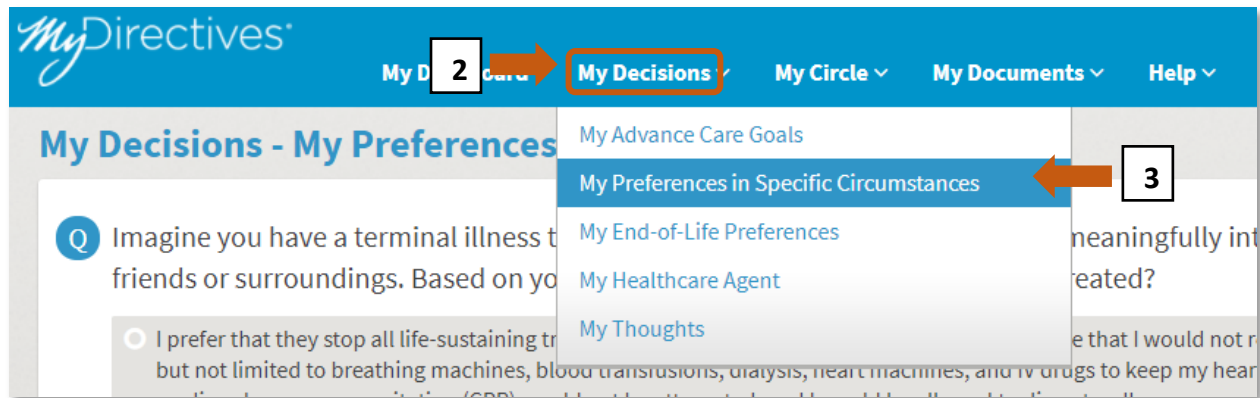
Section 3: My Preferences in Specific Circumstances

Go to **My Preferences in Specific Circumstances**:

1. After clicking **Save and Continue**, you should be automatically brought to the

My Preferences in Specific Circumstances page.

2. If not, scroll to the top of the page and hover your mouse over **My Decisions**.
3. A dropdown menu will appear. Please select **My Preferences in Specific Circumstances**.



Resource: Discussion Guide

If you would like to discuss these topics further with your doctor or family before answering the questions on this page, you can scroll to the bottom of the page and click on the blue underlined text to open the **Discussion Guide** to use as conversation tool.



Not sure? Download the [Discussion Guide](#) to discuss these choices with your doctor or family.



Question 1: Terminal Illness

1. Choose one of the three options displayed by clicking on the corresponding row.
2. You may click on the orange Guide button displayed on each page, or next to each question, for helpful information specific to questions posed on that page.
3. The three choices are mutually exclusive. To select a different option, click on the corresponding row.
4. Selecting any of the three options will lead the webpage to display additional options for you to select.

1

2

Q Imagine you have a terminal illness that doctors believe will prevent you from meaningfully interacting with your family, friends or surroundings. Based on your priorities, how would you prefer to be treated?

I prefer that they stop all life-sustaining treatments and let me die as gently as possible. I realize that I would not receive life-sustaining treatments including but not limited to breathing machines, blood transfusions, dialysis, heart machines, and IV drugs to keep my heart working. Also, I realize that cardiopulmonary resuscitation (CPR) would not be attempted, and I would be allowed to die naturally.

I would like them to keep trying life-sustaining treatments...

Neither of the choices above reflects my preference, and I have additional thoughts on this...

Type here...

Guide

Selecting the first option, ***I prefer that they stop all life-sustaining treatments...***, will bring up a pop-up window listing three mutually exclusive options. Select one of the options by clicking on the corresponding row. After making a selection you are satisfied with, click **SAVE**. Click **CANCEL** if you would like to return to the initial set of three options to consider further.

Q In the situation described above, would you want artificial nutrition and hydration?

No, I do not want artificial nutrition and hydration.

Yes, I do want artificial nutrition and hydration.

I do not know if I want artificial nutrition and hydration. I would like to talk with my doctor or someone else before I make that decision. I understand that my uADD will not include a statement on artificial nutrition and hydration, which means I could receive those treatments even if I do not want them.

SAVE CANCEL

Selecting the second option, ***I would like them to keep trying life-sustaining treatments...***, will reveal a subparagraph with three mutually exclusive options. Select your preferred options by clicking on the corresponding row. If you choose the first answer, you must designate a period of time. Place a number in the first box and then from the dropdown menu choose either day(s), week(s), month(s), or year(s).

Q Now imagine that you have a severe, irreversible brain injury. You can't feed or bathe yourself, and you can't communicate with others, but doctors can keep you alive for a long time. Based on your priorities, how would you prefer to be treated?

I prefer that they stop all life-sustaining treatments and let me die as gently as possible. I realize that I would not receive life-sustaining treatments including but not limited to breathing machines, blood transfusions, dialysis, heart machines, and IV drugs to keep my heart working. Also, I realize that cardiopulmonary resuscitation (CPR) would not be attempted, and I would be allowed to die naturally.

I would like them to keep trying life-sustaining treatments...

For

Indefinitely.

Until my healthcare agent decides it is time to stop life-sustaining treatments and let me die gently.

Neither of the choices above reflects my preference, and I have additional thoughts on this...

Selecting the third option, **Neither of the choices above**, will bring up a pop-up window listing three mutually exclusive options. The pop-up window here presents the same options as the popup window presented when you select option 1 (discussed above). Select one of the options by clicking on the corresponding row and then click **SAVE** or **CANCEL** as discussed above.

If you selected this option, please enter your additional comments in the text box provided below the third row. You must enter some comments before you can save this page and continue to the next step.

Q Imagine you have a terminal illness that doctors believe will prevent you from meaningfully interacting with your family, friends or surroundings. Based on your priorities, how would you prefer to be treated?

I prefer that they stop all life-sustaining treatments and let me die as gently as possible. I realize that I would not receive life-sustaining treatments including but not limited to breathing machines, blood transfusions, dialysis, heart machines, and IV drugs to keep my heart working. Also, I realize that cardiopulmonary resuscitation (CPR) would not be attempted, and I would be allowed to die naturally.

I would like them to keep trying life-sustaining treatments...

Neither of the choices above reflects my preference, and I have additional thoughts on this...

Type here...



Please enter details.

Question 2: Brain Injury or Illness

1. Choose one of the three options displayed by clicking on the corresponding circle or row. The three choices presented under this

question are the same as those presented under the first question of this page, and they each function the same way as under the first question. Please follow the instructions above for the first question to make your choices for this question.

2. You may click on the orange Guide button displayed on each page or next to each question for helpful information specific to questions posed on that page.



Question 3: Cardiopulmonary Resuscitation (CPR)

1. Choose one of the four options displayed by clicking on the corresponding circle or row.
2. The four choices are mutually exclusive. To select a different option, click on the corresponding row.
3. You can, but are not required to, provide additional thoughts on the question in the text box provided.

Q Which of the following statements best describes your thoughts on CPR?



- I want CPR attempted unless my doctor says any of the following...
 - I have a terminal illness or a severe, irreversible brain injury; OR
 - I have little chance of long-term survival if my heart or breathing stop, and an attempt to resuscitate me would cause me significant suffering; OR
 - It simply will not work in my condition.
- I do not want CPR attempted.
- Without knowing the future facts, it is hard to make this statement today, so I will rely on my healthcare agent to decide for me.
- I want CPR attempted if my heart or breathing stops.

I have additional thoughts on this...

Type here...



Save Your Selections and Continue

Click **Save and Continue** at the bottom of the page to navigate to the next page, My End-of-Life Preferences

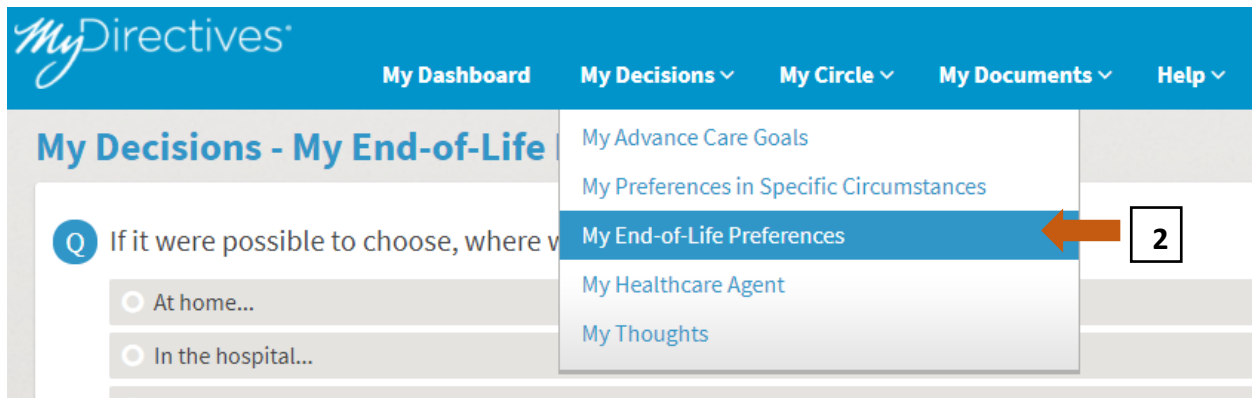


Section 4: My End-of-Life Preferences

Navigate to My End-of-Life Preferences

To navigate to **My End-of-Life Preferences**:

1. After clicking **Save and Continue**, you should be automatically brought to the **My Preferences in Specific Circumstances** page.
2. If not, scroll to the top of the page and hover your mouse over **My Decisions**. A dropdown menu will appear. Please select **My End-of-Life Preferences**.



Question 1: Final Days Location

1. Choose one of the four options by clicking on the corresponding circle or row.
2. You may click on the orange Guide button next to each question for helpful information specific to the question.
3. Include additional comments you may have for your care providers in the text box provided.

A screenshot of the question interface. At the top right is an orange 'Guide' button with a white person icon and an orange arrow pointing to it, with a '2' in a box. Below is the question: 'Q If it were possible to choose, where would you like to spend your final days?'. There are four radio button options: 'At home...', 'In the hospital...', 'In a hospice facility.', and 'I'm not sure.'. An orange arrow points to the first option, with a '1' in a box. Below the options is a text box labeled 'I have additional thoughts on this...' with the placeholder text 'Type here...'. An orange arrow points to this text box, with a '3' in a box.

1. If you chose the first answer, **At home...**, a secondary question will appear for follow-up:

***Important - this is an example - check this box ONLY if you agree with the statement**

Q If it were possible to choose, where would you like to spend your final days?

At home...

1 I want hospice care at home if possible.

In the hospital...

In a hospice facility.

2. If you chose the second answer, *In the hospital...*, a secondary question will appear for follow-up:

***Important- this is an example, check this box ONLY if you agree with the statement**

Q If it were possible to choose, where would you like to spend your final days?

At home...

In the hospital...

2 I want a consultation with a Supportive and Palliative Care team, if possible.

In a hospice facility.

Question 2: Portable Medical Order

1. Select **Yes** or **No** by clicking the corresponding circle or row.

Q Do you have a portable medical order, such as a POLST, MOLST, or MOST form that you would like to upload and make available to your medical care team?

[Guide](#)

Yes

No

If you chose **Yes**, follow-up questions will appear. Provide the information requested.

- Please choose a title for your document.
- Select which type of document you will upload from the dropdown menu.
- Fill in the date the document was created by typing directly into the text box or using the calendar
- To upload your document:
 - Make sure your document is saved on your computer.

- ii. Click in the box where the grey text states **Select a document** and navigate to your saved document. Click on the document and choose **Open**.
- iii. Choose **SAVE**

***Important - If you need help with saving documents on your computer please see the Guide to Additional Resources**

Q Do you have a portable medical order, such as a POLST, MOLST, or MOST form that you would like to upload and make available to your medical care team?

Guide

Yes

To upload a new document, please enter document Title, Type and When Created. Then select the file to upload.

Size limits:
 • for images - 7 megabytes - formats: .png, .jpg, .bmp, .gif, .tif.
 • for pdfs - 50 megabytes - formats: .pdf.

Title: **1a** →

Type: ← **1b**

When Created: MM/DD/YYYY ← **1c**

File: → **1(d)(ii)**

No

1(d)(iii) ↑

Question 3: Organ and Tissue Donation

1. Select one of the options by clicking on the corresponding circle or row.

Q What are your thoughts on organ and tissue donations?

Upload additional thoughts for this item **Guide**

1 →

want to donate my organs to help save someone else's life...

want to donate my entire body.

don't want to donate my organs.

I'd like my healthcare agent to decide that after I die.

I'm not sure.

I have additional thoughts on this...

Type here...

If you chose the first answer, **I want to donate my organs to help save someone else's life...**, a follow-up set of questions will appear, asking **Which organs do you want to donate?**

Select one of the two options by clicking the corresponding circle or row. If you chose the second option, ***I choose to donate only the following...***, you must specify your answer in the text box provided.

Q What are your thoughts on organ and tissue donations?

I want to donate my organs to help save someone else's life...

Which organs do you want to donate?

All organs

b → I choose to donate only the following...

Type here...

I want to donate my entire body.

I don't want to donate my organs.

Include additional comments you may have for your care providers in the text box provided below the list of choices.

Save Your Selections and Continue

Click ***Save and Continue*** to navigate to the next page, My Health Care Agent.



Section 5: My Thoughts

Navigate to My Thoughts

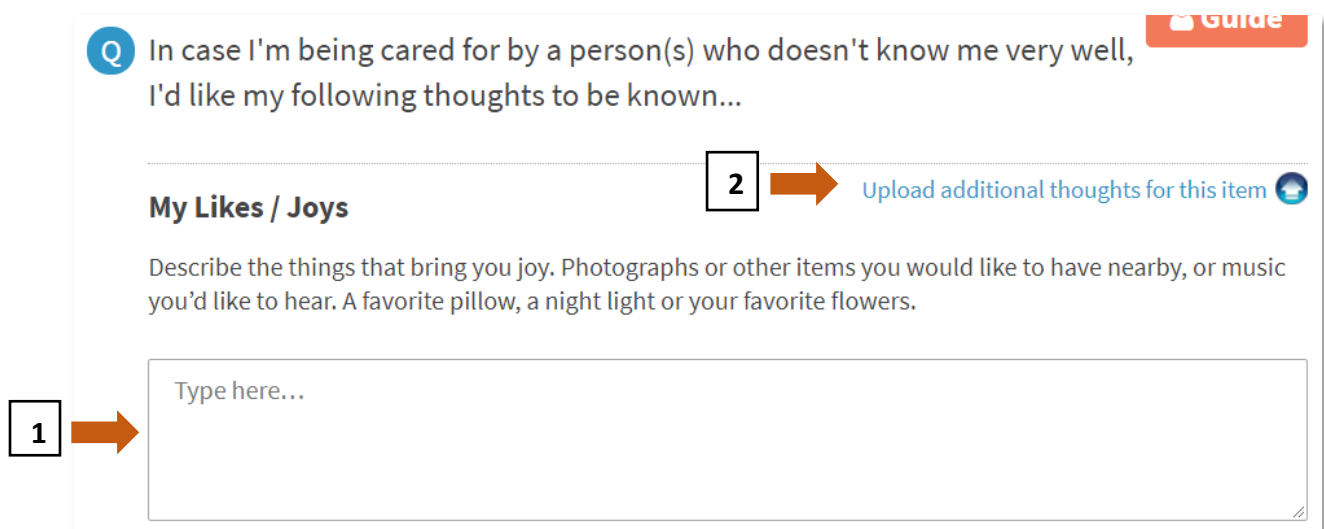
To navigate to the page labeled ***My Thoughts***:

1. Scroll to the top of the page and hover over ***My Decisions***
2. A dropdown menu will appear. Please select ***My Thoughts***
3. You may click on the orange Guide button for potentially useful information



Question 1: My Likes / Joys

1. In the text box, you may share your likes / joys.
2. If you had created a separate document describing your relevant thoughts, can you upload the document by clicking on the text “Upload additional thoughts for this item.”



Other Question

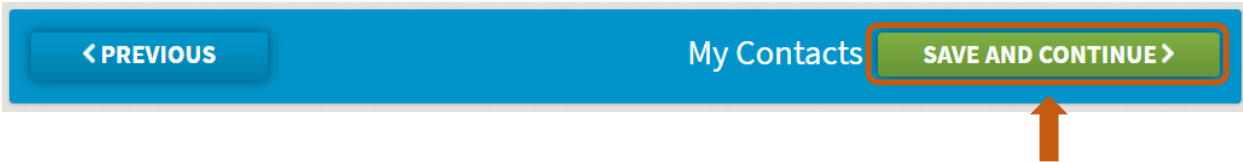
Follow this same process for:

- ***My Dislikes/Fears***
- ***How to Care for Me***
- ***My Religion***
- ***My Unfinished Business***
- ***If I Were to Pass Away***
- ***Laughter***
- ***Message to People Who Matter to Me***

- **Information People May Need to Know**

Save and Continue

Click **Save and Continue** to navigate to the next page, **My Contacts**

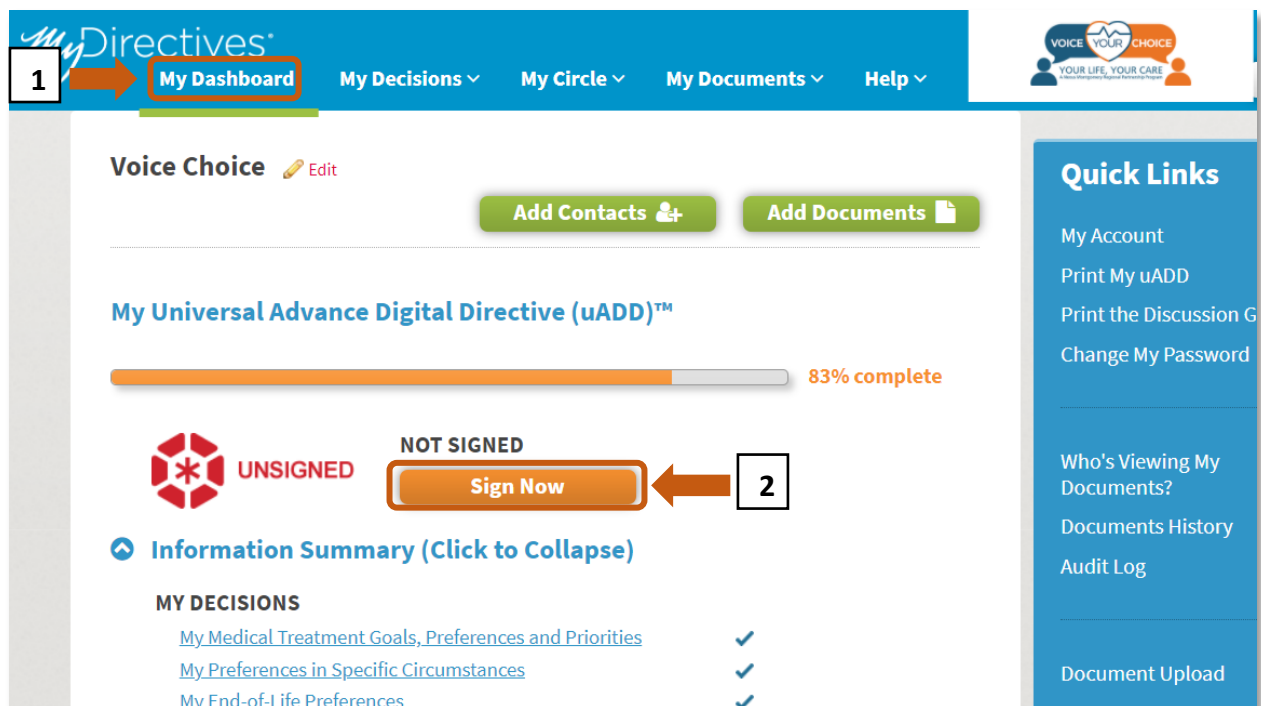


Reviewing and Signing Your Advance Care Plan

Navigate to Sign My Documents

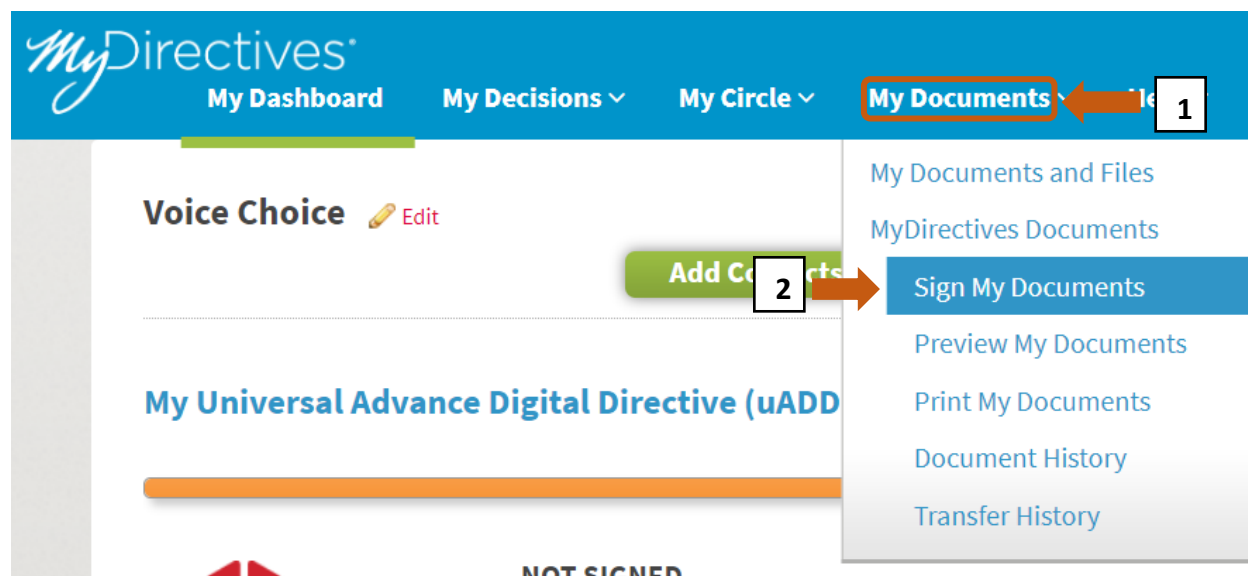
To navigate to the page for signing your advance care plan:

1. Scroll to the top of the page and click: **My Dashboard**
2. Choose **Sign Now**



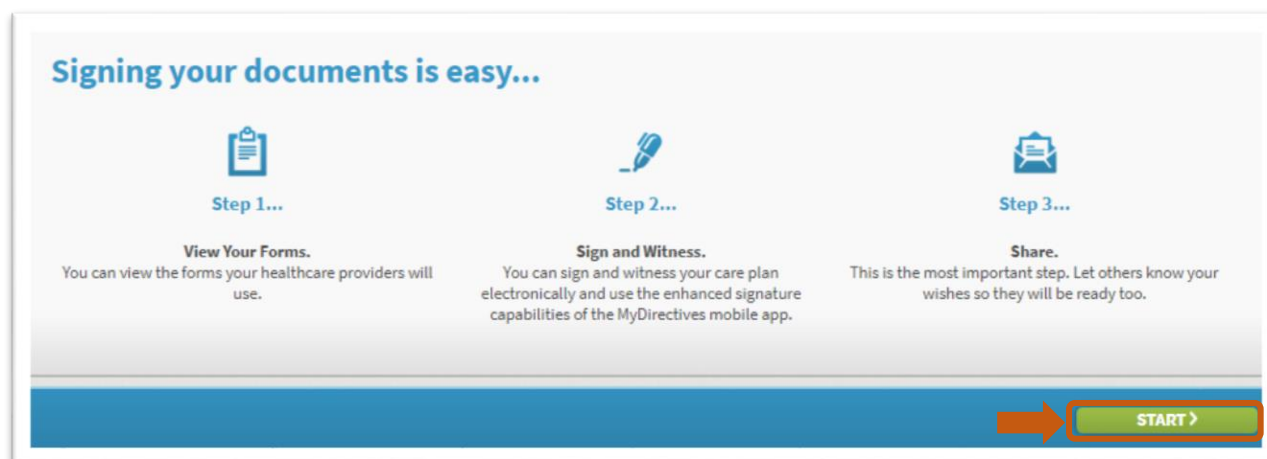
OR

1. Scroll to the top of the page and hover your mouse over **My Documents**
2. A dropdown menu will appear. Please select **Sign My Documents**



Review Your Advance Care Plan

This is the start of signing process. Select **START** - You will be directed to **Review My Documents**



On the Review My Documents page, you will be presented with a preview of your advance care plan (Universal Advance Digital Directive). Review your advance care plan by scrolling through the document. You can print out your advance care plan to review the paper copy by pressing: **Print**.

[Review the changes](#) you've made.

Review: [My Answers](#)

Preview: [uADD](#) | [HIPAA](#) | [Summary](#) | [Signing Certificate](#)



[Print](#) [Full Screen](#)

Universal Advance Digital Directive (uADD™)

Voice Choice

It is very important for you to discuss your medical treatment goals and wishes with your healthcare agent, your family, and your medical care providers. Keep in mind that advance medical directives are simply expressions of your medical treatment goals and preferences. There is no guarantee that your medical care providers will follow all of your wishes, but one thing is certain: **If your advance medical directives cannot be quickly located and retrieved in a time of need, then medical care providers, your family and friends will not be able to take your wishes into consideration when they make critical decisions regarding your treatment.**

Part 1

Appointment of a Primary Healthcare Agent and Alternate Healthcare Agents

*IF THIS PART OF THE uADD™ IS LEFT BLANK, I DO NOT WANT TO DESIGNATE A HEALTHCARE AGENT AT THIS TIME, AND I DO NOT WANT A DEFAULT HEALTHCARE AGENT DESIGNATED FOR ME UNDER APPLICABLE LAW.
I TRUST THE DOCTORS AND NURSES TREATING ME TO MAKE*

While reviewing the document, if you would like to make edits to any section, click on the **Edit** button and you will be directed to that specific section where you can revise your answer, as shown in the sample screenshot below. While on the page for revising your answers, you will have the option to (A) **Don't Save and Go Back** to the **Review My Documents** page, or (B) **Save** your changes and go back to the **Review My Documents** page.

- I'd like my healthcare agent to decide that after I die.
- I'm not sure.

I have additional thoughts on this...

Type here...

[Don't save and go back](#)

A

[Back to My Documents](#)

[SAVE >](#)

B

Sign Your Advance Care Plan

Once you are satisfied with your advance care directive, you can click: **SIGN NOW**

then jurisdiction, in addition to having witnesses sign the uADD. Other jurisdictions allow the uADD to be signed by a notary public without requiring witnesses.

Notary Public

In my presence on _____ (date), _____ (name) acknowledged his/her signature on this uADD or acknowledged that he/she authorized the person signing this uADD to sign on his/her behalf. I am not named as a healthcare agent or alternate healthcare agent in this document.

Signature of Notary
My commission expires on _____ (date)

[TOP](#)

SIGN NOW >

Sign in Again

You will be instructed to sign in again:

1. Enter your **Username**
2. Enter your **Password**
3. Click **SIGN IN AND CONTINUE**

Sign

First, sign in again for your security...

To make sure you are the person named in the document, please re-enter your email address and password.

Username may be your email address

Username:

Password:

Show password

SIGN IN AND CONTINUE

Type in Your Signature

1. On the next page, type your name as you would like it to appear on the signature page of your documents
2. Click **SAVE AND CONTINUE**

Sign

Now, type your name as you want it to appear on the signature page of your uADD and the HIPAA Authorization Form...

Type your name in the box below:

Signed By: _____ Date: _____

1

2

SAVE AND CONTINUE

Notify Your Healthcare Agent(s)

1. Select the healthcare agents to be contacted via email by ensuring that the checkbox next to their name is checked. The checkbox(es) should be checked already if you had previously selected to notify your health care agent(s) in a previous step. We strongly recommend that you notify your health care agent(s).
2. You may enter a personal message to be sent with the email to your selected health care agent(s)
3. You may select this checkbox to have a copy of the email sent to your personal email
4. Click **NEXT**

Sign

The selected people will be contacted via email to accept or decline to serve as your healthcare agent:

We strongly recommend that you contact your healthcare agents and discuss your treatment goals and priorities with them. These conversations can protect you if a dispute arises. MyDirectives encourages conversations that can help to avoid these disputes. This message will not reveal personal information about you.

- 1 → Mr. John Smith
 Mr. John Test (You have selected to not notify your healthcare agent of his or her role. You can check the box to change your selection and send an invitation.)

Would you like to add a personal message to the email?

Personal Message:

OPTIONAL

2 →

3 → Send a copy of the contact email to me.

4 →

NEXT

***Important: You do not need a witness or a notary when you sign your online advance care plan!**

Confirmation of Signature

The message: ***Congratulations! Your advance care plan has been signed!*** will appear to inform you that you have completed the signature phase. At the same time, you will receive an email confirming that you have completed the signature for your uADD (advance care plan).

No additional action is required.

My Documents

Sign

Congratulations! Your advance care plan has been signed!



Voice Choice

Signed By:
Voice Choice

Date:
3/8/2021

6123 Montrose Rd, Rockville, MD 20852

The MyDirectives signature process is secure and ensures the integrity of your uADD. Your uADD can now be located and viewed by doctors. You can also share your uADD with your family, friends, caregivers, or anyone else you want.

SIGN OUT

I am done for now. Sign out of MyDirectives.

What else?

In the real world, doctors, patients, and family members discuss and decide together on almost all medical treatments, but here are some steps you can take to make your uADD even more effective if something happens to you:

VIDEO MESSAGE AND

Use 21st century technology to clearly confirm that your uADD represents your wishes. [More](#)

WITNESS OR NOTARY

Click here to add witness or notary signatures to your uADD. [More](#)

FOLLOW MY WISHES!

Click here to make it clear that you want your uADD followed no matter what. [More](#)

SHARE

Go to My Dashboard, share your uADD with family, friends and your doctors, and see the status of your healthcare agent and witness responses! [More](#)

info@mydirectives.com

Your uADD is signed on MyDirectives

8:15 PM

Verify Your Identity (optional)

On the platform, you have the option to verify your identity by providing additional information. By doing so, you help your health care provider to confirm that the advance care plan uploaded is in fact yours. This is particularly important in cases where your name may match other names in the database. To verify your identity, complete the following steps.

Login and Go to My Dashboard

1. If you have logged out, log back into your account by following the instruction on page 28, under the Section “Sign in Again.”
2. If it doesn’t automatically come up, scroll to the top of the webpage and click on “**My Dashboard**.”
3. After the My Dashboard page loads, click on “**My Account**.”

The screenshot shows the MyDirectives website interface. At the top, there is a blue navigation bar with the MyDirectives logo on the left and a 'SIGN OUT' button on the right. The navigation menu includes 'My Dashboard', 'My Decisions', 'My Circle', 'My Documents', and 'Help'. The main content area displays 'Voice Choice' with an 'Edit' button, 'Add Contacts', and 'Add Documents' buttons. Below this is a progress bar for 'My Universal Advance Digital Directive (uADD)' which is 100% complete. A status box indicates 'SIGNED, SECURE & ACTIVE' with a date of 'Mar 8, 2021 09:05 PM CST' and 'Version 5'. A 'Send my advance care planning documents...' button is at the bottom left. On the right, a 'Quick Links' sidebar contains 'My Account', 'Print My uADD', 'Print the Discussion Guide', 'Change My Password', 'Reconfirm My Documents', 'Who's Viewing My Documents?', 'Documents History', and 'Audit Log'. Red boxes and arrows highlight 'My Dashboard' in the navigation bar with a '2' in a box, and 'My Account' in the Quick Links sidebar with a '3' in a box.

Enter Additional Identifying Information

1. In the “Identifying Information” section near the top, fill in additional identifying information requested. The only additional required information include:
 - a. Gender
 - b. Address



Identifying Information

1

All fields are required, unless marked OPTIONAL.

Title:

First Name:

Middle Name:

Last Name:

Suffix:

Date of Birth:

Gender:

1a

Country:

Address 1:

Address 2:





City:

State:

Zip Code:

1b

2. Provide as much other optional information as you are comfortable with. The more information you provide, the easier it is for your health care provider to confirm that this is in fact your account.
 - a. home phone number (optional)
 - b. mobile phone number (optional)
 - c. social security number (optional)
 - d. Driver's License state and number (optional)
 - e. Photo (optional)

Email:	sample-email@email.com	
Home Number:	 ▼	OPTIONAL
Mobile Number:	 ▼	OPTIONAL
Business Number:	 ▼	OPTIONAL
Why do we ask for this information?		
Social Security Number:		OPTIONAL
Drivers License:	▼	OPTIONAL
Photo:	 Select a photo (OPTIONAL)	

Annotations: 2a points to Home Number, 2b to Mobile Number, 2c to Social Security Number, 2d to Drivers License, and 2e to Photo.

Verify Your Identity or Opt-out of Identity Verification

On the same “My Account” page you can further verify your identity or choose to opt out of further identity verification.

1. To verify your identity further, provide the required information in the “Identity Verification” section:
 - a. Social security number
 - b. Mobile phone number
2. You can also verify using your social security number and a credit card number by clicking the “***click here***” link in “***Please click here to switch to the validation with a credit card.***”
3. Then click “***Verify Identity***”

Identity Verification [Why?](#) **1**

You have updated your personal information and we need to re-verify your identity.

This service is entirely FREE to you.

To continue we need your Name, Address, Social Security Number and Mobile Phone Number.

If you are unable to verify your identity using a mobile phone you may use a credit card instead. We do not store your credit card details. Please [click here](#) to switch to the validation with a credit card. **2**

Social Security Number: **1a**

Mobile Phone: **1b**

VERIFY IDENTITY **3**

4. To opt-out of identity verification:

- a. Enter a “fake” social security number and mobile phone number, such as shown below
- b. click “**Verify Identity**”
- c. When the system cannot verify your identity with the information provided, a new button will appear, labeled as: “**Opt-Out of Identity Verification.**” Click on that button.

Identity Verification [Why?](#)

You have updated your personal information and we need to re-verify your identity.

This service is entirely FREE to you.

To continue we need your Name, Address, Social Security Number and Mobile Phone Number.

If you are unable to verify your identity using a mobile phone you may use a credit card instead. We do not store your credit card details. Please [click here](#) to switch to the validation with a credit card.

Social Security Number: 123-45-6789 **4a**

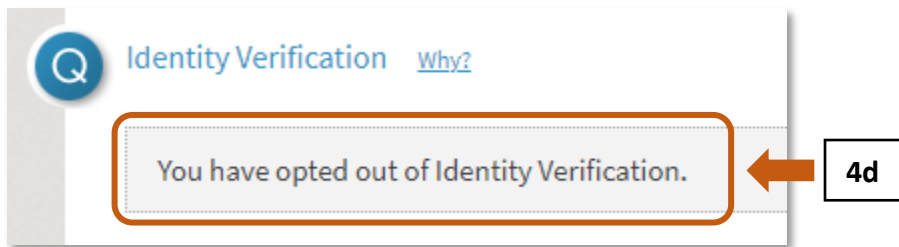
Mobile Phone: (202) 555-5555

VERIFY IDENTITY **4**

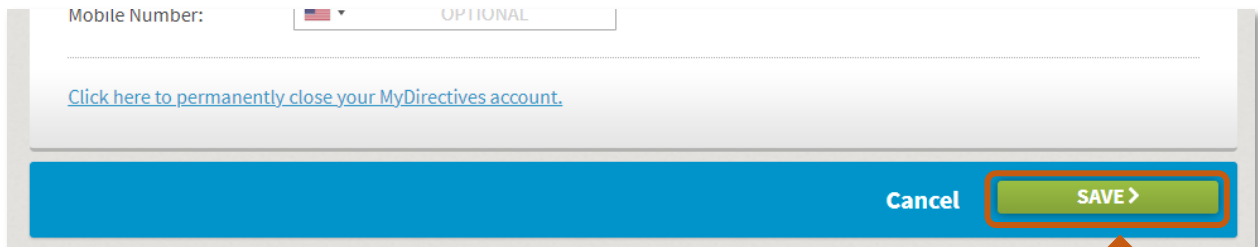
[Unable to verify your identity?](#)

OPT-OUT OF IDENTITY VERIFICATION **4c**

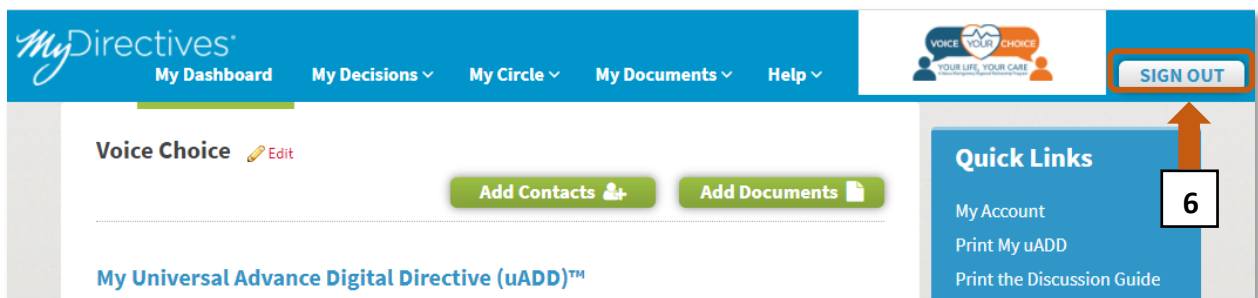
- d. Once opted out, the webpage will confirm that you have opted out of identity verification by displaying the message ***“You have opted out of Identity Verification.”***



5. After entering all the information you wish to provide, click ***“Save”*** at the bottom of the screen.



6. You can now logout of your account, by clicking ***“Sign Out.”***



Congratulations!

You have completed your online advance care plan. Now your values and preferences will be known if you are unable to speak for yourself and your plan will be more accessible in an emergency and mobile across all sites of care. Be sure to let your doctor, health care agent and those who matter most to you, know about the creation of your online plan. You should also review your plan periodically. If you would like to upload any documents to your account, see the “How to Upload Advance Care Planning Documents” guide. There are more tools in the “Additional Resources for Online Advance Care Planning” guide. Both can be found on the community resources page.