



How to Upload an Existing Paper 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.

Voice Your Choice is proud to offer an online tool that allows your advance care planning documents to be easily accessed in an emergency and mobile across all types of health care settings and providers. We are committed to supporting you in uploading your advance care planning documents. This detailed step-by-step manual will guide you through the process. If you would like to explore additional tools and resources, 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 <u>Voice Your Choice website</u> where you can find <u>resources</u> that will provide key information about advance care planning.



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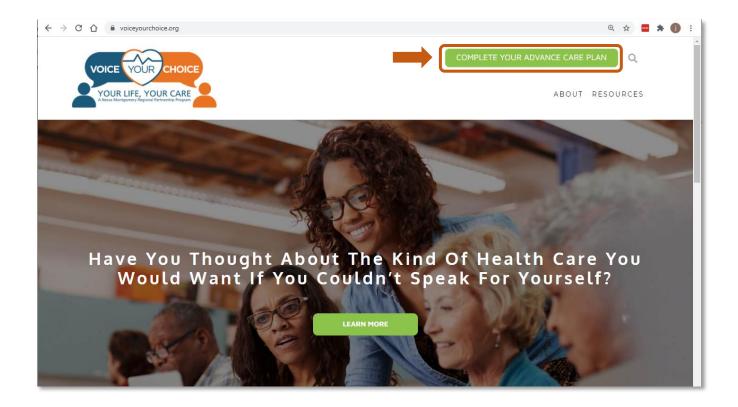


Creating Your Account

Step 1: 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 <u>www.VoiceYourChoice.org</u>. This will bring you to the Voice Your Choice website (see picture below).

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

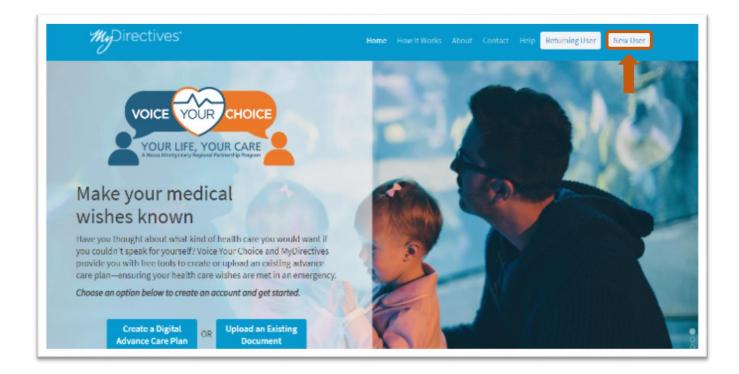


Step 2: Register Your Account

Voice Your Choice partners with MyDirectives to offer you this free online advance care planning platform.

Once the platform loads, click on the *New User* button:





Create Your Online Account:

- 1. Fill in your first and last name
- 2. Choose a username
- 3. Enter your personal email address (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

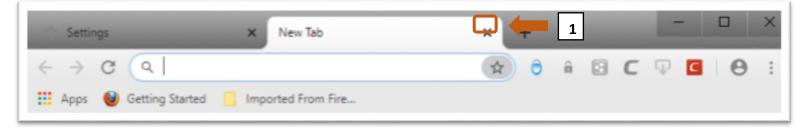


MyDirectives [.]	YOICE YOUR CHOICE YOUR LIFE, YOUR CARE YOUR LIFE, YOUR CARE YOUR STRATEGY Figure Freeze Figure
6 📥 Sign up	with Facebook f É Continue with Apple
First Name	Last Name
Username 1	Email
Mobile Phone ()	Date of Birth Month V Day Vear V 🛗 🗲 5
CANCEL	

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

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*."

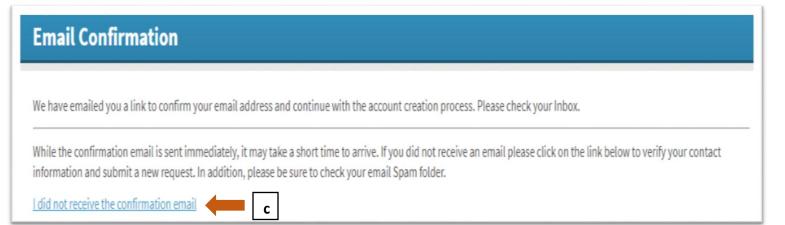
	Confirm your email address on MyDirectives Index x			8	Ľ
+	info@mydirectives.com to me *	5:12 PM (1 minute ago)	☆	*	:

If you did not receive an email:

a) Wait for a minute and refresh your inbox



- b) Check your spam folder
- c) If neither of these options work, 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 in your browser and hit enter

Welcome to MyDirectives!

You are taking a positive step by making your healthcare wishes known. MyDirectives lets you revisit your account at any time to review and update your documents, add or edit your contacts and print or share your files.

In order to continue, please click on the button below to verify your email address.



If clicking the button doesn't work, please copy the following URL and paste it into your browser.

https://secure.mydirectives.com/Onboarding/ConfirmAccount/fdadaad9f3ae4df199ac1a8c20b787f0? utm_source=VoiceYourChoice&utm_medium=pn&pk_campaign=VoiceYourChoice

Thank you for using MyDirectives!



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Next, you will see the page below.

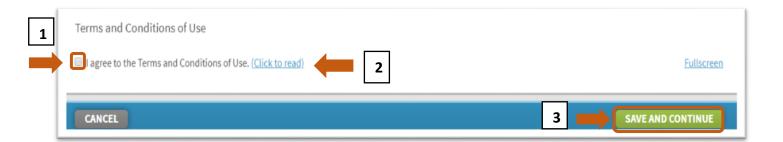
- 1. Create a password that includes at least 1 capital letter, 1 lowercase letter, 1 number, 6 characters, and does not include spaces
- 2. Enter the same password in the second text box to match the first

*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.

Your email address has been	confirmed.	
Please create a password so y	ou can sign in at any time to view and upda	te your information
Create a Password		
Password		
Confirm Password		
	2	
Show Passwords		
✓ Passwords match		
Your password must:		
✓ have at least 1 capital letter		
✓ have at least 1 lowercase letter	*Important	
 have at least 1 number 	*Important	
 be at least 6 characters 		

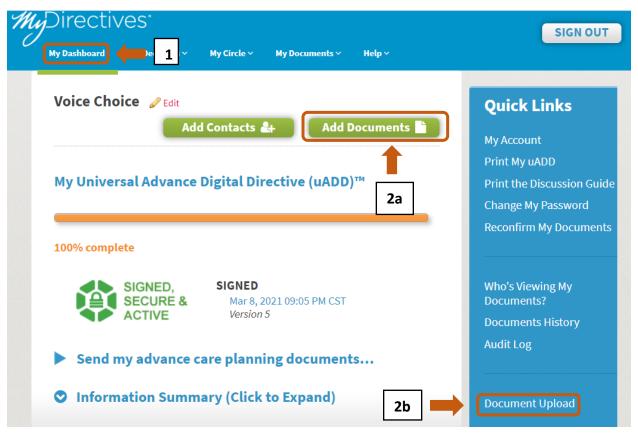
- 1. Check the box to agree to the Terms and Conditions of Use
- 2. If you would like to read the details, you can click the blue text
- 3. Click *Save and Continue*





Uploading Documents

- 1. Scroll to the top of the webpage and click *My Dashboard*
- 2. After the Dashboard displays, choose:
 - a) Add Documents OR
 - b) Document Upload on the right side of the page



3. The My Documents and Files page will load. Go to the bottom of the webpage and click: *Select a File*



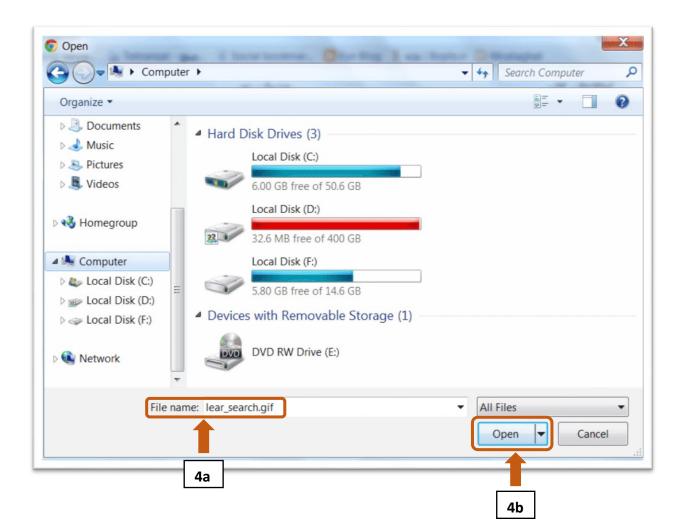
My Documents and File	S			
MyDirectives [®] Documents				
Title	Status	Туре		Actions
HIPAA	Created	HIPAA		Preview Download
Uploaded Documents				Add New Document
Title Status	Source Type	Last Updated	Created On	Actions
	Your uploaded documents will	appear here once you have completed the	process	
Add Document				
What do you want to call this document?	What type of document is this?	When was this	document created?	
	Please Select	▼ Month ▼	Day▼ Year▼ 🛗	
Choose your method to upload.	Image Conversion/File Restriction	ns		
Select a File OR	Drag and Drop	Prepare a Fax Cover Sheet		
C 3				Skip and Continue

 You will be given access to your saved files on your computer. Choose which file you want to upload. (You may only choose to upload either images 7 MB or smaller, PDFs 50 MB or smaller, audio 50 MB or smaller, or videos 75 MB or smaller – Word documents are not feasible.)

The name of the file will appear in the box labeled File name.

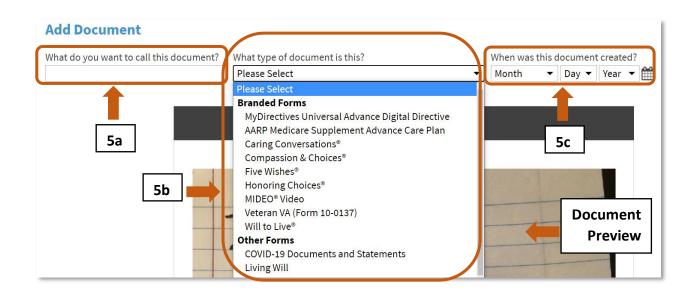
- a. After selecting the document, make sure the name of the file appearing in the File name box is correct.
- b. Click **Open**.



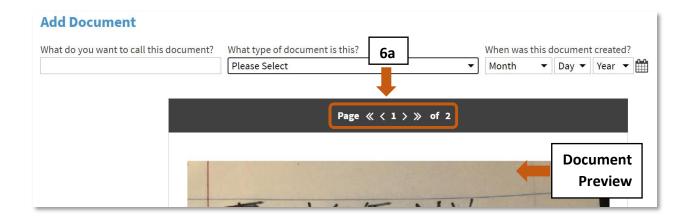


- 5. A preview of your file will appear. Provide the information requested to complete the upload.
 - a. Type in a name for the document.
 - b. Click on the dropdown box and select the type of form
 - c. Enter the date the document was created.





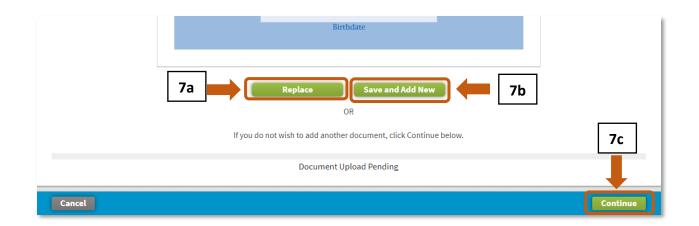
- 6. Review the document in the preview window.
 - a. Review all pages of the document using the navigation arrows. Clicking the single arrows ("<" and ">") will advance the document to the next page in either direction, click the double arrows ("<<" and ">>") will advance the document to either the beginning or the end.
 - b. Review the entire document to ensure that you have uploaded the correct document.



- 7. After reviewing the uploaded document:
 - a. If you need to replace the document with another one, click: *Replace*. You will be able to choose another file from your computer, as described above.



- b. If you would like to upload more files, you can choose Save and Add New
- c. Once you are satisfied with the document(s) you uploaded, click: *Continue*.



8. To view documents you have uploaded, go to the section in the middle of the webpage titled: *Uploaded Documents*. Your uploaded documents will be listed as show below. You have the option to *Edit*, *Delete*, or *Download* any of the documents you uploaded by clicking on the appropriate link to the right.

Uploaded Doc	uncrits				· ·	Add New Document
Title	Status	Source	Туре	Last Updated	Created On	Actions
A note to my family	Confirmed	Upload	Advance Statements and Decisions	10/16/2020	10/15/2020	Edit Delete Download
Family FYI: Sample	Confirmed	Upload	Caring Conversations [®]	03/23/2020	03/01/2019	Edit Delete Download
Wishes Sample Test	Confirmed	Upload	Five Wishes®	03/23/2020	01/02/2018	Edit Delete

Optional - Identity Verification Step

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.



Step 1: Login and Go to My Dashboard

- 1. If you have logged out, log back into your account.
- 2. If it does not 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*."

МуD	Directives My Dashboard	My Decisions Y My Circle Y	My Documents 🗸	Help ~	VOICE THE CHOICE
	Voice Chope 2 My Universal Advan	Add Conta	ти	cuments 🖿	Quick Links My Account Print My uADD Print the Discussion Guide Change My Password
	Signed, Secure a Active	SIGNED Mar 8, 2021 09:05 PM CST Version 5 te care planning documents		mprete	Reconfirm My Documents Who's Viewing My Documents? Documents History Audit Log

Step 2: 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 Informat	ion 1
All fields are required	d, unless marked OPTIONAL.
Title:	~
First Name:	Sample
Middle Name:	OPTIONAL
Last Name:	sample
Suffix:	~
Date of Birth:	September 🗸 1 🖌 1975 🖌
Gender:	· · · ·
Country:	USA 🗸
Address 1:	
Address 2:	OPTIONAL
City:	
State:	~

- 2. Provide as much of the additional 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 (optional)
 - e. photo (optional)



Email:	sample-email@email.com]
Home Number:	OPTIONAL	2 a
Mobile Number:	OPTIONAL	2b
Business Number:	OPTIONAL	
Why do we ask for this info	rmation? OPTIONAL	2c
Drivers License:	✓ OPTIONAL	2d
Photo:	Select a photo (OPTIONAL)	2 e

Step 3: 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
- You can also verify using your social security number and a credit card number by clicking the "*click here*" link in "*Please <u>click here</u> to switch to the validation with a credit card*."
- 3. Then click "Verify Identity"



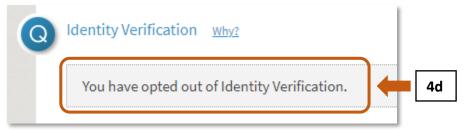
Identity Verification w		1	
You have updated you	personal informa	tion and we need to re-verify your id	entity.
This service is entirely F To continue we need yo		s, Social Security Number and Mot	pile Phone Number.
If you are upable to ye Please <u>click here</u> to sw		on with a credit card.	2 card instead. We do not store your credit card details.
Social Security Number			1a
Mobile Phone:	•	OPTIONAL	1b
	VERIFY ID		

- 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.

Tou nave updated your p	personal information and we need to re-verify your identity.	
This service is entirely FRI	EE to you.	
To continue we need your	r Name, Address, Social Security Number and Mobile Phone Number.	
	y your identity using a mobile phone you may use a credit card instead. We do not store your credit can th to the validation with a credit card.	rd details
Flease <u>click flere</u> to switc		
Social Security Number:	123-45-6789 4a	
Mobile Phone:	• (202) 555-5555	
	<u>Unable to verify</u>	<u>your id</u>
	VERIFY IDENTITY 4 OPT-OUT OF IDENTITY VEF	RIFICAT



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.

Mobile Number:	OPTIONAL				
<u>Click here to permanently clos</u>	e your MyDirectives accour	<u>it.</u>			
			Cance		SAVE >
					1
You can now lo	gout of your ac	count, by clic	king " Sign Ou	't."	5
Directives					

ľ	My Dashboard	My Decisions ~	My Circle 🗸	My Documents ~	Help ~	YOUR LIFE, YOUR CARE	SIGN OUT
	Voice Choice 🖉 Edit		Add Contacts 🔐 🔹 Add Documents 🖿		Quick Links		
My Universal Advance Digital Directive (uADD)™						My Account Print My uADD Print the Discussion	6 Guide

Congratulations!

You have uploaded your advance care planning documents. Now your values and preferences will be known if you are unable to speak for yourself, 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 upload of your advance care planning documents. You should also review your documents periodically. You can set up a reminder on your account and choose the frequency. There are more tools in the "Additional Resources for Online Advance Care Planning" guide that can be found on the community resources page.

