



Patient Advocates:

Making sure someone you trust can speak for you when you can't



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WHO IS A PATIENT ADVOCATE?

A patient advocate is someone age 18 or older that you choose to make medical or mental health decisions for you if you can't speak for yourself.

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WHO MAY BE MY BEST PATIENT ADVOCATE?

Your patient advocate does not have to be your spouse or family. It can be a trusted friend who knows you well and will respect your medical wishes.

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DO I NEED A PATIENT ADVOCATE ONLY IF I'M SERIOUSLY ILL?

No. Any adult can benefit from having one. It is better to choose your patient advocate in advance, not during a crisis when you may be unable to make decisions yourself.

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HOW IS A LIVING WILL DIFFERENT FROM A PATIENT ADVOCATE DESIGNATION FORM?

In Michigan, a living will alone is not legal. You will need a **PATIENT ADVOCATE DESIGNATION FORM** to officially name your patient advocate. The form names who can make decisions for you. A living will lists the care you want.

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WHY IS IT IMPORTANT TO DOCUMENT HAVING A PATIENT ADVOCATE?

Most people in Michigan don't have a patient advocate. Having one ensures someone you trust can make medical choices for you if you can't. Please be aware: a power of attorney for your finances does not have authority to make decisions regarding your health care.

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WHO CAN BE MY WITNESS?

It can be as simple as two adults in the waiting room of your doctors office. Other examples include friends or work associates.

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HOW MANY WITNESSES DO I NEED?

You will need two adults. They **cannot** be your family, doctor, the designated patient advocate, or anyone who works where you get care.

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WITH WHOM SHOULD I SHARE MY PATIENT ADVOCATE DESIGNATION FORM?

Share the form with your patient advocate so they understand their role and can speak on your behalf, and provide a copy to your healthcare provider to keep on file.

EXAMPLES OF ACCEPTED PATIENT ADVOCATE DESIGNATION FORMS:

- ✓ Medical Power of Attorney Form
- ✓ Health Care Proxy Form
- ✓ Durable Power of Attorney for Health Care (DPOA-HC)
- ✓ Designation of Patient Advocate Form
- ✓ Five Wishes