

# Minnesota Health Care Directive

(Minnesota Daim Ntawv Muab Cai Txiaiv Txim Kev Kho Mob)

I, \_\_\_\_\_, understand this document allows me to do **ONE OR BOTH** of the following:

Kuv, \_\_\_\_\_, nkag siab tias daim ntawv no pub kuv ua **IB LOS YOG OB** qho hauv qab no:  
<Translation>

- (Part 1 of form):** Name another person (called the health care agent) to make health care decisions for me if I am unable to decide or speak for myself. My health care agent must make health care decisions for me based on the instructions I provide (if any) in part 2 of this document, the wishes I have made known to him or her, or must act in my best interest if I have not made my health care wishes known.

**(Feem 1 ntawm daim ntawv):** Taw ib tug neeg (hu ua health care agent) kom los txiaiv txim siab rau kuv cov kev kho mob rau kuv thaum kuv txiaiv txim siab tsis taus los yog hais tsis taus lus rau kuv tus kheej. Kuv tus neeg taw los txiaiv txim yuav tsum muaj kev txiaiv txim siab txog txoj kev kho kuv raws li cov kev cob qhia kuv teev tseg (yog tias muaj) ntawm ntu 2 hauv daim ntawv no, qhov kuv xav tau es kuv twb yeej qhia rau nws paub, los yog yuav tsum tau koj/ua sawv cev rau qhov kom zoo tshaj rau kuv yog tias kuv tsis tau qhia txog kuv cov kev xav kom kho kuv li cas.)

## AND/OR (THIAB/LOS YOG)

- (Part 2 of form):** Give health care instructions to guide others making health care decisions for me. If I have named a health care agent, these instructions are to be used by the agent. These instructions may also be used by my health care providers, others helping with my health care and my family, in the event I can't make decisions for myself.

**(Feem 2 ntawm daim ntawv):** Muab cov kev cob qhia txog kev kho mob kom taw qhia rau lwm tus txog txoj kev txiaiv txim siab rau kuv. Yog koj tau taw ib tug neeg txiaiv txim, cov kev cob qhia no yuav tsum siv los ntawm tus neeg ntawd. Cov kev cob qhia nov kuj yuav siv los ntawm tus kws kho mob, los ntawm lwm tus neeg pab kho kuv thiab kuv tsev neeg, thaum lub sij hawm kuv txiaiv txim tsis tau rau kuv tus keej lawm.)

## PART 1: Naming a Health Care Agent

(FEEM 1: Taw ib tug Neeg Txiaiv Txim Kev Kho Mob)

**This is who I want to make health care decisions for me if I am unable to decide or speak for myself.**

**(Tus nov yog tus neeg yuav muaj cai txiaiv txim siab rau kuv txoj kev kho mob yog tias kuv tsis muaj peev xwm txiaiv txim siab los yog hais lus sawv cev kuv tus kheej.)**

- I can change my agent or alternate agent at any time.

(Kuv yeej hloov tau kuv tus neeg txiaiv txim kev kho mob los yog tus neeg txiaiv txim kev kho mob lawv qab txhua lub sij hawm.)

- I do not have to appoint an agent or an alternate agent.

*(Kuv tsis tas yuav taw tsa ib tug neeg txiav txim kev kho mob los yog tus neeg txiav txim kev kho mob thib ob.)*

**NOTE:** If you appoint an agent, talk about this health care directive with them, and give them a copy. If you don't want to appoint an agent, leave Part 1 blank and go to Part 2.

*(SAU CIA: Yog koj taw tsa ib tug neeg txiav txim kev kho mob, tham txog daim ntawv muab cai txiav txim kev kho mob nrog lawv, thiab luam ib daim qauv rau lawv. Yog tias koj tsis xav taw tsa ib tug neeg txiav txim kev kho mob, tsis txhob sau dabtsi rau Feem 1 thiab mus rau Feem 2.)*

**Appointment of Health Care Agent (Taw Tsa tus Neeg Txiv Txim Kev Kho Mob)**

When I am unable to decide or speak for myself, I trust and appoint

*(Thaum kuv tsis muaj peev xwm txiav txim siab los yog hais lus sawv cev rau kuv tus kheej, kuv ntseeg tias kuv xav taw.)*

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to make health care decisions for me. This person is called my health care agent

*(los muaj cai txiav txim siab txog kuv qhov kev kho mob rau kuv. Tus neeg no hu ua kuv tus neeg txiav txim kev kho mob.)*

Relationship of my health care agent to me

*(Kev txheeb ze ntawm kuv tus neeg txiav txim kev kho mob rau kuv.)*

Telephone number of my health care agent

*(Tus naj npawb xov tooj ntawm kuv tus neeg txiav txim kev kho mob)*

Address of my health care agent

*(Qhov chaw nyob ntawm kuv tus neeg txiav txim kev kho mob.)*

**(Optional) Appointment Of Alternate Health Care Agent**

***(Tsis teb los tau) Taw tsa ib tug Neeg Txiv Txim Kev Kho Mob Thib Ob)***

If my health care agent is not reasonably available, I trust and appoint

*(Yog tias kuv tus neeg txiav txim kev kho mob tsis khoom, kuv ntseeg thiab taw tsa)*

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to be my health care agent instead. This person is called my alternate health care agent.

*(los ua kuv tus neeg txiav txim kev kho mob hloov nws. Tus neeg no hu ua kuv tus neeg txiav txim kev kho mob thib ob.)*

Relationship of my alternate health care agent to me:

*(Kev txheeb ze ntawm tus neeg txiav txim kev kho mob rau kuv.)*

Telephone number of my alternate health care agent:

*(Tus naj npawb xov tooj ntawm kuv tus neeg txiav txim kev kho mob thib ob.)*

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Address of my alternate health care agent:

*(Qhov chaw nyob ntawm kuv tus neeg txiav txim kev kho mob thib ob.)*

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**This is what I want my health care agent to be able to do if I am unable to decide or speak for myself**

*(Qhov no yog qhov kuv xav kom kuv tus neeg txiav txim kev kho mob ua tau yog tias kuv tsis muaj peev xwm txiav txim siab los yog hais lus sawv cev rau kuv tus kheej)*

- I know I can change these choices.  
*(Kuv paub kuv yeej hloov tau cov kev xaiv no.)*
- My health care agent is **automatically** given the powers listed below in (A) through (D). But I can limit these powers if I want to.  
*(Kuv tus neeg txiav txim kev kho mob yeej cia li muaj txoj cai raws li tau teev hauv qab ntawm (A) txog (D). Tabsis kuv yeej txwv cov cai nws muaj no yog tias kuv xav txwv.)*
- My health care agent must follow my health care instructions in this document or any other instructions I have given to my agent.  
*(Kuv tus neeg txiav txim kev kho mob yuav tsum tau ua raws li kuv cov kev cob qhia txog kev kho ntawm kuv nyob hauv daim ntawv no los yog ua raws li lwm cov kev cob qhia kuv tau muab rau neeg txiav txim kev kho mob.)*
- If I have not given health care instructions, then my agent must act in my best interest.  
*(Yog tias kuv tsis tau muab cov kev cob qhia kho mob no, ces kuv tus neeg txiav txim kev kho mob yuav tsum sawv cev rau kuv yam kom zoo rau kuv tshaj.)*

If I am unable to decide or speak for myself, my health care agent has the power to  
*(Yog tias kuv tsis muaj peev xwm txiav txim siab los yog hais lus sawv cev rau kuv tus kheej, kuv tus neeg txiav txim kev kho mob muaj cai):*

(A) Make any health care decision for me. This includes the power to give, refuse, or withdraw consent to any care, treatment, service, or procedures. This includes deciding whether to stop or not start health care that is keeping me or might keep me alive, and deciding about intrusive mental health treatment.

*(A) Txiaiv txim siab txog ib yam kev kho mob rau kuv twg. Qhov no yog muab cai muaj peev xwm tso cai, tsis kam, los yog tshem tawm kev tso cia rau yam kev tu saib xyuas, kev kho, kev pab cuam, los yog ib qho txheej txheem. Qhov no muaj ntxiv thaum txiav txim siab seb puas yuav tsum nres los yog tsis txhob*

*pib ib qho kev kho mob uas uas kom kuv los yog tej zaum cia kuv muaj txoj sia nyob, thiab txiav txim siab txog kev kho puas siab puas ntsws tob.)*

(B) Choose my health care providers. *(B) Xaiv cov kws/tsev kho mob rau kuv.)*

(C) Choose where I live and receive care and support when those choices relate to my health care needs.

*(C) Xaiv seb kuv nyob qhov twg thiab qhov chaw yuav tu kuv thiab pab kuv thaum cov kev xaiv ntawd feem xyuam rau kuv qhov kev kho kuv.)*

(D) Review my medical records and have the same rights that I would have to give my medical records to other people.

*(D) Saib xyuas koj cov ntaub ntawv keeb kwm kho mob thiab muaj txoj cai ib yam li koj yuav muab kuv cov ntaub ntawv keeb kwm rau lwm tus neeg.)*

If I DO NOT want my health care agent to have a power listed above in (A) through (D) OR if I want to LIMIT any power in (A) through (D), I MUST say that here:

*(Yog kuv TSIS XAV kom kuv tus neeg txiav txim kev kho mob muaj cai rau cov tau teev sab saum ntawm (A) txog (D) LOS YOG tias kuv xav TXWV tej qho cai ntawm (A) txog (D), Kuv YUAV TSUM hais qhov ntawd rau nov):*

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My health care agent is NOT automatically given the powers listed below in (1) and (2) / *(Kuv tus neeg txiav txim kev kho mob TSIS cia li tau qhov cai muaj peev xwm uas tau li teev hauv qab ntawm (1) thiab (2).)*

If I WANT my agent to have any of the powers in (1) and (2), I must INITIAL the line in front of the power; then my agent WILL HAVE that power.

*(Yog kuv XAV kom kuv tus neeg txiav txim kev kho mob muaj tej qho cai rau cov tau teev ntawm (1) txog (2), Kuv yuav tsum sau tus tsiaj ntawv ntawm kuv lub npe INITIAL rau txoj kab ua ntej ntawm kab lus muaj cai; ces kuv tus neeg txiav txim kev kho mob YUAV MUAJ cai txiav txim siab rau qhov ntawd.)*

\_\_\_\_ (1) To decide whether to donate any parts of my body, including organs, tissues, and eyes, when I die.

*(Kom txiav txim siab seb koj puas xav muab tej qho khoom ntawm kuv lub cev rau lwm tus neeg, xws li cov khoom hauv nruab nrog, cov nqaij, thiab qhov muag thaum koj tag sim neej.)*

(2) To decide what will happen with my body when I die (burial, cremation).

\_\_\_\_\_ *(Kom txiav txim seb yuav ua li cas rau kuv lub cev tom qab kuv tag sim neej (muab hlaws, muab faus).*

If I want to say anything more about my health care agent's powers or limits on the powers, I can say it here

*(Yog tias kuv xav hais dabtsi kom ntau dua txog kuv tus neeg txiav txim kev kho mob qhov cai muab rau nws los yog txwv qhov cai, kuv hais tau ntawm no):*

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## **PART 2: Health Care Instructions**

**(FEEM 2: Kev Cob Qhia rau Kev Kho Mob)**

### **These are instructions for my health care when I am unable to decide or speak for myself.**

*(Tus nov yog cob qhia kuv txoj kev kho mob yog tias kuv tsis muaj peev xwm txiav txim siab los yog hais  
lus sawv cev kuv tus kheej.)*

- These instructions must be followed (so long as they address my needs).  
*(Cov kev cob qhia no yuav tsum tau ua raws (txog thaum lawv tseem qhia tau qhov kuv xav  
tau).*

NOTE: Complete this Part 2 if you wish to give health care instructions. If you appointed an agent in Part 1, completing Part 2 is optional but would be very helpful to your agent. However, if you chose not to appoint an agent in Part 1, you MUST complete some or all of Part 2 if you wish to make a valid health care directive.

*(SAU CIA: Ua kom tiav Feem 2 yog tias koj xav muab kev cob qhia kom paub uas raws rau kev kho mob. Yog tias koj taw tsa ib tug neeg txiav txim kev kho mob ntawm Feem 1, ua kom tiav Feem 2 yog koj kev xav ua xwb tabsis yog ua yuav pab tau rau koj tus neeg txiav txim kev kho mob. Txawm li ntawv los, yog koj txiav txim tsis taw tsa ib tug neeg txiav txim kev kho mob ntawm Fem 1, koj YUAV TSUM ua kom tiav ib co los yog tag nrho ntawm Feem 2 yog tias koj xav kom muaj daim ntawv muab cai txiav txim kev kho mob kom zoo raws cai.)*

### **These Are My Beliefs and Values About My Health Care**

***(Cov No Yog Kuv Cov Kev Ntseeg thiab Saib Muaj Nuj Nqis Txog Kuv Qhov Kev Kho Mob)***

- I know I can change these choices or leave any of them blank.  
*(Kuv paub kuv yeej hloov tau cov kev xaiv no los yog tsis sau dabtsi rau li los tau.)*

I want you to know these things about me to help you make decisions about my health care:

*(Kuv xav kom koj paub txog cov no txog kuv kom pab tau kuv txiav txim siab txog kuv qhov kev kho mob.)*

My goals for my health care

*(Kuv cov hom phiaj rau kuv qhov kev kho mob)*

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**My fears about my health care**

*(Kuv cov kev ntshai txog kuv qhov kev kho mob)*

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**My spiritual or religious beliefs and traditions**

*(Kuv qhov kev ntseeg ntawm tus ntsuj plig los yog kev ntseeg ntawm kev teev ntuj thiab kev cai dab qhuas)*

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**My beliefs about when life would be no longer worth living**

*(Kuv qhov ntseeg txog thaum txoj siab nyob los tsis muaj nuj nqis lawm)*

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**My thoughts about how my medical condition might affect my family**

*(Kuv qhov kev xav txog kuv tus mob yuav cuam tshuam kuv tsev neeg li cas)*

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**This Is What I Want and Do Not Want for My Health Care**  
**(Qhov No Yog Qhov Kuv Xav Tau thiab Tsis Xav Tau rau Kuv Qhov Kev Kho Mob)**

- I know I can change these choices or leave any of them blank.  
*(Kuv paub kuv yeej hloov tau cov kev xaiv no los yog tsis sau dabtsi rau li los tau.)*

Many medical treatments may be used to try to improve my medical condition or to prolong my life. Examples include artificial breathing by a machine connected to a tube in the lungs, artificial feeding or fluids through tubes, attempts to start a stopped heart, surgeries, dialysis, antibiotics, and blood transfusions. Most medical treatments can be tried for a while and then stopped if they do not help.

*(Ntau qhov kev kho mob tej zaum siv kom koj tus mob zoo dua los kom kuv txoj sia nyob ntev zog. Piv txwv muaj xws li cov cuab pa tuaj ntawm ib lub tshuab muaj ib txoj xaiv ntzig mus rau hauv koj lub ntsws, pub zaub mov los yog dej haus rau koj ntawm txog xaim yas, sim kom lub plawv pib dhia thaum nws nres, phais/hlais nqaij, lim ntshav, tso tshuaj tau kab mob, thiab ntzig ntshav. Feem ntau yeej ua sim cov kev kho li no ib ntus thiab mam li tsum yog tias kev kho no tsis pab.)*

**I have these views about my health care in these situations:**

**(Kuv muaj txoj kev xav li ntawm qhov kev kho thaum kuv muaj cov xwm txhej no):**

(Note: You can discuss general feelings, specific treatments, or leave any of them blank.)

*(Sai Cia: Koj yeej tham tau koj qhov kev xav thauj pais, tham tsi ntsees rau ib qho kev kho, los yog tsis sau dabtsi rau li los tau.)*

If I had a reasonable chance of recovery, and were temporarily unable to decide or speak for myself, I would want:

*(Yog tias kuv tseem muaj lub hwm tsam yuav zoo los ntawm tus mob, thiab kuv txiav txim siab tsis tau los yog hais tsis tau lus sawv cev rau kuv tus kheej ib ntus, kuj yeej xav):*

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If I were dying and unable to decide or speak for myself, I would want:

*(Yog tias kuv ze qhov tuag lawm thiab kuv txiav txim siab tsis tau los yog hais tsis tau lus sawv cev rau kuv tus kheej, kuj yeej xav):*

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If I were permanently unconscious and unable to decide or speak for myself, I would want:  
*(Yog tias kuv tsis xeev rov los li lawm thiab kuv txiav txim siab tsis tau los yog hais tsis tau lus sawv cev rau kuv tus kheej, kuj yeej xav):*

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If I were completely dependent on others for my care and unable to decide or speak for myself, I would want:  
*(Yog tias kuv yuav tsum muaj lwm tus neeg tu kuv vim tu tsis taus tus kheej lawm thiab kuv txiav txim siab tsis tau los yog hais tsis tau lus sawv cev rau kuv tus kheej, kuj yeej xav):*

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In all circumstances, my doctors will try to keep me comfortable and reduce my pain. This is how I feel about pain relief if it would affect my alertness or if it could shorten my life:  
*(Tag nrho rau cov xwm txheej, kuv cov kws kho mob yuav pab kom kuv nyob taus thiab kom txo tau kom kuv ntoog taus kuv qhov mob. Qhov no yog qhov kuv xav txog cov tshuaj txo kuv qhov mob yog tias nws yuav muaj kev cuam tshuam rau qhov kuv mee pem los yog nws kuj yuav rau kuv txoj siab luv zog):*

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**There are other things that I want or do not want for my health care, if possible:**  
*(Muaj lwm yam kuv xav tau los yog tsis xav tau rau kev qhov kev kho mob, yog tias ua tau):*

Who I would like my doctor to be:  
*(Leej twg yog tus kuv xav tau los yog kuv tus kws kho mob):*

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Where I would like to live to receive health care:

*(Kuv xav nyob qhov twg kom tau txais kev kho mob):*

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Where I would like to die and other wishes I have about dying:

*(Kuv xav tag sim neej qhov twg thiab lwm yam kuv xav tau txog kev yuav tuag):*

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My wishes about donating parts of my body when I die:

*(Cov kev ntshaw ntawm txog muab tej qho ntawm kuv lub cev pub rau lwm tus neeg thaum kuv tag sim neej):*

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My wishes about what happens to my body when I die (cremation, burial):

*(Cov kev ntshaw ntawm seb yuav muab kuv lub cev ua li cas thaum kuv tag sim neej (muab hlawv, muab faus):*

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Any other things:

*(Lwm yam)*

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## PART 3: Making the Document Legal

### FEEM 3: Muab cov Ntaub Ntawv ua kom Raws Cai

This document must be signed by me. It also must either be verified by:

*(Daim ntawv no yuav tsum tau kos npe los ntawm kuv. Nws kuj yuav tsum tau muaj pov thawj tseeb los ntawm):*

- 1) a notary public (Option 1 below)  
*(Qhov Xaiv 1 hauv qab)*

OR *(LOS YOG)*

- 2) witnessed by two witnesses (Option 2 below)  
*(muaj 2 tus tim khawv pom) (Qhov xaiv 2 hauv qab)*

It must be dated when it is verified or witnessed.

*(Nws yuav tsum tau muaj hnuv tim sau rau thaum muaj pov thawj los yog tim khawv pom.)*

I am thinking clearly, I agree with everything that is written in this document, and I have made this document willingly.

*(Kuv yeej xav meej pem, Kuv pom zoo txhua yam sau rau hauv daim ntawv no, thiab kuv yeej sau daim ntawv no yam tsis muaj neeg yuam kuv.)*

\_\_\_\_\_  
*(my signature) (kuv lub npe kos)*

Date signed:

*(Hnuv tim kos npe)* \_\_\_\_\_

Date of birth:

*(Hnuv Yug)* \_\_\_\_\_

My address *(Kuv qhov chaw nyob):*

\_\_\_\_\_

If I cannot sign my name, I can ask someone to sign this document for me.

*(Yog kuv kos tsis tau kuv lub npe, kuv yeej nug tau lwm tus neeg kos npe rau daim ntawv no rau kuv.)*

\_\_\_\_\_  
*(Signature of the person who I asked to sign this document for me)  
(Kos npe ntawm tus neeg kuv nug kom kos npe rau daim ntawv no rau kuv)*

\_\_\_\_\_  
*(Printed name of the person who I asked to sign this document for me)  
(Lub npe sau kom nyeem tau ntawm tus neeg kuv nug kom kos npe rau daim ntawv no rau kuv)*

**Option 1: Notary Public**  
**(Qhov Xaiv 1: Tus Muab Cai Ntaus Thwj)**

In my presence on \_\_\_\_\_

*(Nyob tim ntsej tim  
muag ntawm kuv)*

\_\_\_\_\_ *(date) (hnub tim)*

\_\_\_\_\_ *(name) (npe)*

acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf. I am not named as a health care agent or alternate health care agent in this document.

*(lees paub tias nws tau xee npe rau daim ntawv no los yog lees paub tias nws tso cai rau tus neeg kos npe rau daim ntawv no kom xee npe sawv cev rau nws. Kuv tsis yog tus muaj npe ua tus neeg txiav txim kev kho mob los yog tus neeg txiav txim kev kho mob thib ob hauv daim ntawv no.)*

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*(Signature of Notary) (Kos npe ntawm tus Muab Cai Ntaus Thwj(Notary)*

*(Notary Stamp) (Notary lub thwj)*

**Option 2: Two Witnesses**  
**(Qhov Xaiv 2: Ob Tug Tim Khawv)**

Two witnesses must sign. Only one of the two witnesses can be a health care provider or an employee of a health care provider giving direct care to me on the day I sign this document.  
*(Ob tug tim khawv yuav tsum xee npe. Tsuas yog ib tug ntawm ob tug tm khawv thiaj li pub yog ib tug neeg kho mob los yog ib tug neeg ua hauj lwm ntawm lub tsev kho mob uas pab tu ncaj qha rau kuv ntawm hnuv kuv kos npe rau daim ntawv no.)*

**Witness One**

**(Tim Khawv Ib):**

1. in my presence on \_\_\_\_\_  
*(Nyob tim ntsej tim \_\_\_\_\_ (date) (hnuv tim) \_\_\_\_\_ (name) (npe) muag ntawm kuv)*  
  
acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf.  
*(lees paub tias nws xee npe rau daim ntawv no los yog lees paub tias nws tso cai rau tus neeg xee npe rau daim ntawv no kom xee npe sawv cev rau nws.)*
2. I am at least 18 years of age *(Kuv muaj hnuv nyoog 18 xyoo)*
3. I am not named as a health care agent or alternate health care agent in this document.  
*(Kuv tsis yog tus muaj npe yog tus neeg txiav txim kev kho mob los yog tus neeg txiav txim kev kho mob thib ob hauv daim ntawv no.)*
4. If I am a health care provider or an employee of a health care provider giving direct care to the person listed above, I must initial this box: \_\_\_\_\_  
*(Kuv yog ib tug kws kho mob los yog ib tug neeg ua hauj lwm ntawm lub tsev kho mob uas pab tu ncaj qha rau tus neeg teev npe saum no, kuv yuav tsum sau tus tsiaj ntawm luv lub npe ntawm lub npov no:)*

I certify that the information in 1 through 4 is true and correct.

*(Kuv lees tias cov ntaub ntawv qhia ntawm 1 txog 4 yeej muaj tseeb thiab thwj.)*

\_\_\_\_\_  
*(Signature of Witness One) (Kos npe ntawm tus Tim Khawv Ib)*

Address of Witness One *(Qhov chaw nyob ntawm tus Tim Khawv Ib)*

\_\_\_\_\_  
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**Witness Two (Tus Tim Khawv Ob):**

1. in my presence on \_\_\_\_\_  
*(Nyob tim ntsej tim muag ntawm kuv) (date) (hnuv tim) (name) (npe)*

acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf.  
*(lees paub tias nws xee npe rau daim ntawv no los yog lees paub tias nws tso cai rau tus neeg xee npe rau daim ntawv no kom xee npe sawv cev rau nws.)*

- 2. I am at least 18 years of age *(Kuv muaj hnuv nyoog 18 xyoo).*
- 3. I am not named as a health care agent or alternate health care agent in this document.  
*(Kuv tsis yog tus muaj npe yog tus neeg txiav txim kev kho mob los yog tus neeg txiav txim kev kho mob thib ob hauv daim ntawv no.)*

4. If I am a health care provider or an employee of a health care provider giving direct care to the person listed above, I must initial this box:   
*(Kuv yog ib tug kws kho mob los yog ib tug neeg ua hauj lwm ntawm lub tsev kho mob uas pab tu ncaj qha rau tus neeg teev npe saum no, kuv yuav tsum sau tus tsiaj ntawm lub lub npe ntawm lub npov no:):*

I certify that the information in 1 through 4 is true and correct.  
*(Kuv pom zoo tias cov ntaub ntawv qhia ntawm 1 txog 4 yeej muaj tseeb thiab thwj.)*

\_\_\_\_\_  
*(Signature of Witness Two) (Kos npe ntawm tus Tim Khawv Ob)*

Address of witness two *(Qhov chaw nyob ntawm tus Tim Khawv Ob):*  
\_\_\_\_\_  
\_\_\_\_\_

**REMINDER (HAIS KOM NCO QAB):**

- Keep this document with your personal papers in a safe place (not in a safe deposit box).  
*(Ceev daim ntawv nrog koj ntiag tug rau tej chaw kom neeg kov tsis txog xaiv tau, tsis txhob tso rau cov thawv cia nyiaj "safe deposit box".)*
- Give signed copies to your doctors, family, close friends, health care agent, and alternate health care agent.  
*(Muab ib daim qauv luam rau cov kws kho mob, tsev neeg, cov phooj ywg zoo, tus neeg txiav txim kev kho mob, thiab tus neeg txiav txim kev kho mob thib ob.)*
- Make sure your doctor is willing to follow your wishes.  
*(Saib kom zoo tias koj tus kws kho mob kam ua raws li cov koj cov kev ntshaw.)*
- This document should be part of your medical record at your physician's office and at the hospital, home care agency, hospice, or nursing facility where you receive your care.  
*(Daim ntawv no yuav tsum yog ib feem ntawm koj cov ntaub ntawv ceev cia ntawm tus kws kho mob lub chaw ua hauj lwm thiab ceev cia hauv tsev kho mob, cov koom haum tu neeg hauv tsev, cov tsev nyob ua ntej tam sim meej los yog tsev laus ntawm qhov koj txais kev kho mob.)*