

Minnesota Health Care Directive

(Dardaaranka Caafimaadka ee Minnesota)

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

Aniga oo ah _____ . waxa aan fahamsanahay in qoraalkan ii ogolaanayo MID, AMA LABA ka mid ah qodobada soo socda

1. (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 them, or must act in my best interest if I have not made my health care wishes known.

Qeybta 1 ee Foomka

Magacoow qof kale (oo lagu magacaabo wakiilka dardaaranka caafimaadka) inuu ii gaaro go'aanka caafimaadka haddii aanan awoodin in aan go'aan u gaaro naftayda ama aan la hadlo

Wakiilkeyga caafimaadka waa inuu ii gaaraa g'aanada taasoo ku saleysan sida aan anigu kaga codsaday (haddii ay jirto) mid ka mid ah labadan qoraal, waxyaabaha aan wargeliyey sida aan u doonayo, ama ay waajibka ku tahay in uu fuliyo sida ugu wanaagsan ee daryeelka caafimaadkeygu ku jiro ee aan wargeliyey

AND/ OR (AMA)

2. (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.

Qeybta 2 ee Foomka

Tilmaamaha aan uga tagayo dadka kale ee ii gaaraya go'aanka caafimaadka.

Haddii aan magacaabay wakiilka dardaaranka caafimaadka, waa inuu raacaa tilmaamahan.

Waxaa kaleoo tilmaamahan adeegsan kara dhakhtarkayga, shaqaalaha caafimaadka ee i caawinaya iyo qoyskayga, haddii aan xaalad aanan naftayda go'aan u gaari karin.

PART (1). Naming a Health Care Agent

(Qeybta (1))

Magacaabidda Wakiilka Dardaaranka Caafimaadka)

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

Qofkan waa qofka aan doonayo inuu ii gaaro go'aanka caafimaadka haddii aan go'aan isu gaari karin ama aanan hadli karin.

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

Waxa aan bedeli kartaa wakiilka ama qofka bedelaya markii aan doono

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

Waajib iguma aha in aan magacaabo wakiil ama qof bedeli kara

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.

FIIRO GAAR AH:

Haddii aad magacowdo wakiil, kala hadal dardaranka caafimaadka oo sii nuqul ka mid ah

Haddii aadan dooneyn in aad magacowdo wakiilka, ha buuxin Qeybta 1 iyo Qeybta 2

Appointment of Health Care Agent *(Translation)*

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

Magacaabidda Wakiilka caafimaadka

Marka aanan awoodin in aan go'aan isu gaaro ama hadli karo, waxa aan aaminsanahay oo aan magacaabayaa:

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

qofkan waxaa lagu magacaabaa wakiilkayga caafimaadka

Relationship of my health care agent to me: _____

Xiriirka naga dhaxeeya wakiilkeyga

caafimaadka:

Telephone number of my health care agent: _____

Telefoonka wakiilkeyga

caafimaadka:

Address of my health care agent: _____

Cinwaanka wakiilkeyga caafimaadka:

(Optional) Appointment Of Alternate Health Care Agent *((Khasab ma aha) Magaacabidda Qof Bedeli Kara Wakiilka Caafimaadka)*

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

Haddii aanu joohin wakiilkeyga caafimaadka waxa aan aaminsanahay oo aan magacaabayaa:

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

Inuu noqdo qofka bedelaya wakiilkeyga caafimaadka.

Qofkan waxaa lagu magacaa qofka bedeli kara

wakiilkayga caafimaadka.

Relationship of my alternate health care agent to me: _____

Xiriirka naga dhaxeeya qofka bedeli kara wakiilkayga

caafimaadka.

Telephone number of my alternate health care agent: _____

Telefoonka qofka bedeli kara wakiilkayga

caafimaadka.

Address of my alternate health care agent: _____

Cinwaanka qofka bedeli kara wakiilkayga caafimaadka.

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

(Halkan waxa aan ku soo gudbinayaa waxyaabaha aan doonayo inuu qabto wakiilkayga haddii aanan go'aan isu gaari karin ama aanan hadli karin.)

- I know I can change these choices.

Waxa aan fahamsanahay in aan wax ka bedeli karo doorashadeydan

- 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.

Wakiilkayga caafimaadka waxaa si toos u leeyahay awoodaha ku xusan qodobada (A) iyo (D). Laakiin waan xadidi karaa awoodahaas haddii aan doono.

- My health care agent must follow my health care instructions in this document or any other instructions I have given to my agent.

Wakiilkayga dardaaranka caafimaadka waa inuu raacaa tilmaamaha aan siiyey ee caafimaadkeyga ee ku xusan qoraalkan

- If I have not given health care instructions, then my agent must act in my best interest.

Haddii aanan siin talo, waa in wakiilku raacaa sida ugu wanaagsan ee ay dantaydu ku jirto

If I am unable to decide or speak for myself, my health care agent has the power to:

Haddii aanan go'aan isu gaari karin ama aanan hadli karin, wakiilkaygu waxa uu leeyahay awoodaha soo socda:

- (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.

Inuu aniga go'aan ii gaari karo. Taasoo ay ka mid tahay inuu joojin karo ama hor istaagi karo nooc kasta oo daaweyn, adeeg, ama qaliin ah. Taas waxaa ka mid ah inuu joojin karo ama hor istaagi karo in in lagu hayo ama la igu xiro qalabka dadka nolosha ku haya, iyo inuu go'aan ka gaaro daaweynta la xiriirta cudurada dhimirka.

- (B) Choose my health care providers.

Kuu doori karaa dhakhtarkaaga.

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

Inuu ii dooro halka aan ku noolaanaayo oo uu taageero marka ay taasi la xiriirto baahideyda caafimaadka.

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

Eego diiwaanada caafimaadka iyo xuquuq la mid ah midda aad u leedahay in aad dadka kale u ogolaato in ay arkaan diiwaanada caafimaadka..

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:

HADDII AANAN dooneyn in wakiilkeyga uusan yeelan awoodaha kor ku xusan ee (A) ilaa (D) AMA haddii aan doono in aan xadido awoodaha (A) ilaa (D) , waa in aan halkan ku caddeeyaa:

My health care agent is NOT automatically given the powers listed below in (1), (2), and (3).

Wakiilkayga caafimaadka SI toos looma siin liiska karo hoos ku xusan ee (1), (2), iyo (3).

If I WANT my agent to have any of the powers in (1), (2), and (3), I must INITIAL the line in front of the power; then my agent WILL HAVE that power.

Haddii aan DOONAYO in wakiilkayga uu yeesho mid ka mid ah awoodaha (1), (2), iyo (3), waxaa waajib igu ah in ku saxiixo xarfaha ugu horeeya MAGACAYGA IYO KAN AWOOWAHAY xagga hore ee awoodda aan u ogolaaday, ka dib ayaa wakiilkaygu YEELANAYAA awoodaas.

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

(1) In uu go'aan ka gaarto waxa laga yeelayo jirkeyga, oo ay ka mid yihiin xubnaha jirkaaga, dheecaanka, iyo indhaha marka aan geeriyoodo.

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

(2) In uu go'aan lagaaro sida laga yeelayo jirkeyga marka aan geeriyoodo (la xabaalo ama la gubo).

_____ (3) To make health care decisions for me even if I can decide or speak for myself

(3) Si uu iigu gaaro go'aano ku saabsan daryeeladda caafimaad xataa haddii aan anigu go'aansan karo ama aan isu hadli karo

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

Haddii aan doonayo in aan ka bixiyo tilmaamo dheeraad ah ee awoodda wakiilka dardaaranka caafimaadka ama xadidaadda awoodaha, waa halka aan ku sheegi karo:

PART 2: Health Care Instructions

Qeyybta 2

Tilmaamaha Dardaranka Caafimaadka

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

(Halkan waxa aan ku soo gudbinayaa waxyaabaha aan doonayo inuu qabto wakiilkayga haddii aanan go'aan isu gaari karin ama aanan hadli karin.)

- These instructions must be followed (so long as they address my needs).
.Waa waajib in la raaco tilmaamaha (inta ay wax ka qabanayaan baahida)

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.

FIIRO GAAR AH:

Buuxi foomkan Qeybta 2 haddii aad dooneyso in aad tilmaamo la xiriira caafimaadka aad ka tagto.

Haddii aad ku magacowdo wakiil Qeybta 1, buuxinta qeybta 2 ma aha waajib laakiin waa mid caawineysa wakiilkaaga.

Hase yeeshee, haddii aad doorato in aadan wakiil ku magacaabin Qeybta 1, waa WAAJIB in aad dhameystirto qeyb ama dhamaan Qeybta 2 haddii aad dooneyso in aad ka tagto dardaranka dhaqangal ah oo la xiriira caafimaadkaaga.

These Are My Beliefs and Values About My Health Care

.Taasi waa diinta iyo caqiidada aan aaminsanahay ee ku saabsan daryeelka caafimaadkayga.

- I know I can change these choices or leave any of them blank.
Waxa aan ogsoonahay in aan doorashadeyda bedeli karo ama aanan buuuxin karo haddii aan doono.

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

Waxa aan doonayaa in aad ogaato waxyaabahan si ay kaaga caawiyaan in aad go'aan uga gaarto daryeelka caafimaadkeyga:.

My goals for my health care

Ujeedooyinka daryeelekayga caafimaadka:.

My fears about my health care

Cabsida aan ka qabo daryeelkayga caafimaadka.

My spiritual or religious beliefs and traditions

Waxyaabaha aan aaminsanahay diin ahaan ama dhaqan ahaan.

My beliefs about when life would be no longer worth living

Waxyaabaha aan nolosha ka aamisanahay nolosha marba haddii aanay noloshu micne laheyn. .

My thoughts about how my medical condition might affect my family

Waxyaabaha aan ka aamisanahay xaaladeyda caafimaadka ee saameynta ku yeelaneysa qoyska:.

This Is What I Want and Do Not Want for My Health Care

(Taas weeye waxa aan doonayo ama aanan dooneyn ee la xiriira daryeelka caafimaadkeyga)

- I know I can change these choices or leave any of them blank.

Waxa aan ogsoonahay in aan doorashadeyda bedeli karo ama aanan buuuxin haddii aan doodno:.

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.

Qaar ka mid ah daaweynta waxaa loo adeegsanayaa si loo horumariyo xaaladeyda caafimaadka ama lagu sii dheereeyo nolosheyda.

Tusaalayaasha waxaa ka mid ah qalabka lagu neefsado ee tubada loogu xiro sambabada, tubada dadka lagu quudiyo, ama kuwa dheecaanka qaada, isku dayga in la dhaqaajiyo wadnaha oo istaagay, qaliinka, nadiifinta kelyaha, difaaca jirka iyo dhiiga dadka lagu shubo.

Daaweynta qaarkeed waa mid muddo soconeysa oo la joojiyo haddii aanay caawin bukaanka.

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

Waxyaabaha soo socda ayaan ka aaminsanahay daryeelka caafimaadkeyga ee xaaladdan:.

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

Fiiro Gaar Ah:Waxa aad ka heli kartaa dareenka guud, daaweyn gaarka ah, ama waad ka tagi adiga oo aan buuxin:.

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

Haddii ay jirto fursad aan kaga soo kabto, oo si ku meel gaar ah aanan go'aan u gaari karin ama aanan isu hadli karin, waxa aan jeclaan lahaa: .

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

Haddii aan dhimanayo oo aanan go'aan isu gaari karin ama aanan isu hadli karin, waxa aan jeclaan lahaa: .

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

Haddii aan miyir doorsoomay si joogta ah oo aanan awood u lahayn in aan isu hadlo , waxa aan jeclaan lahaa: .

If I were completely dependent on others for my care and unable to decide or speak for myself, I would want:

Haddii aanan waxba isu qaban karin oo aanan go'aan isu gaari karin ama aanan isu hadli karin, waxa aan jeclaan lahaa:

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:

Xaaladaha oo dhan, dhakhaatiirteydu waxa ay isku dayayaan in ay xanuunka iga yareeyaan. Sidan weeye sida aan ka dareensanahay xanuunka haddii uu dhibaato u geysanayo la socoshada xaaladeysa ama uu soo gaabinayo nolosheyda

There are other things that I want or do not want for my health care, if possible:

Waxaa jira waxyaabo kale oo aan ka doonayo ama aanan dooneyn ee la xiriira daryeelka caafimaadkeyga, haddii ay suurogal tahay:

Who I would like my doctor to be:

Qofka aan doonayo inuu dhakhtar ii noqdo

Where I would like to live to receive health care:

Halka aan doonayo in aan ku noolaado si aan u helo daryeel caafimaad:

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

Xagee ayaan ku dhimanayaa iyo waxyaabaha kale ee la xiriira geerida:

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

Sida aan doonayo in laga yeeloxubnaha jirkeygamarka aan geeriyoodo:

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

Sida laga yeelayo jirkeyga marka aan geeriyoodo (la gubo, la xabaalo):

Any other things:

Waaxyaabaha kale:

PART 3: Making the Document Legal

Qeybta 3

Sharciyeynta Qoraalka

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

Qoraalka waa in aan angu saxiixaa

Waa in uu mid uun xaqiijiya::

- 1) a notary public (Option 1 below) *(Nootaayada (Doorashada 1 ee hoose)*
OR AMA)
- 2) witnessed by two witnesses (Option 2 below) *(Translation)*

It must be dated when it is verified or witnessed.

Waa in ay laba qof goob joog ka noqdaan (Doorashada 2 ee hoose)

Waa in taariikhda lagu qoraa oo ay xaqiijiyaan dad goob joogayaal ah:

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

Si cad ayaan u fikirayaa, waxa aan ku raacsanahay wax kasta oo ku qoran qoraalkan, aniga oo qoray qoraalkan iyada oo aan anigu sidaas doortay:

(my signature) (Saxiixayga)

Date signed: _____

Taariikhda la

saxiixay:

Date of birth: _____

Taariikhda dhalashada:

My address *(Cinwaankayga)*: _____

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

Ma saxiixi karo magacayga, Qofkale ayaan weydiisanayaa inuu ii saxiixo qoraalkan

(Signature of the person who I asked to sign this document for me)
(Saxiixa qofka aan weydiistay inuu ii saxiixo qoraalkan)

(Printed name of the person who I asked to sign this document for me)
(Saxiixa qofka aan weydiistay inuu ii saxiixo qoraalkan)

Option 1: Notary Public

Doorashada 1

Nootaayada Dadweynaha

In my presence on

(Waxaa i hor yimid:)

(date)

((Taariikh:))

(name)

((magac))

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.

Isaga/iyada oo hortayda ku saxiixay qoraalkan ama uu qiray inuu yahay qof loo wakiishay inuu saxiixi karo isaga oo wakiil ka ah. Aniga la iima magacaabin wakiil caafimaad ama qof bedeli kara wakiilka caafimaadka qoraalkan .

(Signature of Notary) (Saxiixa Nootaayada)

(Notary Stamp) (Shaabadda Nootaayada)

Option 2: Two Witnesses

(Qeybta 2

Laba Goobjoogayaal)

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.

(Labada goobjooge waa in ay saxiixaan. Mid ka mid ah oo kaliya ayaa noqon kara daryeele caafimaad ama shaqaalaha daryeelka caafimaadka maalinta la saxiixayo qoraalka.)

Witness One (Goobjoogaha 1) :

1. In my presence on _____

(date)

(Waxaa i hor yimid
(taariikh):)

(name)

(magac)

acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf.

Isaga/iyada oo hortayda ku saxiixay qoraalkan ama uu qiray inuu yahay qof loo wakiishay inuu saxiixi karo isaga oo wakiil ka ah. Kuma aanan magacaabin wakiil caafimaad ama qof bedeli kara wakiilka caafimaadka qoraalkan .

2. I am at least 18 years of age

Ugu yaraan da'deedu waa 18 sano jir

3. I am not named as a health care agent or alternate health care agent in this document.

Aniga la iima magacaabin wakiil caafimaad ama qof bedeli kara wakiilka caafimaadka qoraalkan .

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: _____

Haddii aan ahay dhakhtar ama shaqaalaha daryeelka caafimaadka oo daryeel toos ah u fidinaya qofka kor ku xusan, waa in aan xarfaha ugu horeeya ku qoraa halkan.

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

Waxa aan cadeynayaa in macluumaadka ku xusan 1 ilaa 4 uu yahay mud rub ah ama sax ah

(Signature of Witness One) (Saxiixa goobjoogaha koowaad)

(Address of Witness One) (Cinwaanka goobjoogaha koowaad)

Witness Two (Goobjoogaha Labaad):

1. In my presence on _____

(date)

(name)

(Waxaa i hor
yimid (taariikh):)

magac

acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf.

Isaga/iyada oo hortayda ku saxiixay qoraalkan ama uu qiray inuu yahay qof loo wakiishay inuu saxiixi karo isaga oo wakiil ka ah. Kuma aanan magacaabin wakiil caafimaad ama qof bedeli kara wakiilka caafimaadka qoraalkan .

2. I am at least 18 years of age

Ugu yaraan da'daadu waa 18 sano jir

3. I am not named as a health care agent or alternate health care agent in this document.

Aniga la iima magacaabin wakiil caafimaad ama qof bedeli kara wakiilka caafimaadka qoraalkan .

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:

Haddii aan ahay dhakhtar ama shaqaalaha daryeelka caafimaadka oo daryeel toos ah u fidinaya qofka kor ku xusan, waa in aan xarfaha ugu horeeya ku qoraa halkan.

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

Waxa aan cadeynayaa in macluumaadka ku xusan 1 ilaa 4 uu yahay mud run ah ama sax ah

(Signature of Witness Two) (Saxiixa goobjoogaha labaad)

(Address of Witness One) (Cinwaanka goobjoogaha labaad)

REMINDER (Xusuusin):

- Keep this document with your personal papers in a safe place (not in a safe deposit box).
Meel la dhig aqoonsiyadaada kale ee muhimka ah oo dadka kale ay ka heli karaan, ha ku xirin sanduuq xiran.
- Give signed copies to your doctors, family, close friends, health care agent, and alternate health care agent.
Sii nuqul aad saxiixday dhakhaatiirta, qoyska, saxiibada kuu dhow, cidda aad wakiilka ka dhiganeyso, iyo qofka bedelaya wakiilka haddii loo baahdo.
- Make sure your doctor is willing to follow your wishes.
Xaqiiji in dhakhtarkaagu doonayo inuu raaco sida aad ka dardaaranto.
- 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.
Qoraalkan waa inuu qeyb ka yahay diiwankaaga caafimaadka ee dhakhtarka iyo cisbitaalka, hay'adaha daryeelka, guryaha dadka naf ka dhawrka ah lagu hayo, ama guryaha dadka wayeelka ah.