<DATE>

<Member Name>

<Street Address>

<City, State, Zip>

Dear <Member Name>,

Enclosed is the Minnesota Advance Health Care Directive form. This form lets you write down your health care wishes so they are known if you become very sick or are unable to speak for yourself. Naming a health care agent and putting your instructions in writing are the best ways to make sure your wishes are known and followed by your doctors and family members. Please take some time and read this form. Then call me if you have any questions.

It’s easy to fill out the Minnesota Advance Health Care Directive form. It has three parts:

* **Part 1** lets you name a person to make health care decisions for you if a doctor feels you can't. This person is called a health care agent.
* **Part 2** allows you to write down your health care wishes or instructions. That way, doctors and others can make decisions based on your wishes and preferences.
* **Part 3** requires that you simply sign and date the form.

Here are a few other things to remember about the Advance Health Care Directive:

* It is your choice to fill out this form. If you don’t, doctors will still treat you.
* You don’t need a lawyer to fill out the form. However, you must sign it either in front of two witnesses or a notary.
* You can change the form at any time.

When you are done filling out the form and it is signed, give copies to your health care agent, spouse, doctor, nurse, family members or close friends. Then talk to these people about your choices. Be sure to keep the original form in a safe place that is easy for others to find.

Please call me if you have any questions. Our hours of operation are <8:00 am to 4:30 pm>. My telephone number is <CC Phone Number>. If you use TTY, please call 711.

Sincerely,

<Care Coordinator Name, Title>

Blue Plus Care Coordinator

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