

Montana's End-of-Life Registry

by Marsha A. Goetting, Ph.D., CFP®, CFCS, Professor and Extension Family Economics Specialist, Montana State University Bozeman; Steve Bullock, Montana Attorney General

This MontGuide answers commonly asked questions about the Montana End-of-Life Registry.



MontGuide

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Introduction

The 2005 Montana Legislature authorized the Attorney General's Office to establish and maintain an End-of-Life Registry Web site for Montana citizens. The goal was to provide a place for citizens to securely store their *advance directives* online and to give authorized health care providers immediate access to them. This MontGuide answers commonly asked questions about the Montana End-of-Life Registry.

What is an advance directive?

An advance directive is a document that expresses how you would want to be treated if you were seriously ill and unable to make decisions for yourself. It provides instructions about what you would want done or not done about life-sustaining treatment and other health care issues. You may order that your life be prolonged as long as possible. Or, you may order that your attending physician withhold or withdraw treatment that would only prolong the process of dying. Examples of advance directives include health care directives, living wills (called *declarations* in Montana), and health care (medical) powers of attorney.

How do I file an advance directive?

First, complete an advance directive that meets the requirements of Montana law, found in Section 50-9-103 of the Montana Code Annotated. A form that meets these requirements is available from the End-of-Life Registry at www.endoflife.mt.gov. MSU Extension also has a declaration (living will) form that is included in the Montana Rights of the Terminally Ill Act MontGuide (MT199202HR). This publication is available through your local County Extension Agent or online at www.msuextension.org/publications.asp and clicking on Family and Financial Management.

Second, complete the Montana End-of-Life Consumer Registration Agreement. A copy of the agreement is on page 2 of this MontGuide. The form is also available from the End-of-Life Registry at www.endoflife.mt.gov.

Once you have completed your advance directive and consumer registration agreement, make a copy of each so you will have a record of your submission. Then send the original forms to:

Montana End-of-Life Registry
Office of Consumer Protection
PO Box 201410
Helena, MT 59620-1410

What are the legal requirements for an advance directive?

Regardless of the format, Montana law requires that a person (called a *declarant* under the Montana Rights of the Terminally Ill Act) executing an advance directive is at least 18 years of age. Two witnesses must observe your signing of the form and then sign the form themselves. Your signature and those of the two witnesses do not have to be notarized.

You may have another individual sign for you if you are unable to sign the form yourself.

Example A: Jane has Parkinson's disease and can no longer hold a pen to sign documents although she is mentally competent. Jane asked her attorney to sign on her behalf in the presence of two witnesses.

Who can witness my advance directive?

Friends, acquaintances and business associates can serve as witnesses during the signing of your advance directive. While Montana law allows family members to be witnesses, you may choose not to have relatives as witnesses to avoid questions regarding impartiality.

Example B: Ralph did not want any of his children to serve as witnesses because he is aware that they may disagree with his wish to stop life sustaining treatment for his terminal cancer.

What if I change my mind about my advance directive?

You can always make changes to your advance directive stored in the registry. Simply complete a new advance directive and a new Consumer Registration Agreement and mail both *new* forms to the Office of Consumer Protection. Indicate on the Consumer Registration agreement that you wish to replace your existing directive with a new one. You cannot file or change your advance directive online.

When does an advance directive and declaration (living will) become effective?

An *advance directive* is effective at any time when persons cannot make or communicate their health care decisions. A *Montana Declaration (living will)* becomes operative only when the attending *health care provider* determines that a person is in a terminal condition and can no longer participate in decisions

Consumer Registration Agreement

For office
use only

2225 11th Avenue, PO Box 201410, Helena, MT 59620-1410 • Phone (406) 444-0660 or (866) 675-3314 • E-mail: endofliferegistry@mt.gov

This form indicates your desire to store an advance directive in the Montana End-of-Life Registry, to replace or remove an Advance Directive already in the Registry, or to request a replacement wallet card.

- Read this Agreement carefully and fill in Sections A through C completely.
- Attach your witnessed Advance Directive.
- Return this Agreement with your Advance Directive to the Office of Consumer Protection at the address above.
- Your Consumer Registration Agreement will be processed within three weeks. You will receive further information in the mail.

Section A

Prefix	First Name	Middle Name or Initial	Last Name	Suffix
Gender	Date of Birth (Month/Day/Year)	Mother's Maiden Name	Social Security Number	Phone Number
Mailing Address				
City	State	Zip	County	Country

Section B

Pick a level of privacy:

- Standard Privacy:** If the information on my wallet card is unavailable, in addition to health care providers, people who enter my Social Security Number, date of birth and mother's maiden name can view my advance directive.
- Higher Privacy:** Only people who have the information from my wallet card and health care providers can view my advance directive.

I want to:

- Store an advance directive in the Registry.**
- Replace an advance directive in the Registry with a new one.**
- Remove my advance directive from the Registry.**
- Request a replacement wallet card.**

Section C

I am providing this personal information along with my advance directive, with the understanding that my personal information will be stored in a secure Department of Justice database and will not be available to the public. I certify that the advance directive that accompanies this Agreement is my current effective advance directive and was duly executed, witnessed and acknowledged in accordance with [Section 50-9-103](#) of the Montana Code Annotated.

I understand that:

- my advance directive will be entered in the Montana End-of-Life Registry free of charge;
- this authorization is voluntary;
- this authorization to store my advance directive in the Montana End-of-Life Registry will remain in force until I revoke it;
- I may revoke this authorization at any time by giving written notice of my revocation to the address listed above; and
- no agency, provider or individual may be held liable for any action based on this authorization before a written notice of revocation has been entered into the Registry.

Signature of Person Signing This Agreement

Date

If the person named in the advance directive is unable to sign this form, and you have legal authority to sign for that person, please check the source of your authority and provide proof thereof. Durable Power of Attorney Court Appointed Guardian

regarding medical treatment. Your *advance directive* or *declaration* will not be used provided you are able to express your own decisions on whether to accept or refuse medical treatment. You may make decisions regarding life-sustaining treatment for yourself as long as you are able to do so.

Are an advance directive and a Comfort One form the same?

No. Comfort One gives you the opportunity and the right to limit the care you receive in a medical emergency only. Comfort One is designed for persons in an emergency situation outside the hospital. It provides immediate identification to rescuers that you do not want to be resuscitated. You will only be provided comfort care and be allowed to die in the natural course of your illness. Enrollment is limited to those who have a terminal illness or those whose physician has ordered “do not resuscitate.” By displaying a Comfort One form, wallet card or bracelet (these are the only credentials approved by the Montana Department of Health & Environmental Sciences) to emergency medical service personnel, you can avoid all efforts of resuscitation. Unless you have one of these Comfort One credentials, EMT personnel will attempt to resuscitate you.

Who are health care providers?

A health care provider is a person who is licensed, certified or otherwise authorized by the laws of Montana to administer health care in the ordinary course of business or practice of a profession.

What is the cost of filing an advance directive?

It's FREE! The Montana End-of-Life Registry stores your advance directive online without charge to encourage every Montanan to participate.

Who can access my advance directive?

You can specify whom you want to have access to your advance directive in Section B of the Consumer Registration Agreement. Section B offers two levels of privacy: standard or high.

- *Standard Privacy* allows you to access your advance directive anytime. Health care providers who have registered with the Attorney General's Office can also access your advance directive 24 hours a day. Anyone with your Social Security number, birth date and mother's maiden name, or with your name and access code can also access your advance directive online under this option.
- *Higher Privacy* allows access online only by the person who filed the advance directive, registered health care providers or anyone with your name and access code.

How will I know if my advance directive has been entered in the End-of-Life Registry?

Within three weeks of receiving your advanced directive the Office of Consumer Protection will send you a letter indicating that your advance directive has been entered in the Montana End-of-Life Registry. The letter will also confirm your identifying information. You also will receive:

- A wallet card that contains the access code you use to check your advance directive through the online Montana End-of-Life Registry service. (Figure 1)
- Four labels that can be placed on the back of your driver's license, health insurance card, automobile insurance card, or other important locations. (Figure 2)

Example C: Susan told her family that she has an advance directive in the Montana End-of-Life Registry. She placed the fourth label on the door of her refrigerator to remind her family members that she is registered.

What if my advance directive is rejected?

If the Office of Consumer Protection determines that your advance directive does not meet Montana's legal requirements, your form and the Consumer Registration Agreement will be returned to you with a letter indicating what additional information is needed.

Who should know that I have an advance directive?

Provide a copy of your advance directive to your physician or other health care providers. These health care professionals are required to make your advance directives a part of your medical record and follow its provisions.

If you have designated another individual (termed a *designee*) to make decisions for you governing the withholding or withdrawal of life-sustaining treatment, provide your designee with a copy of your advance directive. When you name a person as your designee, the attending physician or other health care provider is required to follow the designee's instructions regarding end-of-life care.

Let your family members know you have an advance directive and encourage family members to place their advance directives in the Montana End-of-Life Registry.

Who can I contact for further information about the Montana End-of-Life Registry?

Staff of the Montana Attorney General's Office and the Office of Consumer Protection cannot provide legal advice about advance directives or provide legal services such as writing an advance directive for you. However, they can answer questions you may have about the registry. You can contact the registry staff via e-mail at endofliferegistry@mt.gov or call the registry's toll-free number, 1-866-675-3314, 24 hours a day.

FIGURE 1: Wallet Card Example

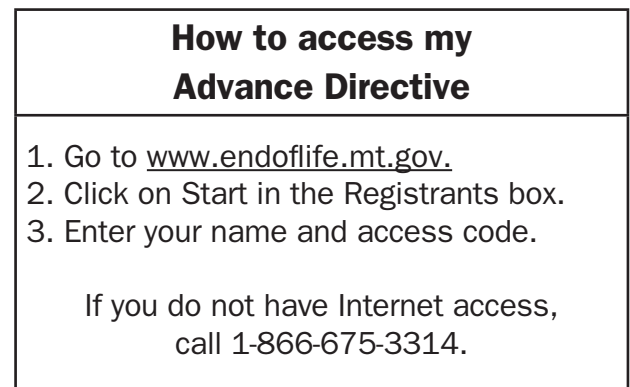
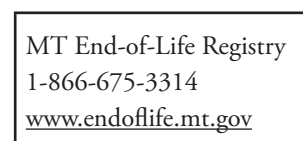


FIGURE 2: Label Example



Who should I talk with for advice about advance health care directives?

Your doctor, attorney or others who specialize in end-of-life care issues can answer your questions about advance directives. Further information is available online from a number of government and non-profit organizations such as:

Association of Montana Health Care Providers (MHA)

PO Box 5119
Helena, MT 59604
Phone: 406-442-1911
Fax: 406-443-3894
E-mail: Casey@mtha.org
www.mtha.org

Compassion and Choices

PO Box 101810
Denver, CO 80250-1810
Phone: 800-247-7421
www.compassionandchoices.org

Caring Connections

1700 Diagonal Road, Suite 625
Alexandria, VA 22314
Phone: 800-658-8898
E-mail: caringinfo@nhpco.org
www.caringinfo.org

National Hospice and Palliative Care Organization

1700 Diagonal Road, Suite 625
Alexandria, VA 22314
Phone: 703-837-1500
Fax: 703-837-1233
www.nhpco.org

Aging with Dignity

PO Box 1661
Tallahassee, FL 32302-1661
Phone: 888-594-7437
Fax: 850-681-2481
E-mail: fivewishes@agingwithdignity.org
www.agingwithdignity.org

Senior & Long-Term Care Division

111 North Sanders, Room 210
Helena, MT 59620
Phone: 406-444-4077
Fax: 406-444-7743
www.dphhs.mt.gov/sltc/

Summary

Montanans can securely store their advance directives online. An advance directive provides instructions about your health care in the event you are unable to make these decisions yourself. The End-of-Life Registry is free to Montanans. Immediate access can be provided to authorized health care providers and family members. You can change your advance directive any time you choose; however you cannot file or change your advance directive online.

Disclaimer

The material appearing in this fact sheet is presented for informational purposes only. The objective is to help you develop an understanding of the Montana End-of-Life Registry. The contents should not be considered as legal advice on advance directives or be used as such. For legal information specific to a health care (medical) power of attorney, contact an attorney.

Acknowledgments

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- Elderly Assistance Committee, State Bar of Montana
- Businesses, Estates Trusts Tax and Real Property Section, State Bar of Montana
- Office of Consumer Protection, Attorney General's Office

Web site to Download Consumer Registration Agreement:

www.endoflife.mt.gov



To order additional publications, please contact your county or reservation MSU Extension office, visit our online catalog at www.msuextension.org/publications.asp or e-mail orderpubs@montana.edu

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