Kuv tau xaiv tus neeg no los sawv cev thiam txioav txim rau kuv. Nws yog thawj tug muaj cai txog kuv kev kho mob thaum kuv hais tsis tau lus lawm.

I appoint the following person to serve as my primary (main) health care agent.

Npe: ___________________________  
Tus xov tooj ntawm tes: ___________________________  
Lwm tus xov tooj: ___________________________

(Tsis teb nov los tau) Yog tus saum toj ntawm tes: ___________________________  
Tus xov tooj ntawm tes: ___________________________  
Lwm tus xov tooj: ___________________________

(Optional): I appoint this person as my alternate health care agent in the event my first health care agent is not available:

Npe: ___________________________  
Tus xov tooj ntawm tes: ___________________________  
Lwm tus xov tooj: ___________________________

(Tsis teb nov los tau) Kuv tso cai rau nej kho mob rau kuv raws nkaus li cov lus teev nram qab no (kuv qhov kev ntshaw, kev nteeg thiam kuv kam / tsis kam kov txog kuv lub cev): Sau ntxiv rau sab 2 yog chaw tsis txaus.

(Optional): I give the following instructions about my health care (my values and beliefs, what I do and do not want, views about specific medical treatments or situations): If you need more space, continue on page 2.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Suam npe: ___________________________  
Hnub tim: ___________________________

1. Daim ntawv cog lus uas ntev dua daim no muaj thiam yob yigias koj xay sau ntau koj tau meej tshaj raws li koj txoj kev ntshaw.
2. Daim ntawv no siv tsis tau rau tej kev muaj mob nyuaj siab tsis meej pem (rho fais fab tom los yog cov tshuaj noj kho kev muaj mob nyuaj siab tsis meej pem).
3. This document will not apply to any intrusive mental health treatments (electroconvulsive therapy or neuroleptic medications).
Notary Public in the State of Minnesota

County of ____________________________________________ Notary seal

In my presence on: ______________________ (date)

(Name): ________________________________________
acknowledged his or her signature on this document, or acknowledged that he or she authorized the person signing this
document to sign on his or her behalf.

Signature of Notary:   _________________________________________________________

My commission expires _________________________________ (date)

OR Statement of Witnesses

Witness 1           Witness 2
Sau Npe:   Sau npe:
Print Name       Print Name

(Witnesses must be 18 years of age or older and cannot be your primary or alternate health care agent. One witness cannot be your health
care provider or an employee of your health care provider.)
Kuv yuav tsum kam teev daim ntawv kho mob raws qhov kuv nyiam no tseg lod?

Do I have to complete this Health Care Directive?

Tsis yog. Koj muaj cai teev hnub no, lwom hnub los yog tsis kam teev. Tab sis daim ntawv no yuav pab kom koj tau txais kev kho mob li qhov koj xaiv thaum koj hais tsis tau lus lawm. Sau daim ntawv no cia yuav pab rau koj cov txheeb ze kom lawv paub txog koj txoj kev ntshaw thaum koj tham tsis tsaus lawm.

No. You may complete it today or at a later date, or you can decline to complete it. However, completing this form will help make sure you get the care you want. Putting your choices in writing helps loved ones know if they’re doing what you would want.

Luag yuav nug kuv txog dab tsi?

What information am I being asked for?

Lus nug qhov 1: Leej twg yog tus yuav los sawv cev rau koj lub sij hawm koj hais tsis tau lus lawm. Txiav txim siab muab ib tug neeg uas koj ntsiog tshaj los sawv cev rau koj, tub/ntxhais, kwv tij los yog phooj ywg los tau. Nrog tus neeg koj xaiv ntawd tham hais tias daim ntawv no tseem ceeb heev. Luam ib cov rau tus neeg sawv cev rau koj, koj cov kws kho mob, thib cov neeg tseem ceeb hauv koj lub neej.

Question 1: This question is about your health care “agent.” Your agent is someone you choose to speak and make health care decisions for you if you cannot. Consider naming a family member or friend who knows you well and understands your values. Showing your agent this document and talking about it with him or her is important. Make extra copies to share with your health care agent, health care providers, and other important people in your life.

Lus nug qhov 2: (Tsis teb qhov no los tau): Qhov lus nug no yuav nug txog qhov koj xav tau thiab koj ntsiog. Koj piav txhua yam koj ntsiog los tau, los yog koj xav piav dav dav xwb los tau. Nram no yog ib cov tswv yim pab koj.

Question 2 (Optional): This question is about health care and other wishes you may have. You may be as specific or general as you like. You may include:

- koj lub hom phiaj, yam tseem ceeb tshaj thiab qhov koj nyiam kom luag kho koj li cas
- your goals, values, and preferences about medical care

- kev kho mob qhov li koj nyiam, thiab qhia txog yam koj tsiog nyiam kom luag txhob ua rau koj
- the types of medical treatment you would want or not want

- kev koj xav kom koj tus neeg sawv cev los txiav txim rau koj
- how you want your agent or agents to decide

- thaum koj tsiog lus lawm, koj nyiam kom luag kho koj nyob rau qhov tswv, tom koj tsev los yog tom tsev kho mob
- where you would like to receive care (such as at home or a hospital)

- koj puas kam muab koj cev qaij daim tawv pub lwom tus
- whether or not you would like to donate your organs, tissues, and eyes

Tus pov thawj ntsia kos npe rau pej xeem thiab ob tug pov thawj

Notary Public or Witnesses

Tus pov thawj ntsia kos npe rau pej xeem thiab 2 tus pov thawj no yuav los saib koj lub npe uas tau suam rau daim ntawv cog lus no. Ob tug pov thawj suam npe no yuav tsum muaj hnub nyoog 18 rov saum, thiab tsiog pub yog koj tug neeg sawv cev txiav txim rau koj. Ob tug pov thawj suam npe no tsis pub kom ib tug yog koj tus kws kho mob los youg ib tug neeg ua haujwm rau koj tus kws kho mob.

A notary public or 2 witnesses must verify your signature on this Health Care Directive. The witnesses must be 18 years of age or older, and cannot be your primary or alternate health care agent. At least one witness cannot be your health care provider or an employee of your health care provider.
Kuv yuav ua li cas ntxiv tom qab daim ntawv cog lus no ua tiav lawm?
What should I do after I complete this Health Care Directive?

Qhia rau cov neeg koj tau xai los sawv cev rau koj kom lawv paub. Ua zoo kom lawv pab koj tiag tiag yog tom ntej no koj muaj kev siv lawv. Muab daim ntawv no luam ib daim rau koj tus kws kho mob cia. Muab luam ib co rau cov neeg sawv cev rau koj thiab koj tsev neeg los yog lwm cov neeg uas koj xav muab rau.
Tell the people you named as your primary and alternate health care agents, if you have not already done so. Make sure they feel able to do this important job for you in the future. Give a copy of your health care directive to your health care provider. Keep additional copies for your records and to share with your health care agents and family or others as you wish.

Kuv yuav nrog leeg twg tham yog kuv muaj lus nug?
Who can I talk with if I have questions?

Koj cov kws kho mob yuav teb tau koj yog koj muaj lus nug los yog lus txhawj dab tsi. Tej zaum nws koj xa koj mus cuag ib tub neeg ua txoj haujlwm pab neeg ua daim ntawv no.
Your health care provider can answer your questions or concerns. He or she may refer you to an Advance Care Planning Facilitator for help.