



Advance Care Planning | MC041

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Grand Rapids, MI 49503

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Monday to Friday  
8 a.m. to 5 p.m.

Thank you for your interest in Advance Care Planning (ACP). This is an important step to having a say in your care.

There are different types of ACP documents available to you on our website. We suggest starting with a Durable Power of Attorney for Healthcare (DPOAH). A **DPOAH** is a legal document that allows an individual to declare who may speak for them when they cannot speak for themselves. This individual is called a Patient Advocate.

It is helpful to your Patient Advocate if you also complete a **Treatment Preference** document. A Treatment Preferences document captures what matters most to you and allows you to express any treatment preferences you may have, such as CPR or ventilator support.

We suggest that you use the **What to Expect: Advance Care Planning (ACP)** as a guide for completion of these documents. We're here to help if you have any questions or need any help completing these documents.

The **Completion Checklist** will help ensure that the documents were completed correctly before sending them back to us.

Other types of ACP documents, such as an Out of Hospital Do Not Resuscitate and a Michigan Physician Orders for Scope of Treatment, are also available. Please reach out to your provider or the ACP department if you're interested in learning more about these orders.

Once you have completed your document(s), you may return them to us in any of the following ways:

1. Bring them to any Spectrum Health location
2. Email [advancecareplanning@spectrumhealth.org](mailto:advancecareplanning@spectrumhealth.org)
3. Fax 616.391.8965
4. Mail to:

Advance Care Planning Department  
100 Michigan NE | MC041  
Grand Rapids, MI 49503

Please reach out to us with any questions.

Sincerely,  
Spectrum Health Advance Care Planning Team



### Completion Checklist

All pages of the document must be included in order to meet the State of Michigan requirements. If any document does not meet State of Michigan requirements, it cannot be honored by your health care team. Documents that do not meet the requirements will not be uploaded to your medical record and we will notify you via MyChart or mail.

With that in mind, before returning your document, please check for the following:

#### DPOAH:

- The person designating a Patient Advocate is listed as the individual completing the form
- Signature of the person who is designating a Patient Advocate
- Date the signature of the person designating a Patient Advocate
- Two witness signatures
  - Reminder: your witnesses cannot be family members, which includes family by marriage, health care workers or any individual you appointed to be your Patient Advocate.

Patient Advocate acceptance signatures can be completed at a later date. Even if they are not available to sign now, your form is complete.

#### Treatment Preferences:

- The person who the Treatment Preferences are intended for should be listed as the individual completing the document
- Signature of the individual who the Treatment Preferences are for
- Date the signature of the individual who the Treatment Preferences are for