myDirectives for Clinicians™

Product User Guide

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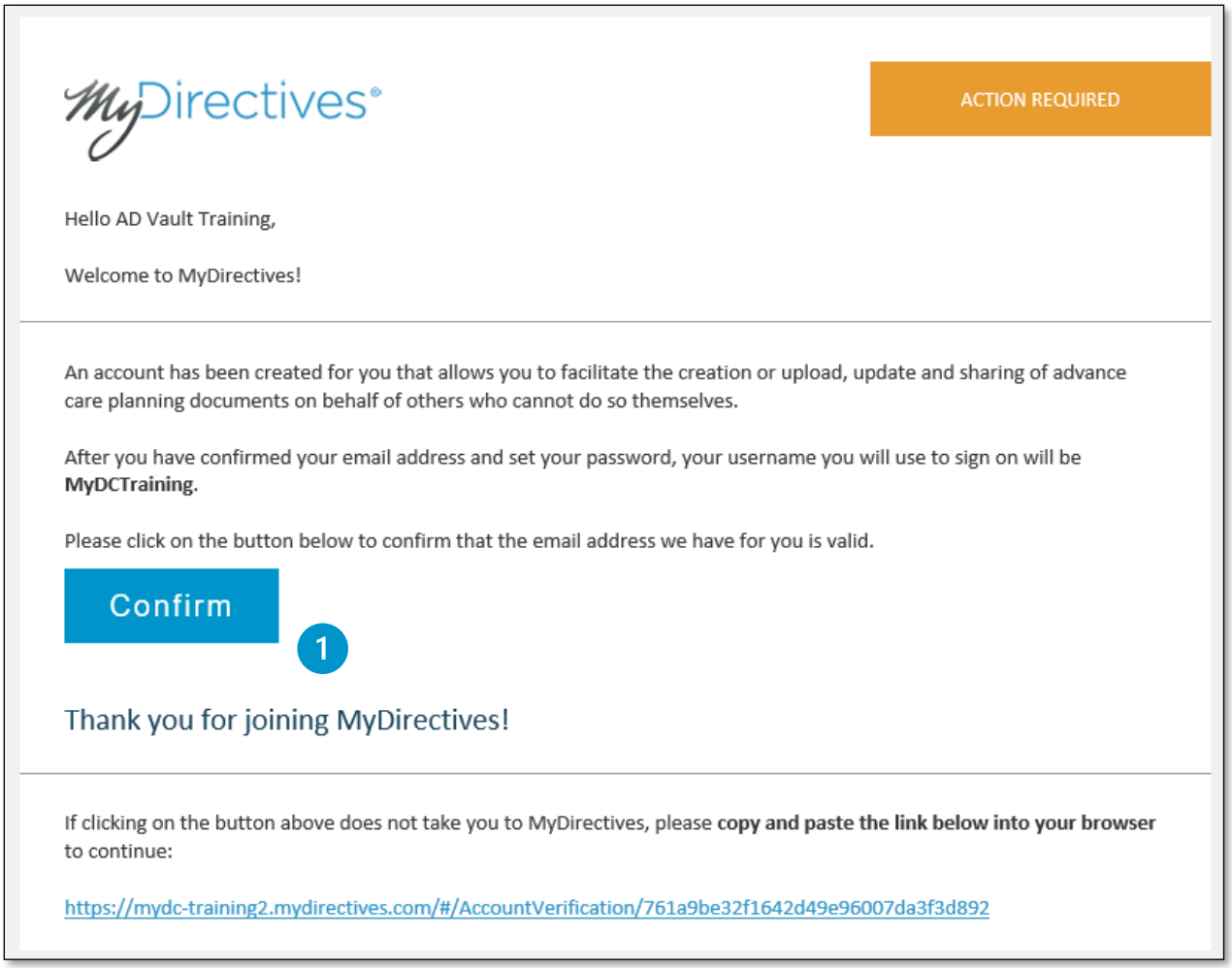
Register Your Account

Your company program administrator will set up an account for you. Please see the email example below for what to expect to receive after your account has been created.

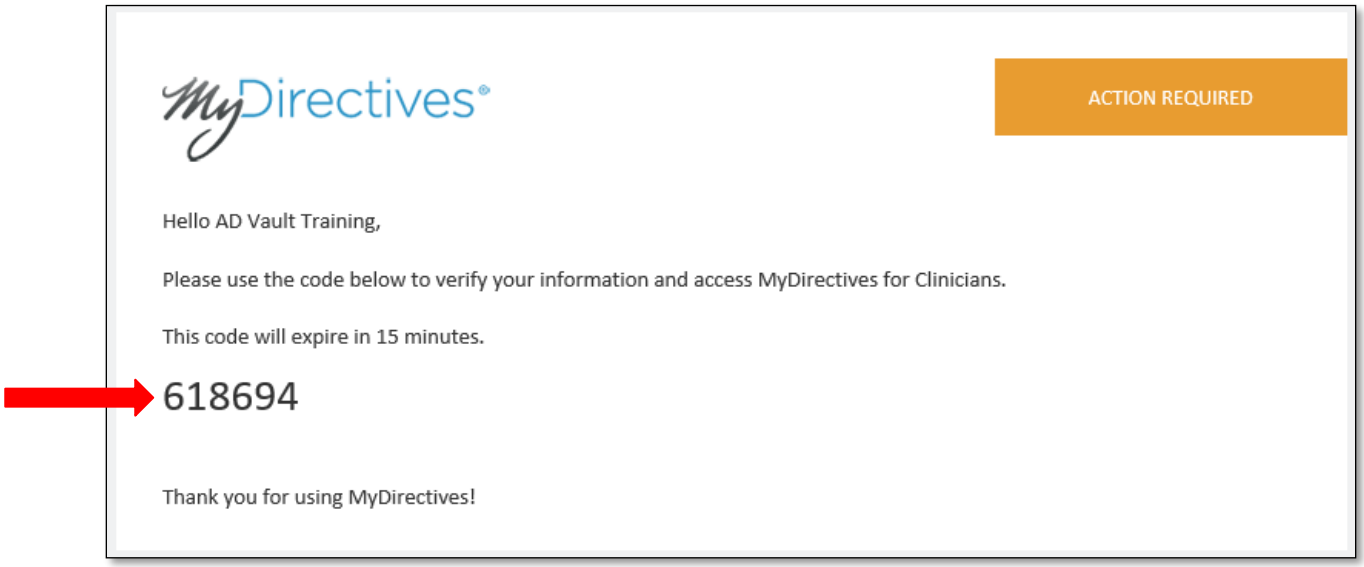
1. Select the blue "Confirm" box within the email you receive to be redirected to a registration page to complete and confirm your MyDirectives for Clinicians account. This email will also have the associated username.

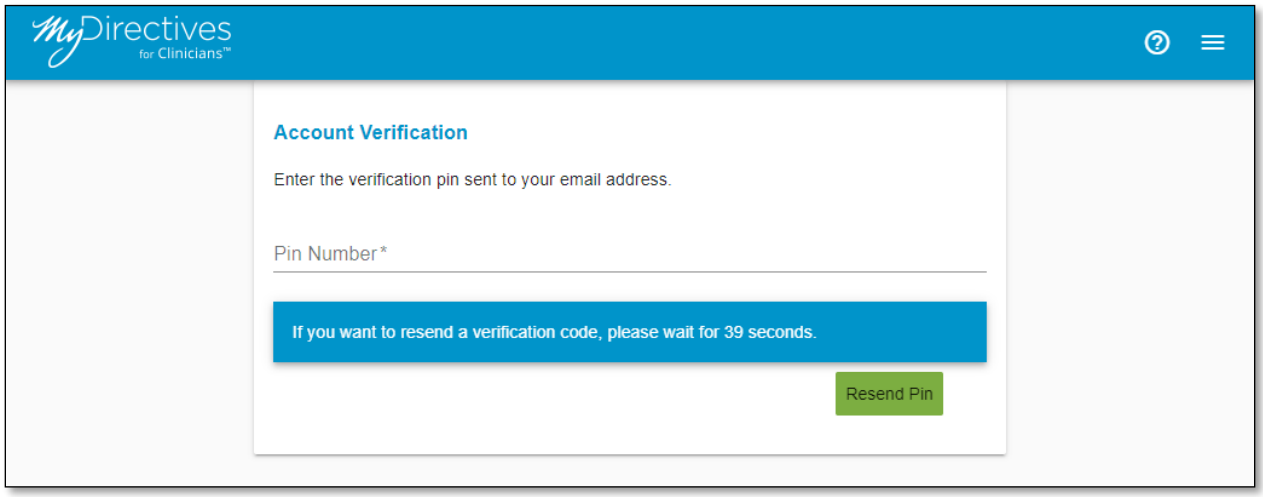
Please do not hesitate to contact your company administrator if you do not receive your login information or email.



Your Account Verification

To verify and complete your account setup, you will receive an additional email with a Pin Number attached. Type in the pin number on the account verification screen– see examples below. Please note that this pin will expire within 15 minutes of receiving it.

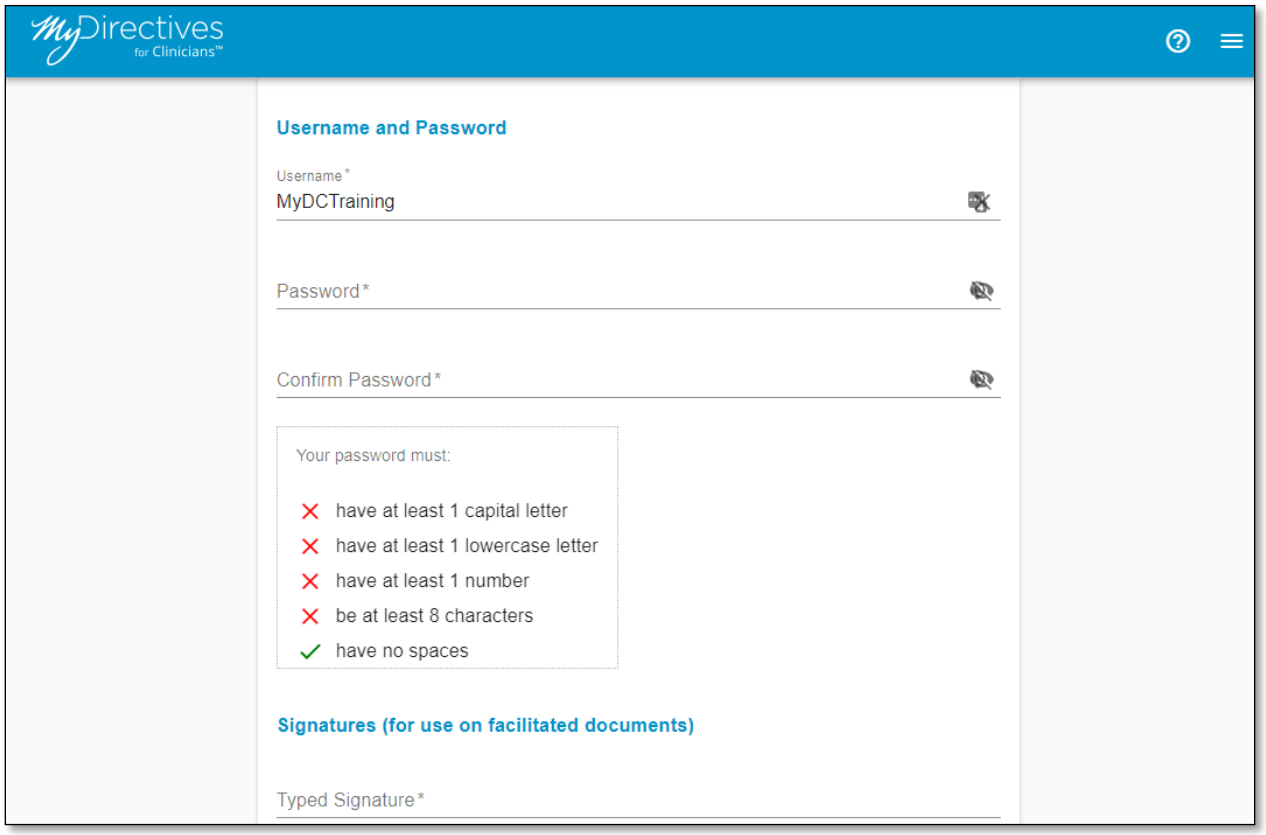




Username and Password Set Up

To complete your account setup –

- Your username will already be created and automatically filled in.
- Add and confirm your desired password.
- Type and sign your signature below.
- Read and select the Terms and Conditions of Use

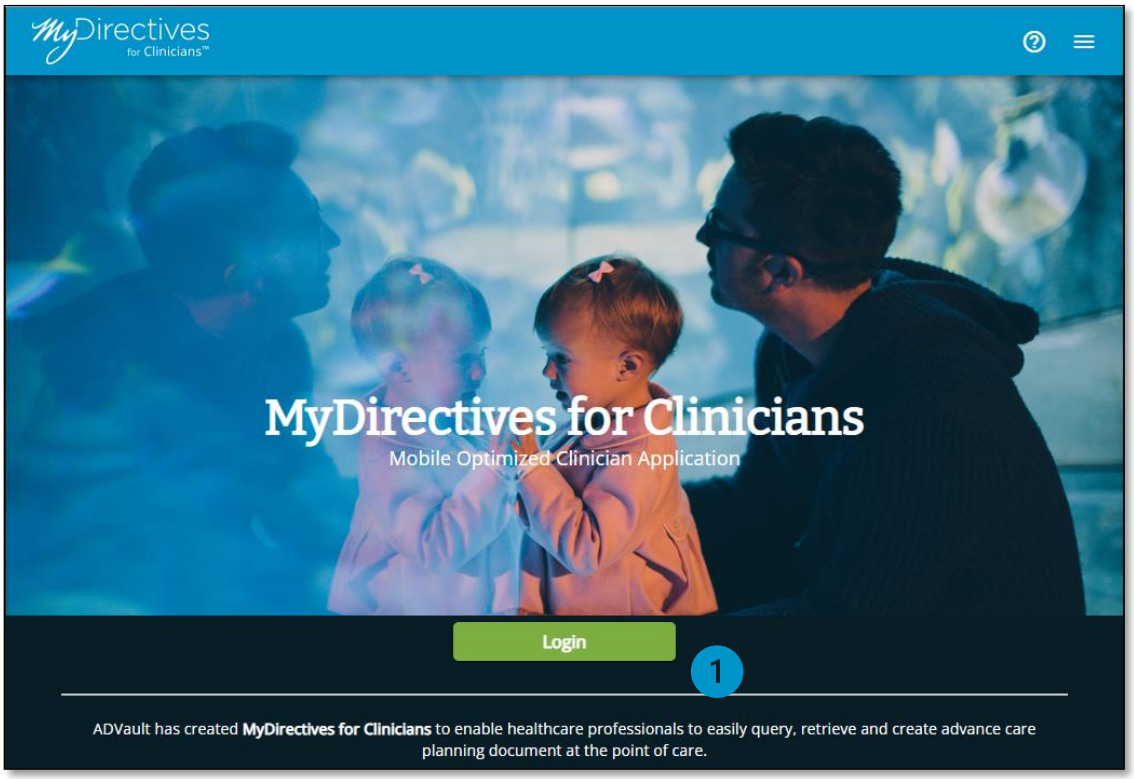


Registration for MyDirectives for Clinicians

After registering your account, you can now access the website directly from the email or the URL: MyDirectives for Clinicians. Login using the credentials created during your registration process.

You *should* have received login credentials from your company administrator, and you will use those credentials to log in to your account.

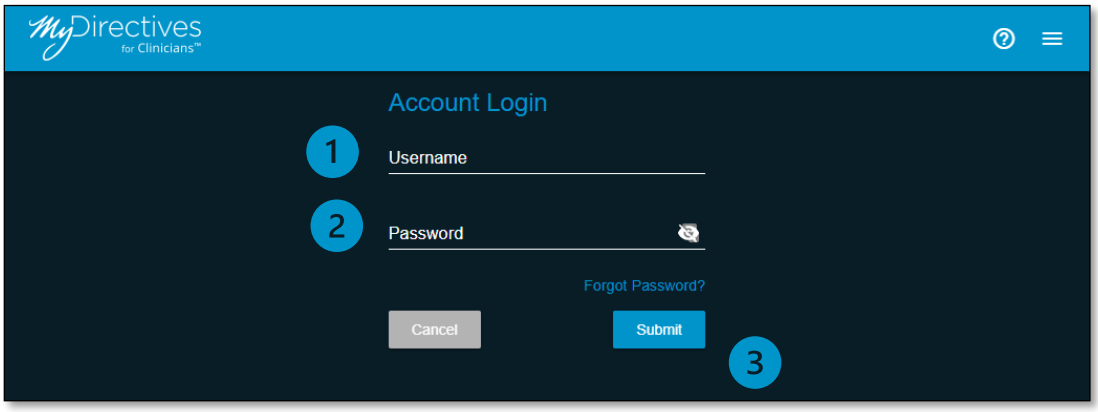
1. Click "Login" to enter your credentials.



Login using your Credentials

Enter your MyDirectives for Clinicians credentials below:

1. Username
2. Enter your password.
3. Click "Submit"



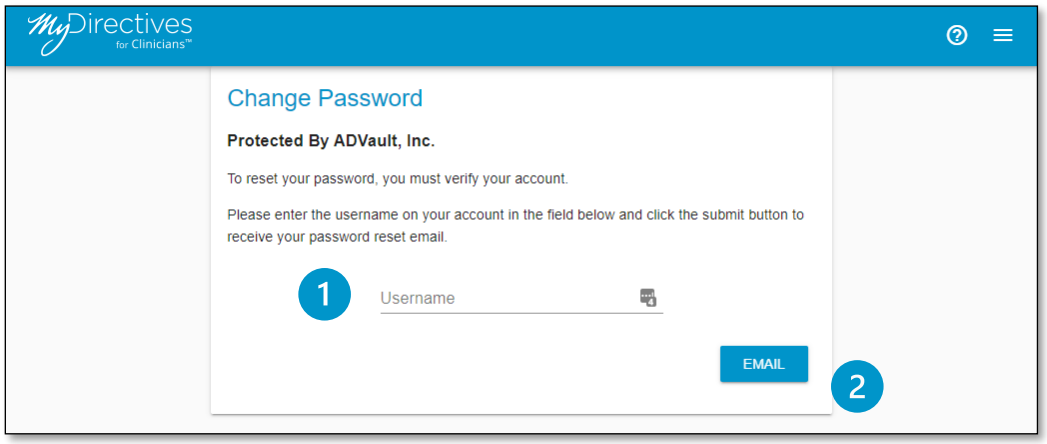
Reset Your Password

To reset your password, select "Forgot Password?" You will be redirected to the page below.

Follow the steps to reset your MyDirectives for Clinician's password:

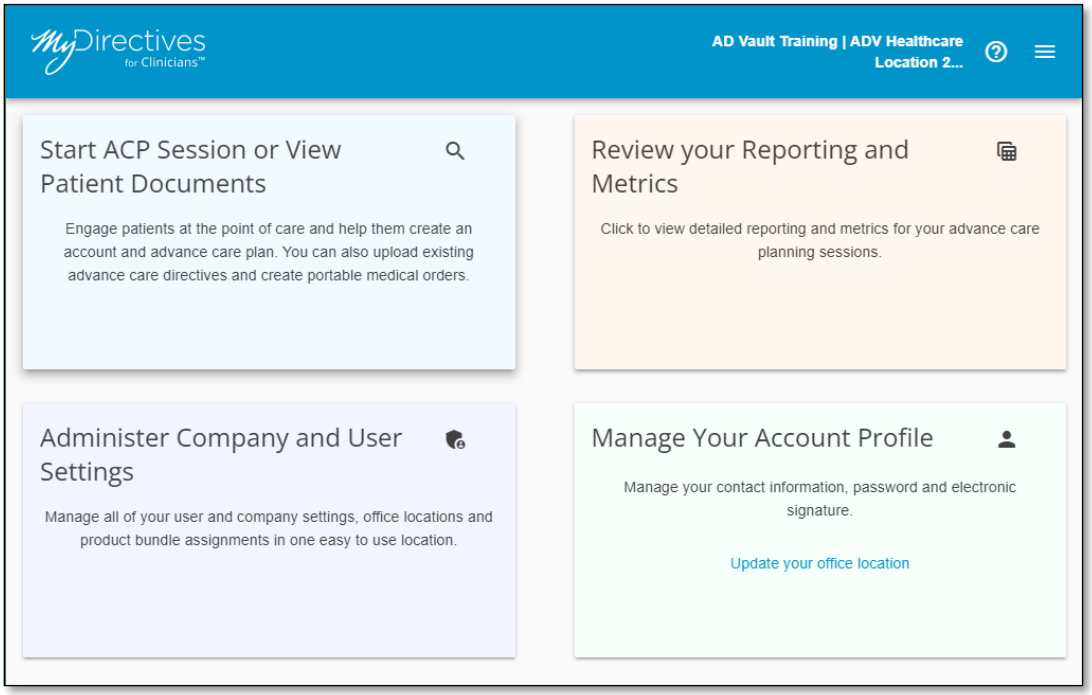
1. Enter the username you use to log into the MyDirectives for Clinicians portal.
2. Click "Email"

An email will be sent with instructions on how to reset your password.



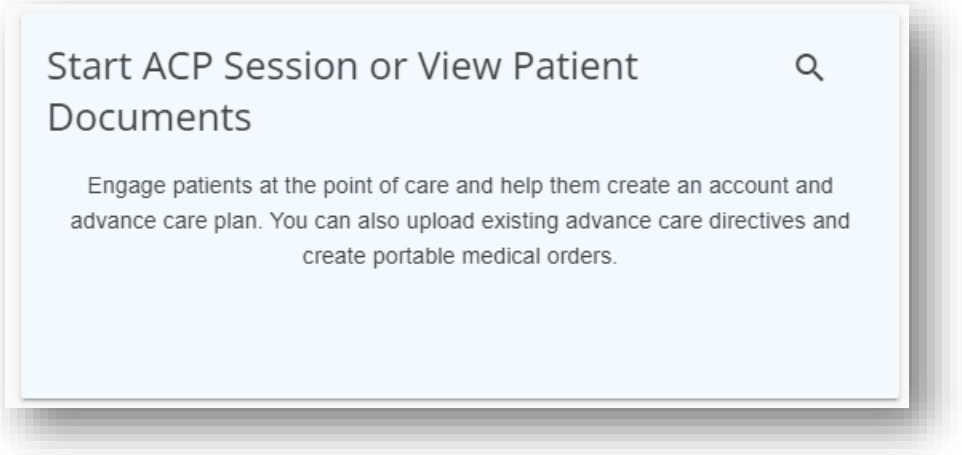
User Dashboard

Please note that depending on your responsibilities, you may not have access to all dashboard functionalities.



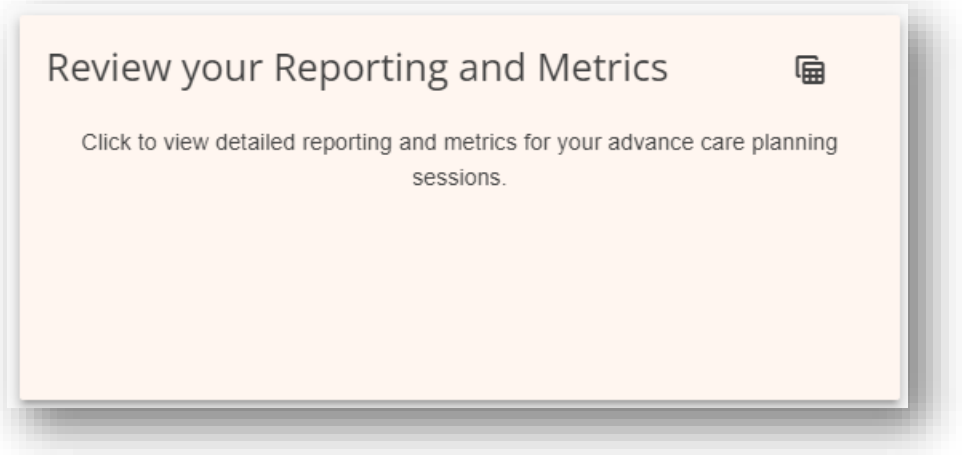
Start ACP Session or View Patient Documents

Select this option on your dashboard to create, continue, or review your patient's account within your MyDirectives for Clinician portal.



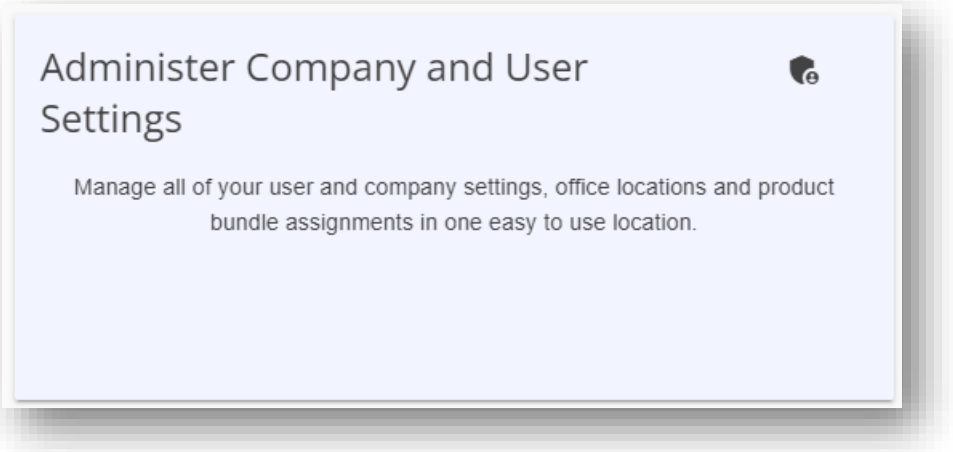
Review your Reporting and Metrics

Select this option on your dashboard to review your reporting and metrics needs based on your planning sessions.



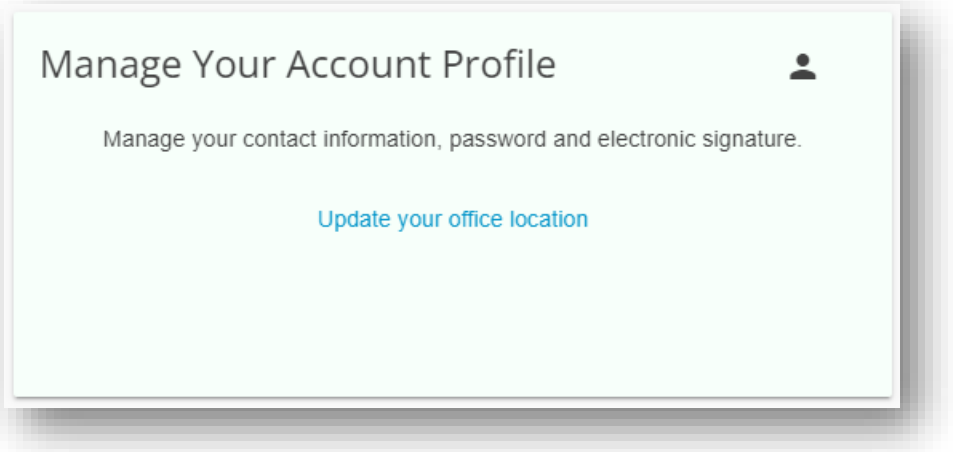
Administer Company and User Settings

Administers for your company will have select this option to manage any user and company settings, adding/ deleting office locations, bundles, etc.



Manage Your Account Profile

Select this option on your dashboard to manage your account profile. If you are associated with more than one office location, you can update your location here by selecting Update your office location.

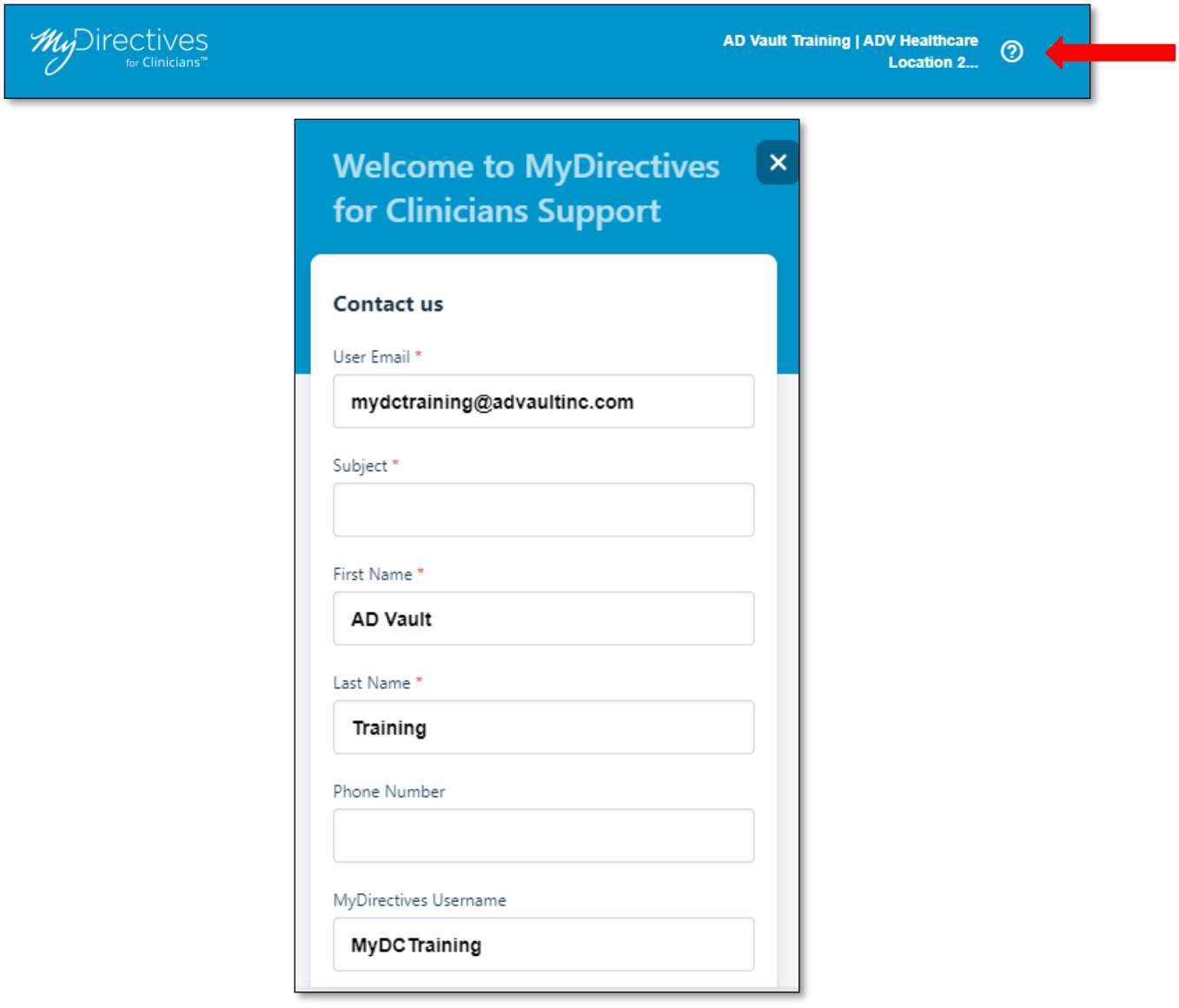


Need Help?

If you have questions, please select the (?) icon, as shown below. Enter required fields –

- User Email Address
- Subject
- First Name
- Last Name
- Description of the issue

You can also add a screenshot or upload a file if needed.



Patient Search

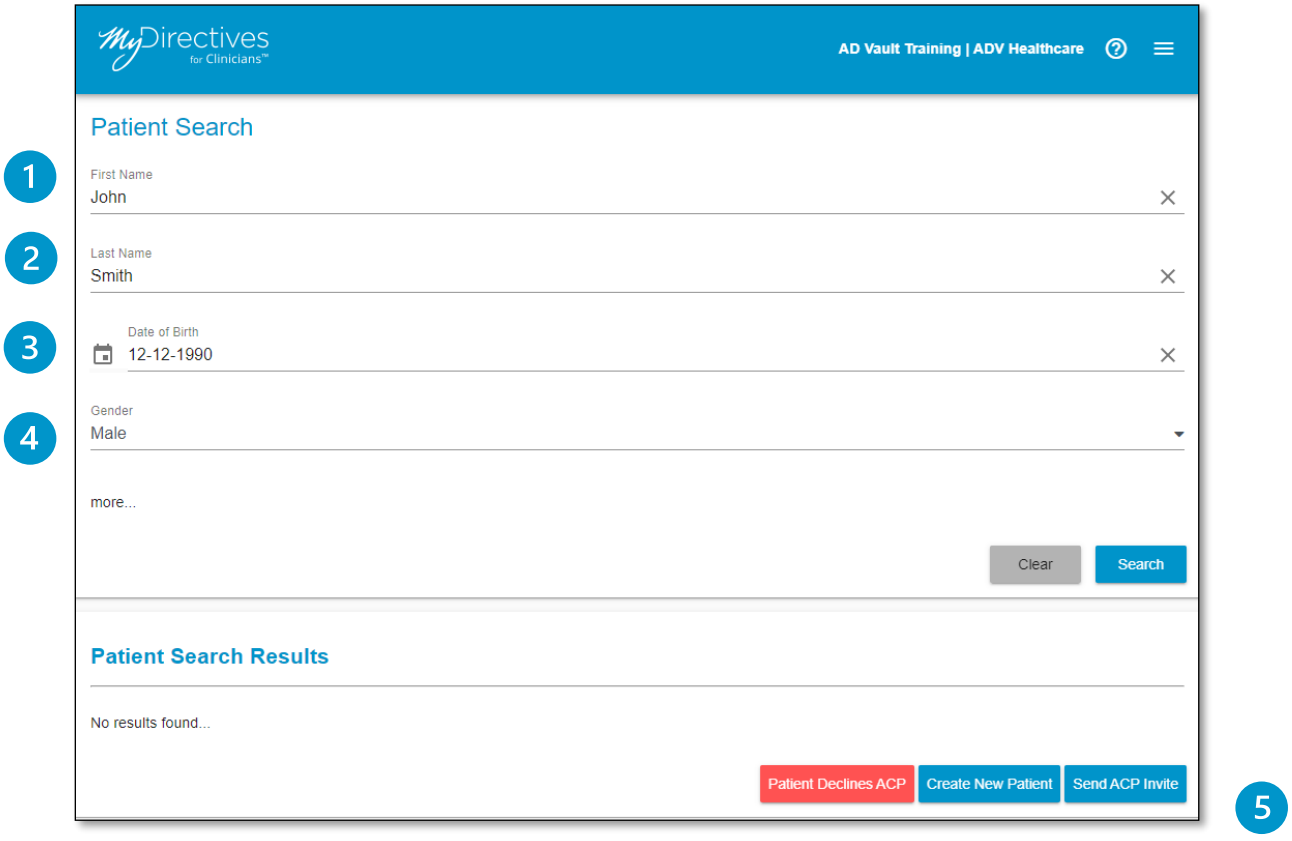
When you log in to the MyDirectives for Clinicians portal, search for existing patients by entering the patient's information in the Patient Search fields. The required fields to search for an existing patient include the following:

1. First Name
2. Last Name
3. DOB
4. Gender

Click "Search" to populate results. If a patient is found, select the tile with the patient's name to launch the patient data.

5. There are four (4) options at the bottom of the page if the patient is not found:

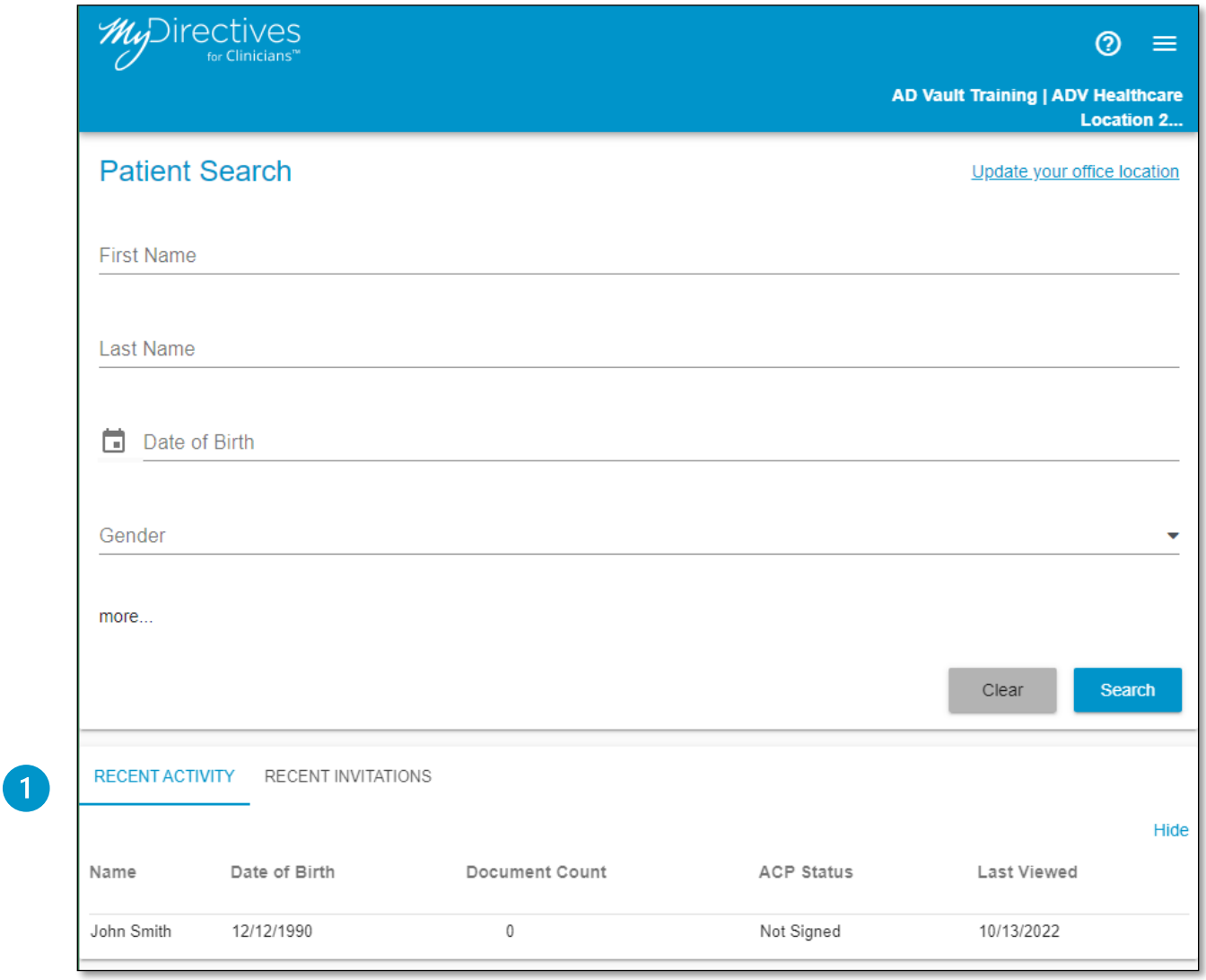
    - Select "Send ACP Invite" to send an invitation to your patient to create their MyDirectives account.
    - Select "Create a New Patient" and follow the steps to assist your patient in creating their account.
    - Select "Patient Declines ACP" if the patient does not want to participate in creating their advanced care plan.
    - Select "New Search" to start from the beginning.



Select Patient from Recent Patient Activity

1. Located under Patient Search, you will have the option to choose from Recent Activity or Recent Invitations.

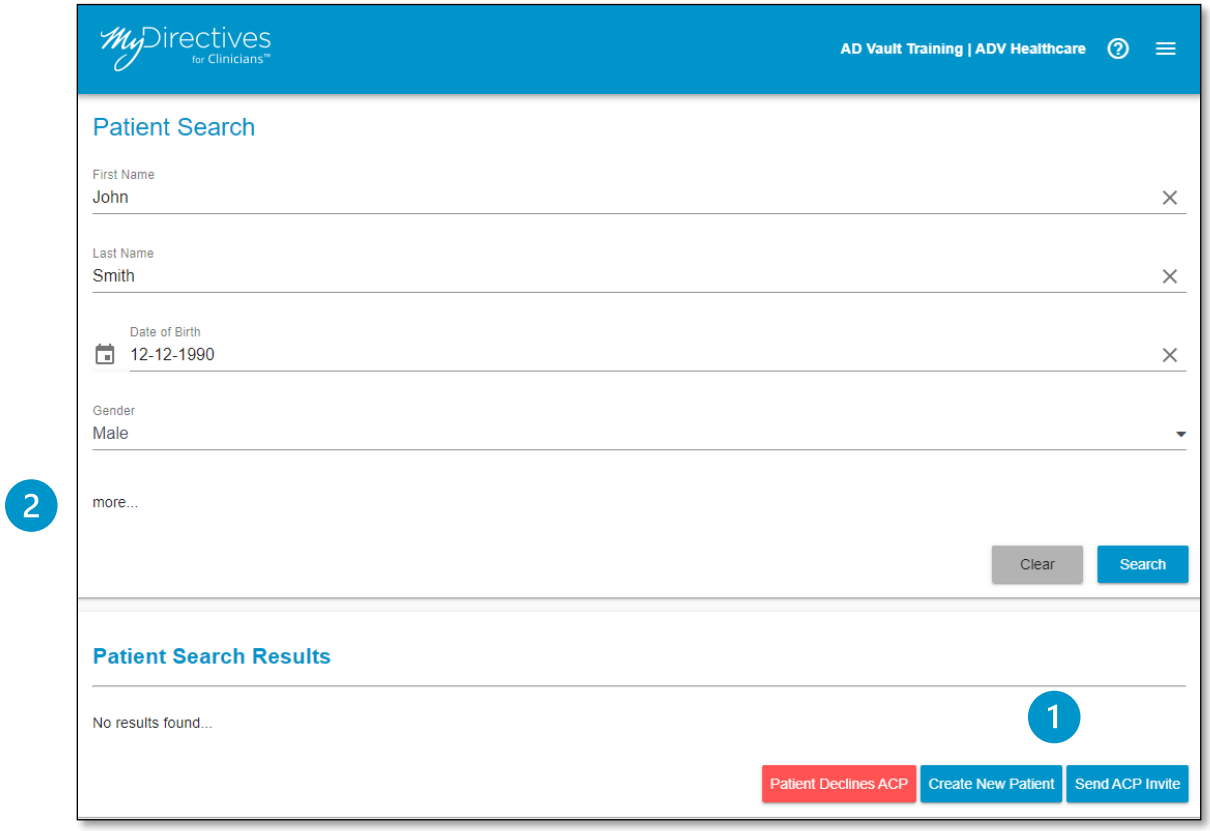
    - Recent Activity: patients you have already begun to assist.
    - Recent Invitations: view invitations and their status



Creating a New Patient

If your patient does not appear under Patient Search Results, the patient does not exist in the MyDirectives database, and you will need to create an account for them.

1. After you have searched the database for your patient, if they did not appear in the search results - Select "Create a New Patient" to complete the required new patient account details.
2. For advanced searches, select "more..." under the required fields. Select "less..." to return to the search fields necessary



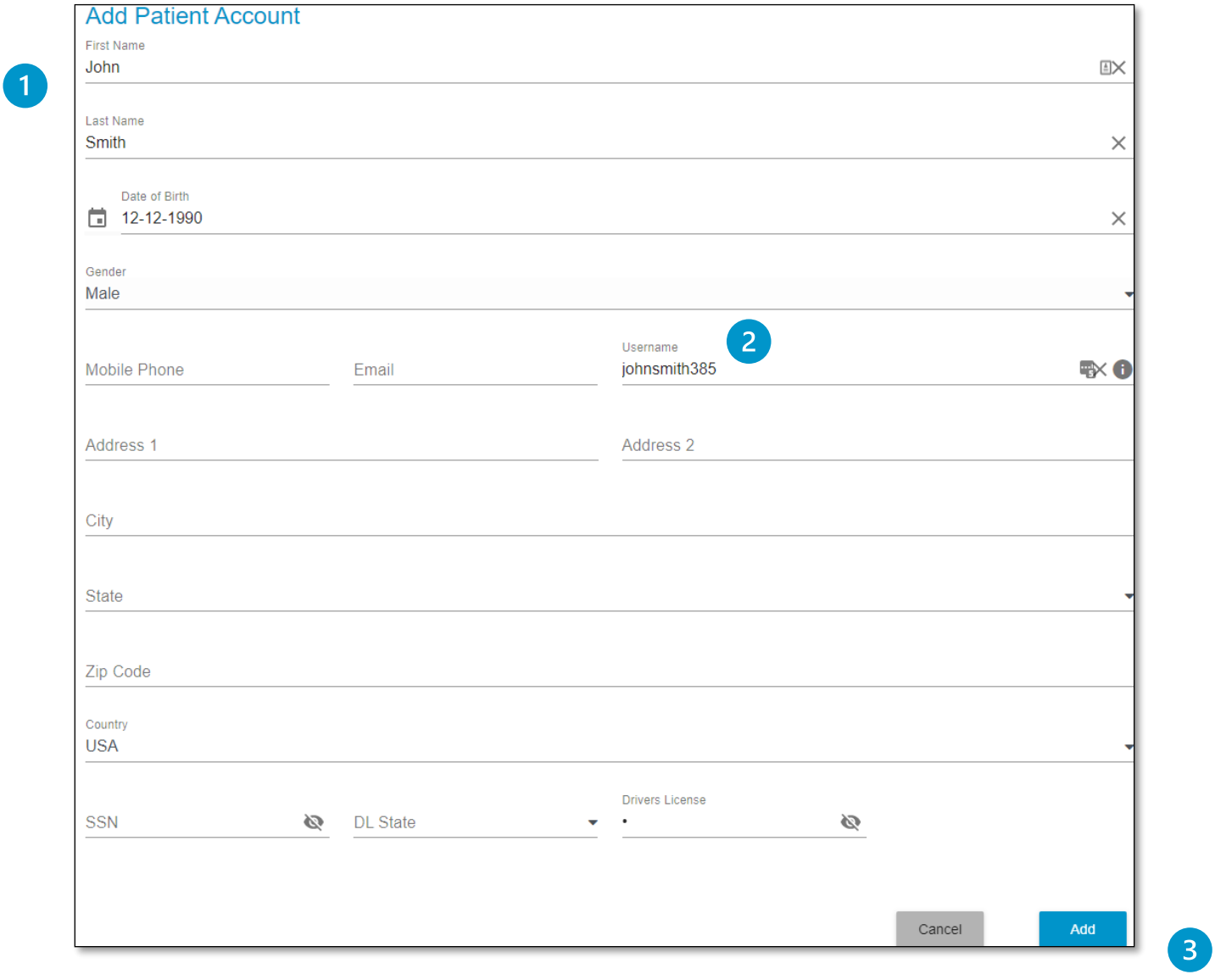
Create a new patient by selecting "Create New Patient" at the bottom of the page after you have searched the database for the patient's information. You must complete all required fields on the form to create a new patient in the MyDirectives database.

1. Required fields:
    - First & Last name
    - DOB
    - Gender
    - Username (the username is autogenerated but can be changed)
    - Address1
    - City/State/ Zip/Country

2. Note that a username will auto-populate. You can change this at the patient's request.

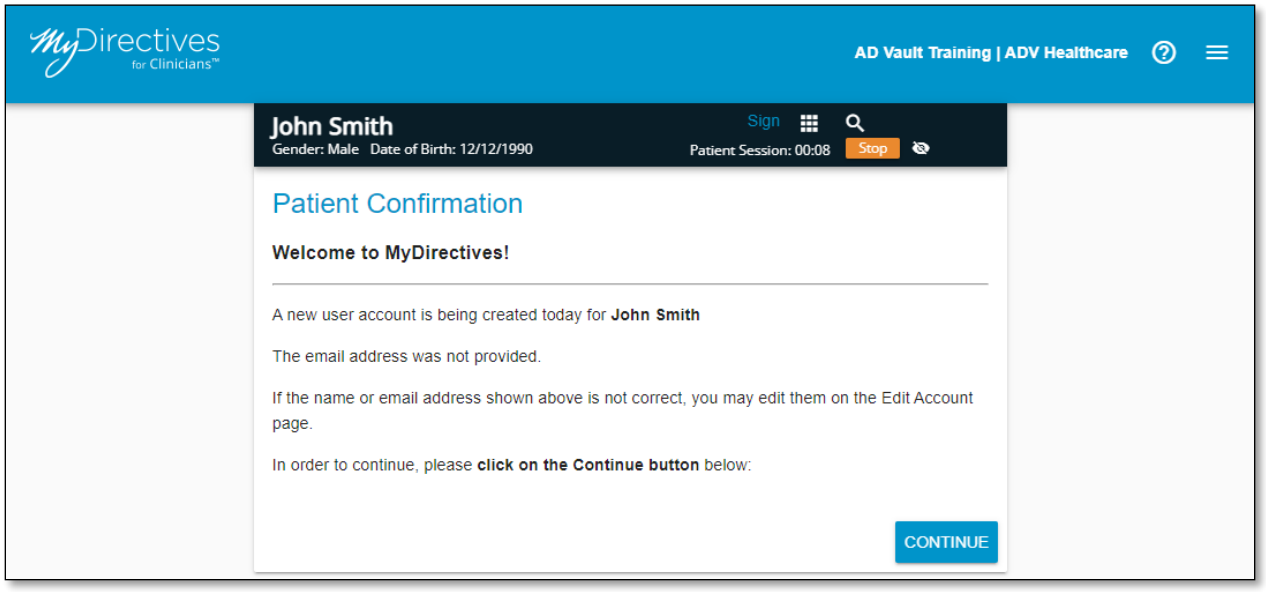
3. Click the "Add" button to create a new patient.

You will be taken to the Advance Care Plan for new patients. If you are selecting an existing patient, then you will be taken to the patient's dashboard.



Patient Account Confirmation

When you create an account for a patient, you will receive this notification on your screen. This confirms the patient's username, whether they provided an email address or not, and lets you know that if either is incorrect, you can edit that information.

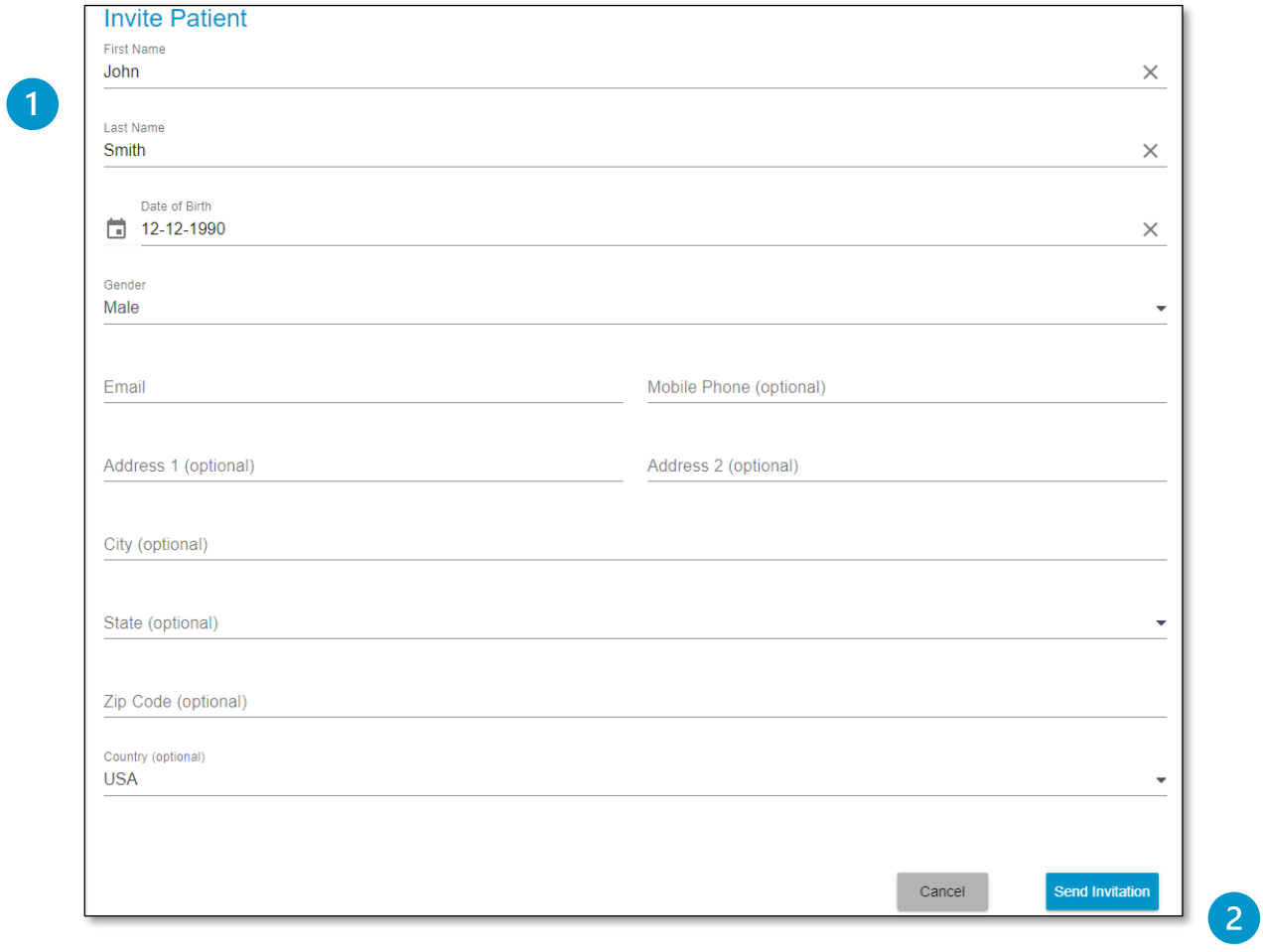


Invite New Patient

You can invite new patients to create their own MyDirectives account by selecting "Invite New Patient." An invitation is sent to the patient instructing them how to create their account. The patient can click on the link in their email, which will take them to the MyDirectives portal, where they can create their account. You can search their patient record just like you would if you assisted with their account setup. If your patient has additional questions, you can help them through their advanced care plan, uploading documents, creating healthcare agents, etc.

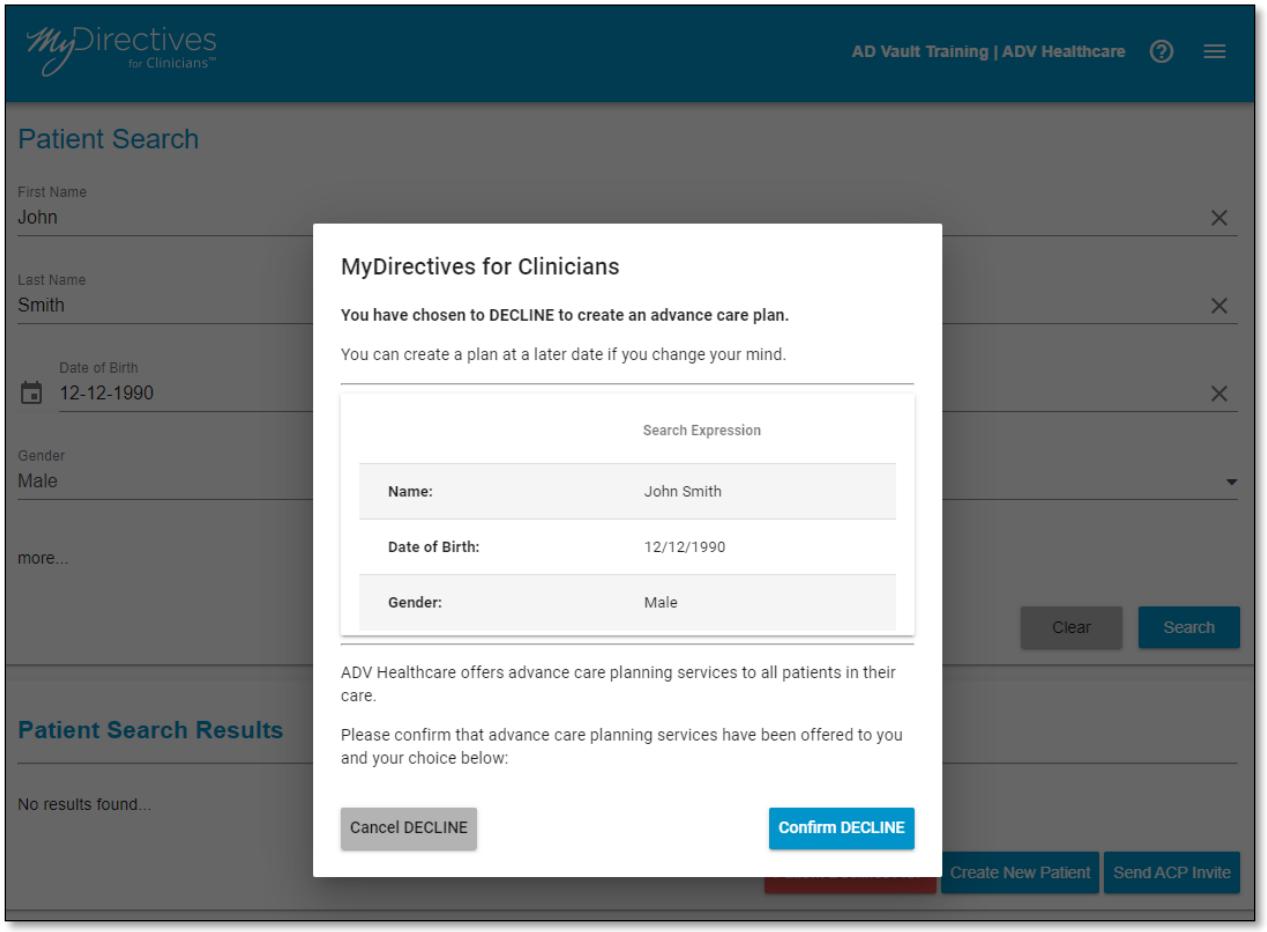
1. Complete the required fields for an invitation to be sent to the patient, which include:
    - First name
    - Last name
    - DOB
    - Email
    - Gender
    - Username (the username is autogenerated, but allowed to change)
    - Address1
    - City/State/ Zip/Country

2. Select Send Invitation to send the invitation to your patient.



Patient Declined to Create an Advance Care Plan

If your patient chooses not to create an Advance Care Plan, they can decline. When you choose Decline, you will receive the following message. The patient will have the option to create an ACP later. Select Confirm or Cancel Decline.



Patient Dashboard

The patient dashboard provides tiles to help you navigate and manage the patient's data. You will click on the tile you need to access. The tile icon is on the top of the page next to the sign icon. You can click that icon and be taken back to the dashboard page. You can also access the dashboard from the burger menu at the top right of the logo header.

Patient Summary

Overview of patient account activity.

Edit Patient

If any information needs to be changed or updated on your patient's account.

Digital Advance Care Plan

Paperless document that captures the wishes of the patient's care.

Document Upload

Upload and manage the patient's documents.

Name a Healthcare Agent

Add a primary and alternate healthcare agent(s) for the patient and select access to the patient's documents.

Record a New Video

Record videos of the patient or the healthcare agent. These video files can be uploaded or recorded from your device.

Contacts

Add additional contacts to the patient's record and select access to the patient's documents.

Portable Medical Order

Paperless document MOST, MOLST, POLST options

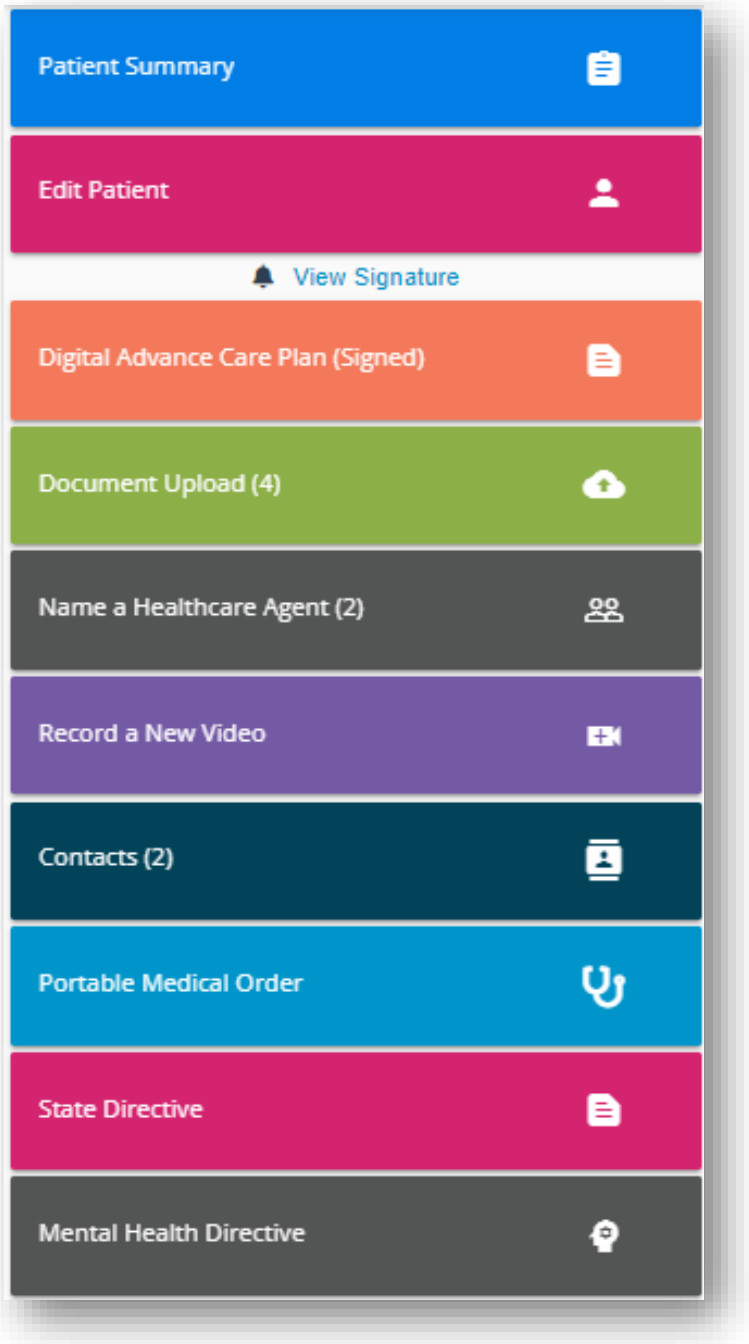
State Advance Directive

Paperless state specific directive

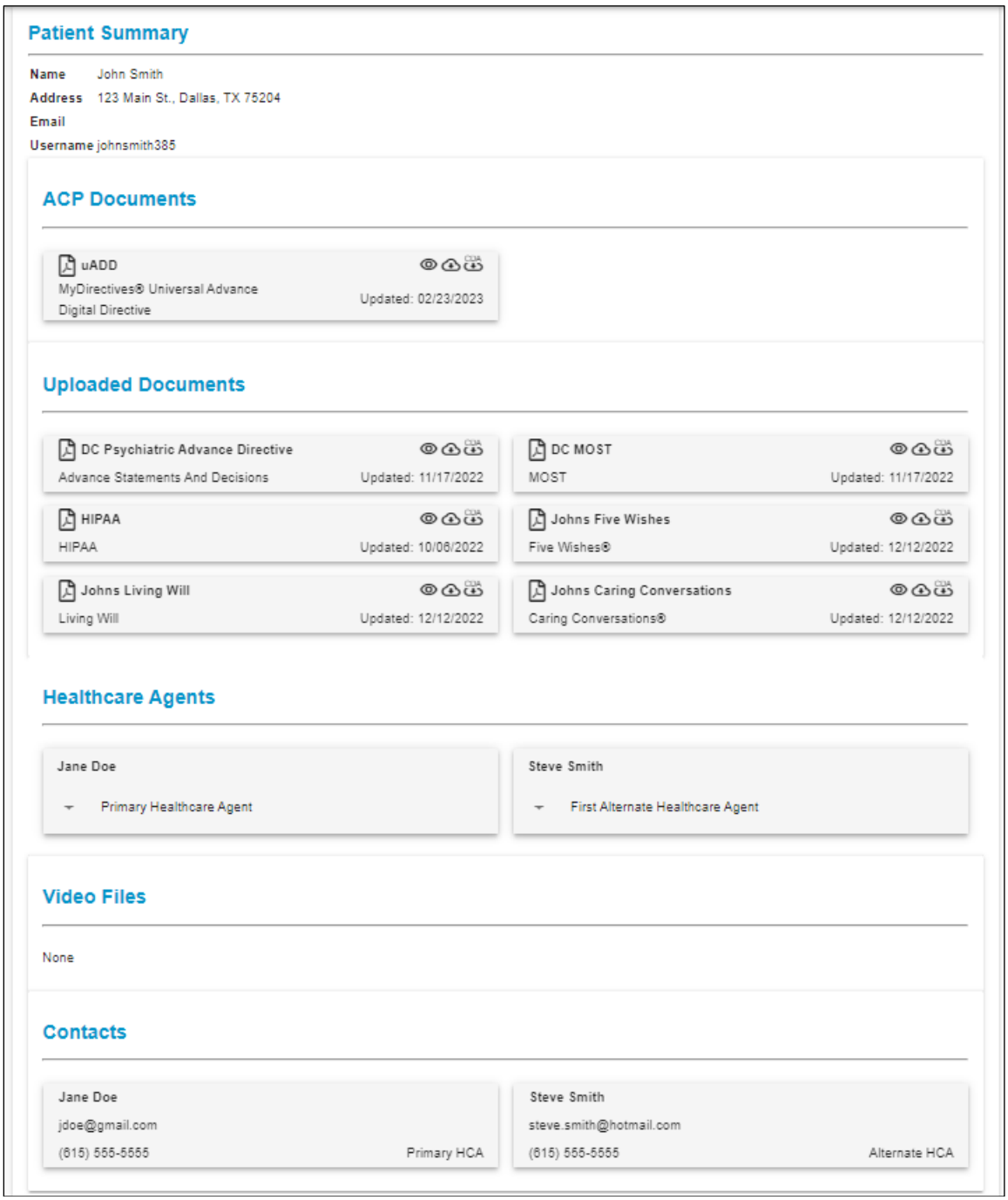
Mental Health Directive

Paperless Psychiatric Advance Directive

Patient Account Module's



Patient Summary



Patient Summary

Name John Smith
Address 123 Main St., Dallas, TX 75204
Email
Username johnsmith385

ACP Documents

uADD
MyDirectives® Universal Advance Digital Directive
Updated: 02/23/2023

Uploaded Documents

DC Psychiatric Advance Directive
Advance Statements And Decisions
Updated: 11/17/2022

DC MOST
MOST
Updated: 11/17/2022

HIPAA
HIPAA
Updated: 10/06/2022

Johns Five Wishes
Five Wishes®
Updated: 12/12/2022

Johns Living Will
Living Will
Updated: 12/12/2022

Johns Caring Conversations
Caring Conversations®
Updated: 12/12/2022

Healthcare Agents

Jane Doe
Primary Healthcare Agent

Steve Smith
First Alternate Healthcare Agent

Video Files

None

Contacts

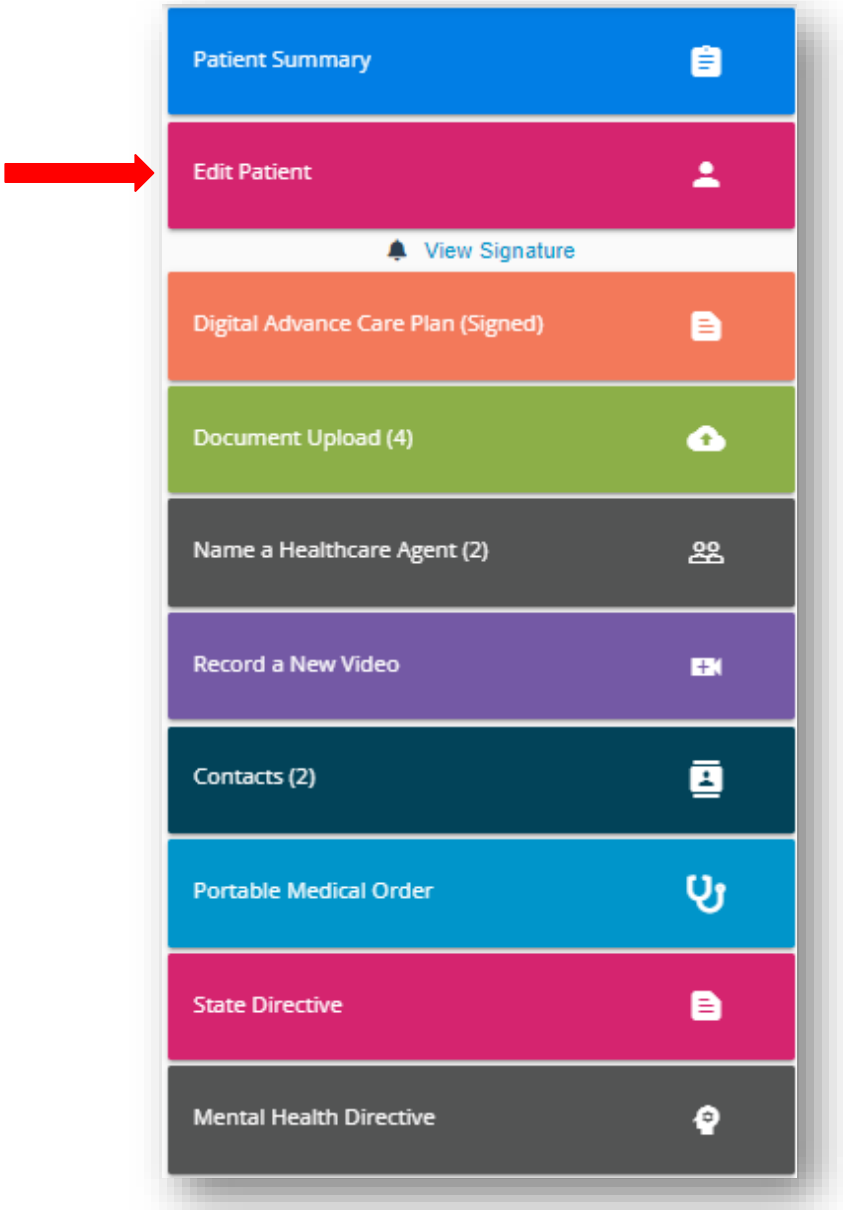
Jane Doe
jdoe@gmail.com
(615) 555-5555
Primary HCA

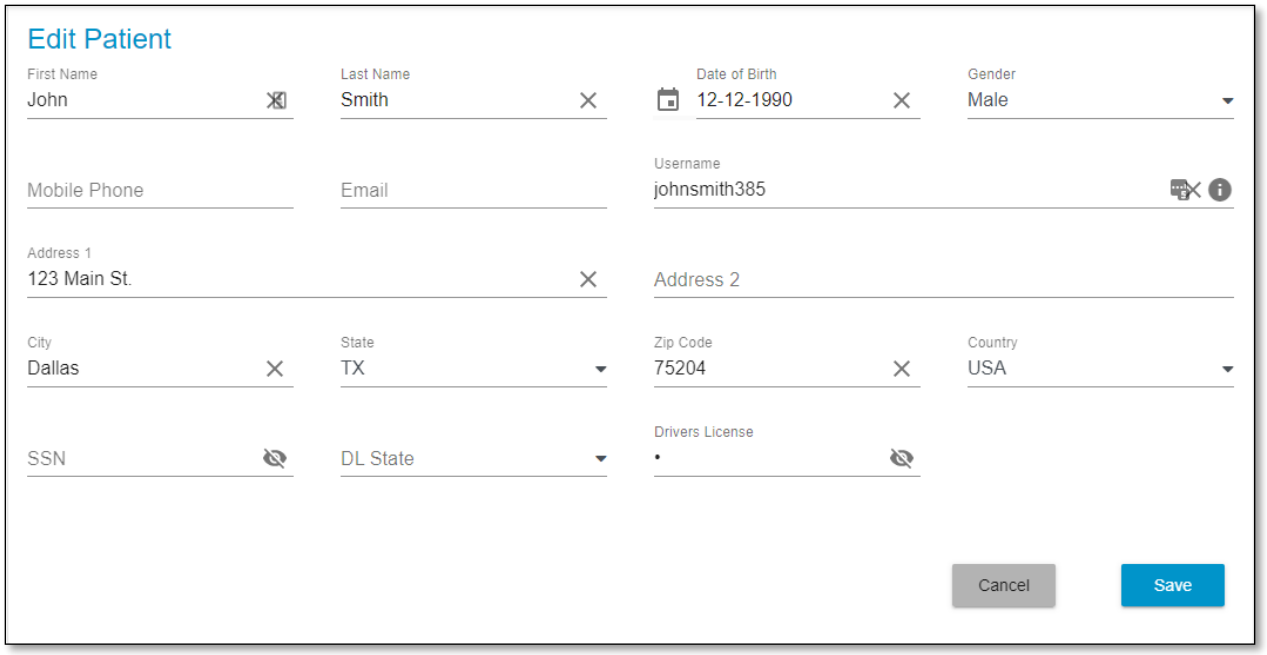
Steve Smith
steve.smith@hotmail.com
(615) 555-5555
Alternate HCA

Edit Patient Information

Select Edit Patient if any information needs to be changed or updated on your patient's account.

1. As stated previously, the username is automatically generated. If your patient would like to select their username or change their current username, they can do this at any time.





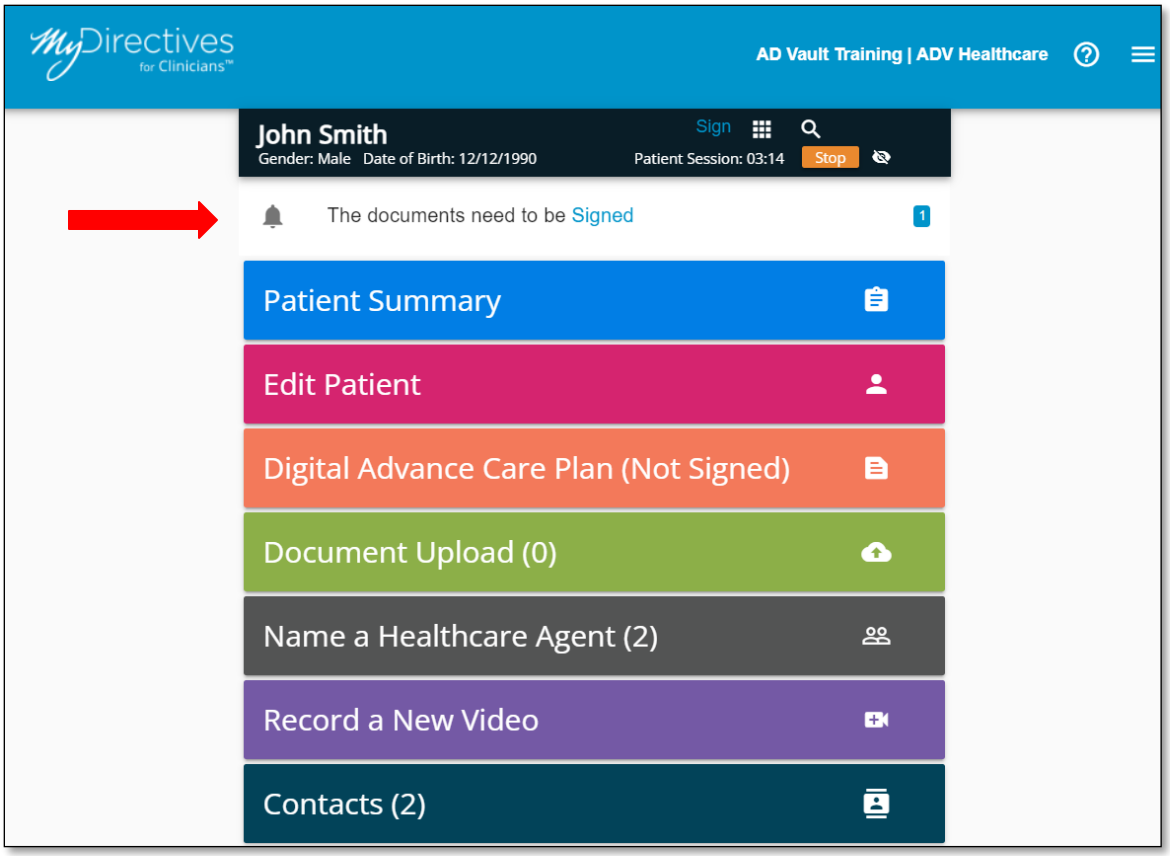
Patient's Advance Care Plan

Access the advance care plan by clicking on the Digital Advance Care Plan tile. The Digital Advance Care Plan (ACP) will guide you through creating the ACP for your patient.

Advance Care Plan Status

The tile will show you the status of the patient's ACP. The status shows "Not Completed," meaning the patient's ACP has not been completed. The statuses for the patient's ACP include:

- No status shown: The ACP has not been started.
- Complete: The ACP has been completed and signed.
- Not Complete: The ACP is incomplete and is not signed.
- Not Signed: The ACP is complete but has not been signed.



Create or Update the Patient's ACP

If you or the patient have previously completed an ACP from MyDirectives or MyDirectives for Clinician portal, those choices will appear in the plan. If the patient does not have an existing plan with MyDirectives, you will go through each of the questions in the ACP.

Questions will auto-save, so you do not have to click Save for the question to update. If you make any changes to the ACP, then you and the patient must sign the ACP.

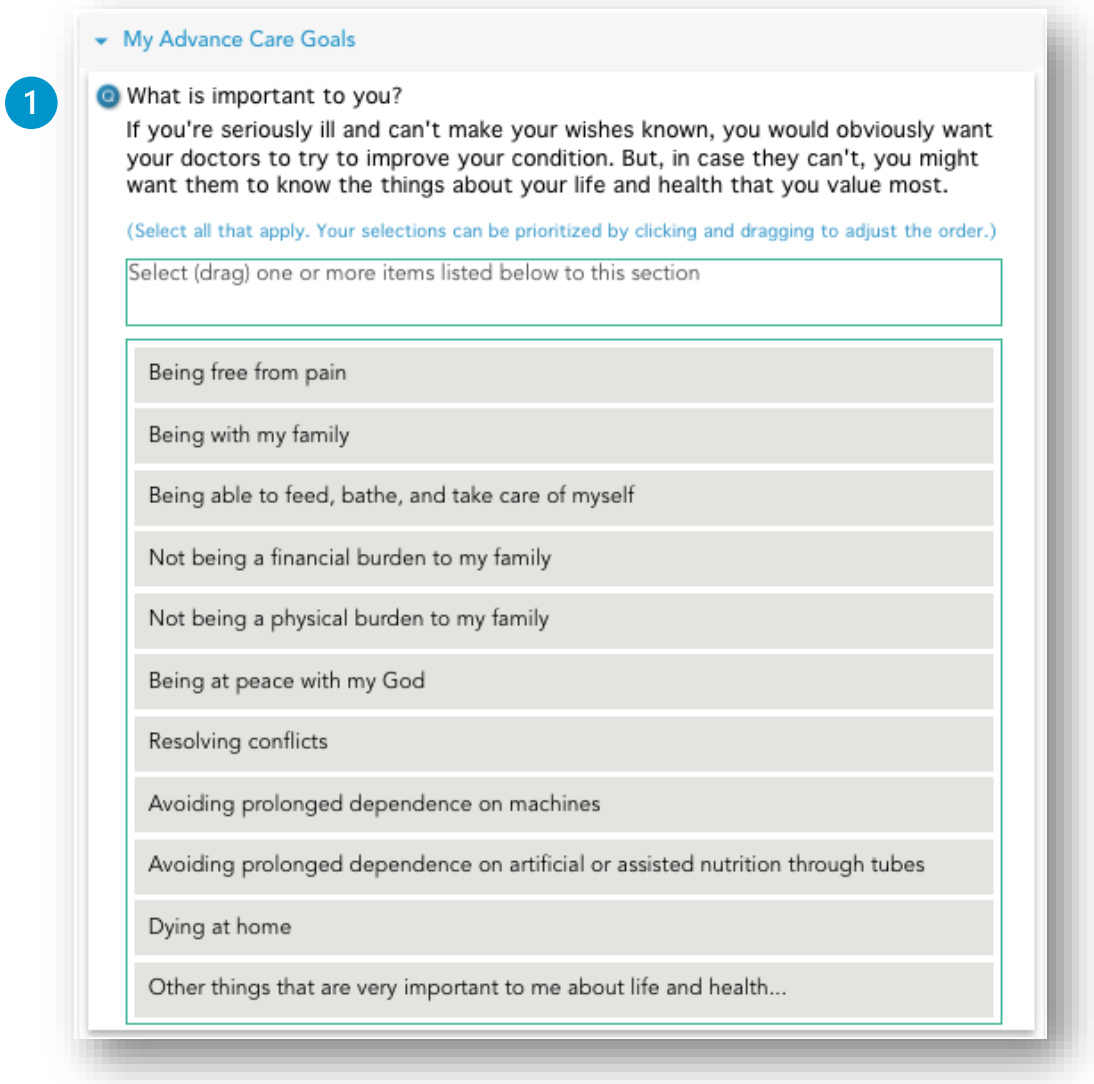
You will click on each tile in the ACP and complete all required questions. All required questions must be completed before you and the patient can sign the ACP.

My Advance Care Goals Questions

Each question in this section requires a minimum of one response to complete. Some questions will require a follow-up selection to the question.

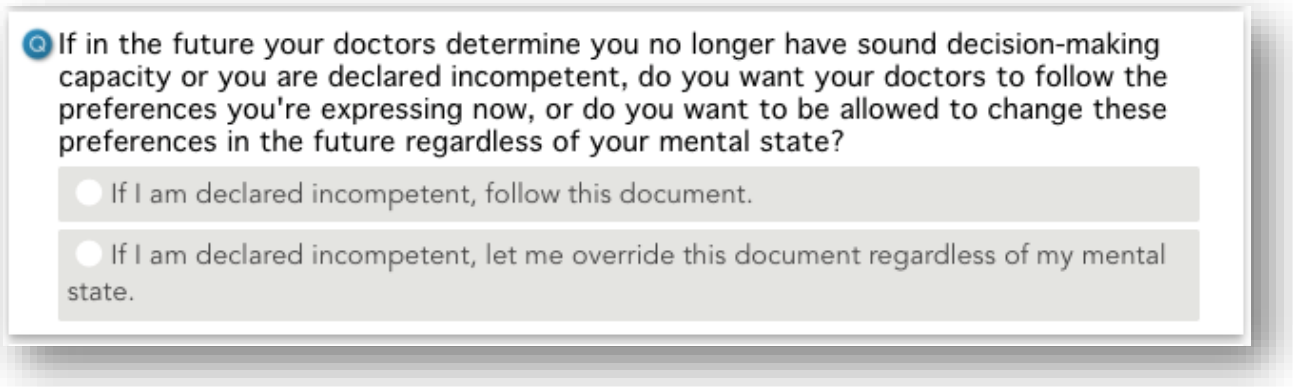
What is important to you?

1. The "what is important to you question" requires at least one response to complete. You will drag the tiles the patient selects to the rectangular box area, and you can prioritize the responses by the patient's wishes in the rectangular box area by dragging the tile up or down.



Patient is not of sound mind.

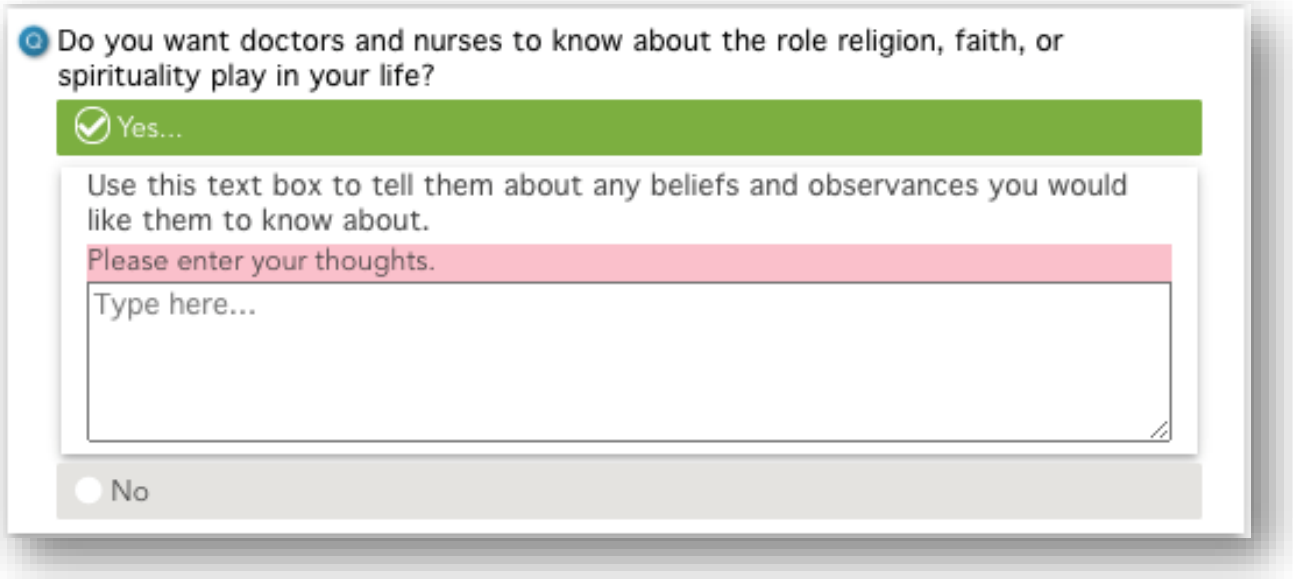
If the patient is no longer of sound mind, how do they want their care managed? Please select one of the answers by clicking on the corresponding space.



Religion, Faith & Spirituality

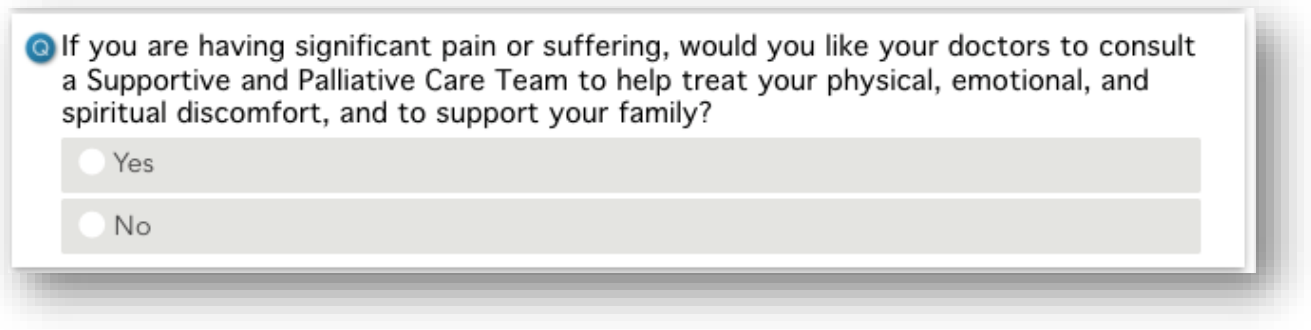
The patient can provide information to the care team about the role religion, faith, or spirituality play a role in the patient's life. Please select one of the answers by clicking on the corresponding space

Answering yes will open a section to allow for the patient to expand on their answer and provide more detail as to their wishes.



Suffering Significant Pain

Please select one of the answers by clicking on the corresponding space.



My Preferences in Specific Circumstances Questions

Each question in this section requires a minimum of one response to complete. Some questions will require a follow-up selection to the question.

Terminal Illness

The patient will answer the question that pertains to terminal illness. Please select one of the answers by clicking on the corresponding space:

You will click the first option if the patient stops all life-sustaining treatments.

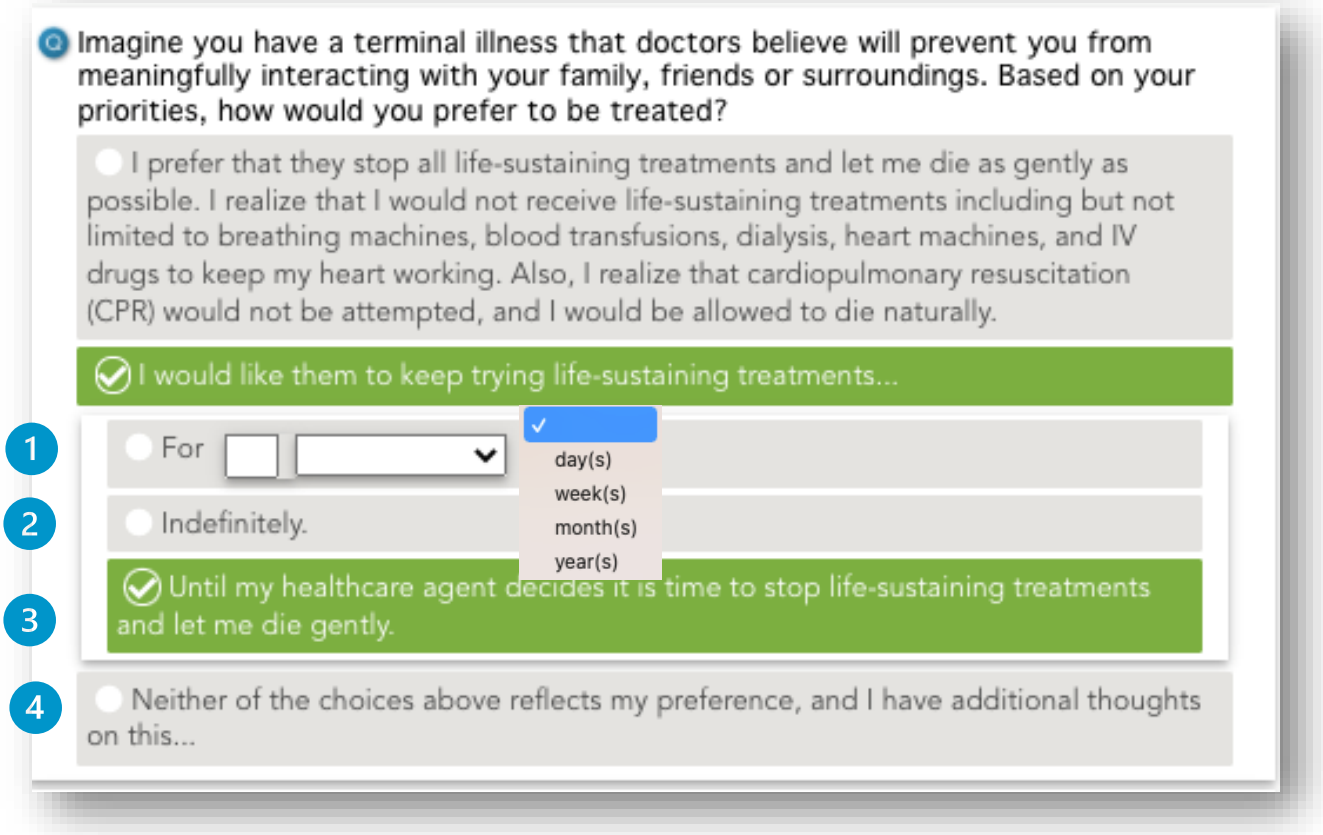
Additional information is required to complete the question if the patient requests life-sustaining treatments.

1. Select the "For" option, and the patient will determine the period, and you will enter that information by adding the number the patient stated, then select from the dropdown menu choose either day(s), week(s), month(s), or year(s).

2. The patient may want life-sustaining treatments indefinitely, which can be selected by selecting the Indefinitely circle box.

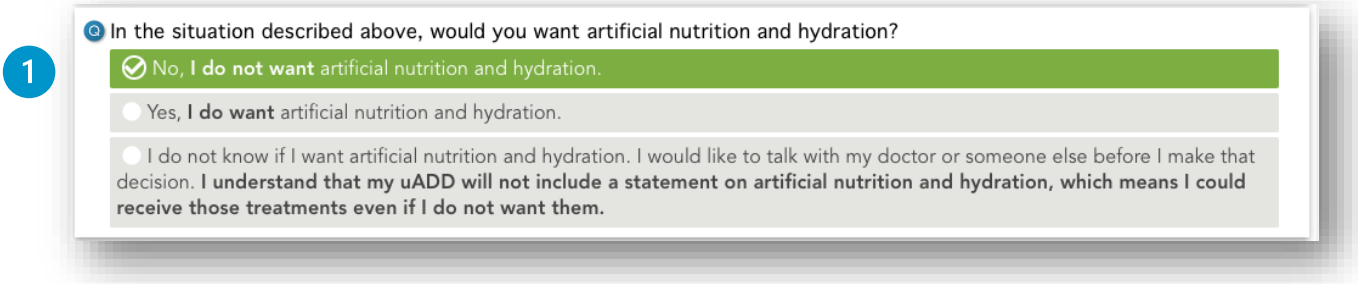
3. The patient may want the Healthcare Agent to determine the time to stop life-sustaining efforts, which can be selected by clicking the Until my healthcare decides circle box.

4. The patient can choose Neither if the patient is not satisfied with the options.



If the patient wants all life-sustaining treatments stopped, additional information is required to complete the question.

1. The patient can select the following:
   - No, I do not want additional nutrition and hydration.
   - Yes, I do want additional nutrition and hydration.
   - I do not know.



Brain Injury

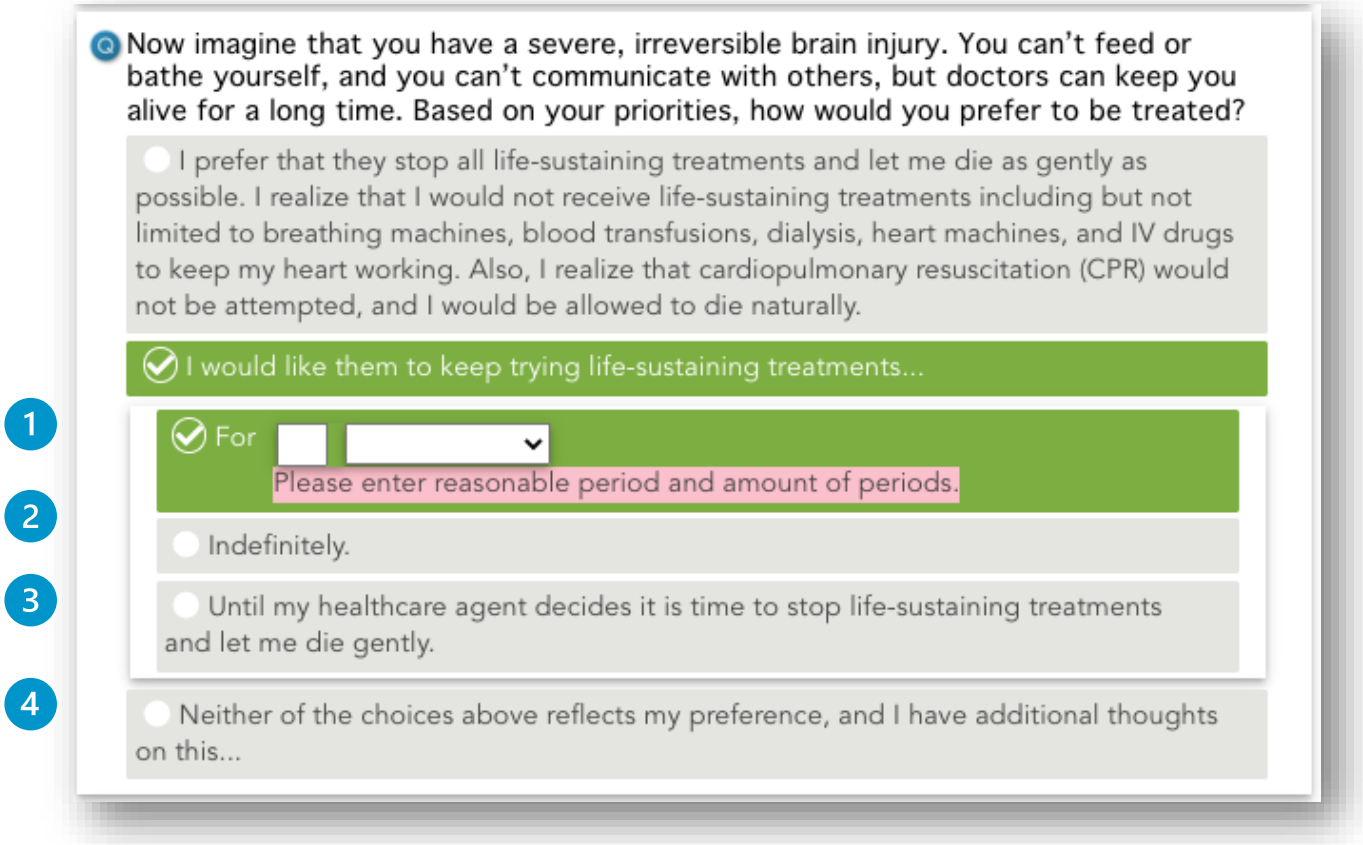
How the patient wants to be treated in the event of life-sustaining treatments after a severe and irreversible brain injury. Please select one of the answers by clicking on the corresponding space:

1. Select the "For" option, and the patient will determine the period you will enter that information by adding the number the patient stated, then select from the dropdown menu choose either day(s), week(s), month(s), or year(s)

2. The patient may want the life-sustaining treatments indefinitely, which can be selected by selecting the Indefinitely circle box.

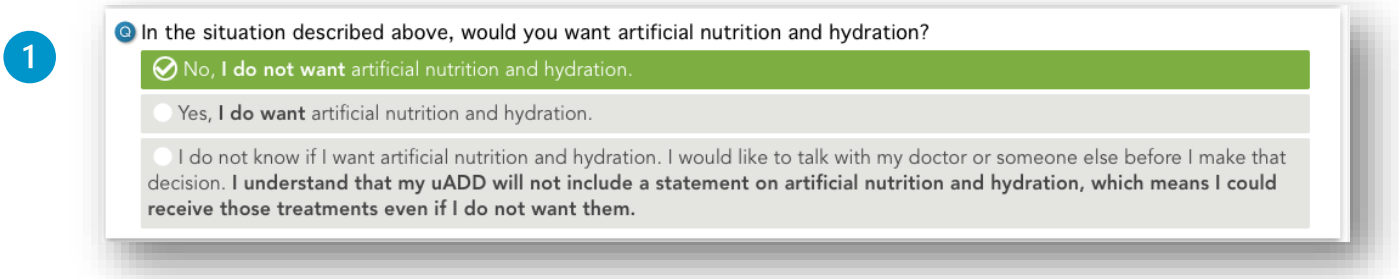
3. The patient may want the Healthcare Agent to determine the time to stop life-sustaining efforts, which can be selected by clicking the Until my healthcare decides circle box

4. The patient can choose Neither if the patient is not satisfied with the options



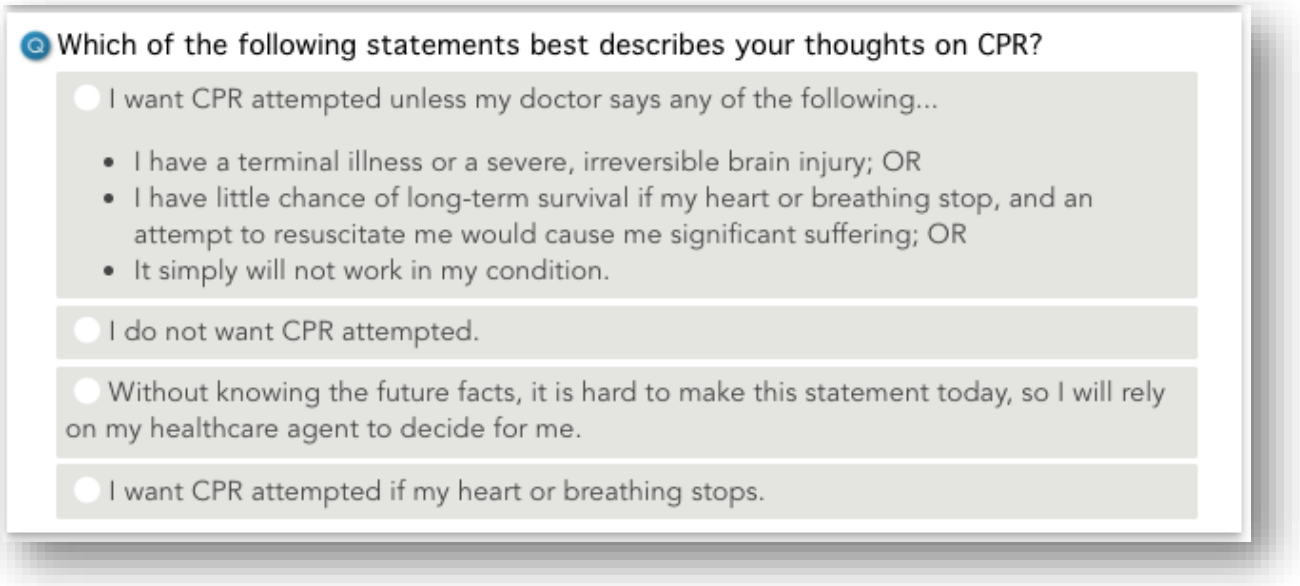
If the patient wants all life-sustaining treatments stopped, additional information is required to complete the question.

1. The patient can select the following:
    - No, I do not want additional nutrition and hydration
    - Yes, I do want additional nutrition and hydration
    - I do not know

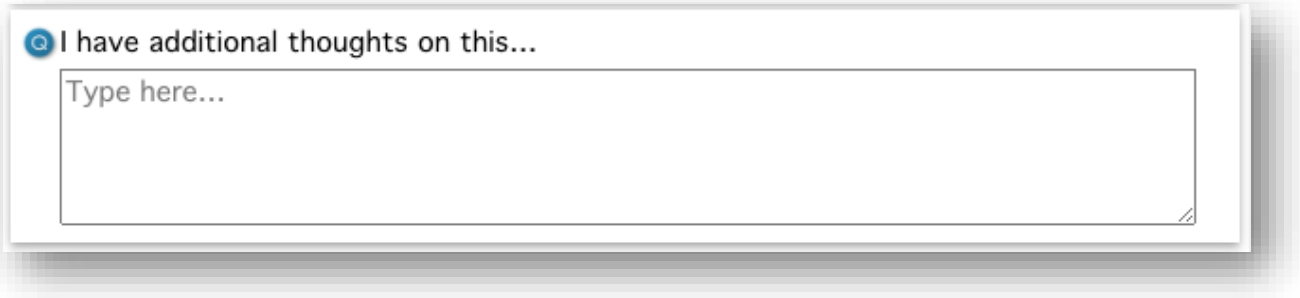


CPR

You will guide the patient through their thoughts on CPR. Please select one of the answers by clicking on the corresponding space



If you would like to provide additional thoughts, click on *I have additional thoughts on this...* and a text box will be displayed, and you may share your thoughts in the text box.



My End-of-Life Preferences Questions

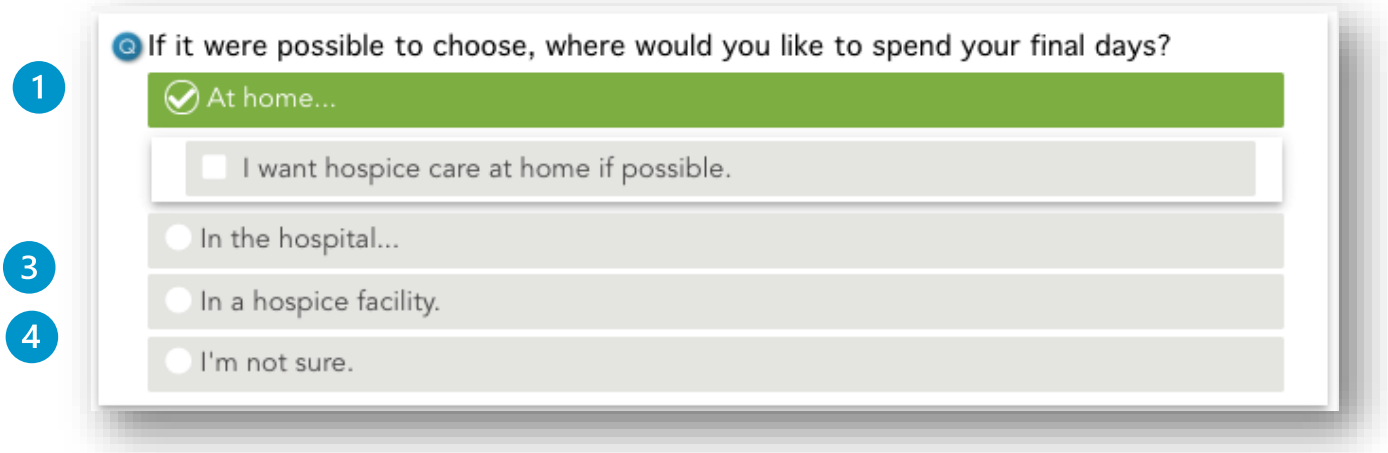
Please select one of the answers by clicking on the corresponding space.

Where to spend final days

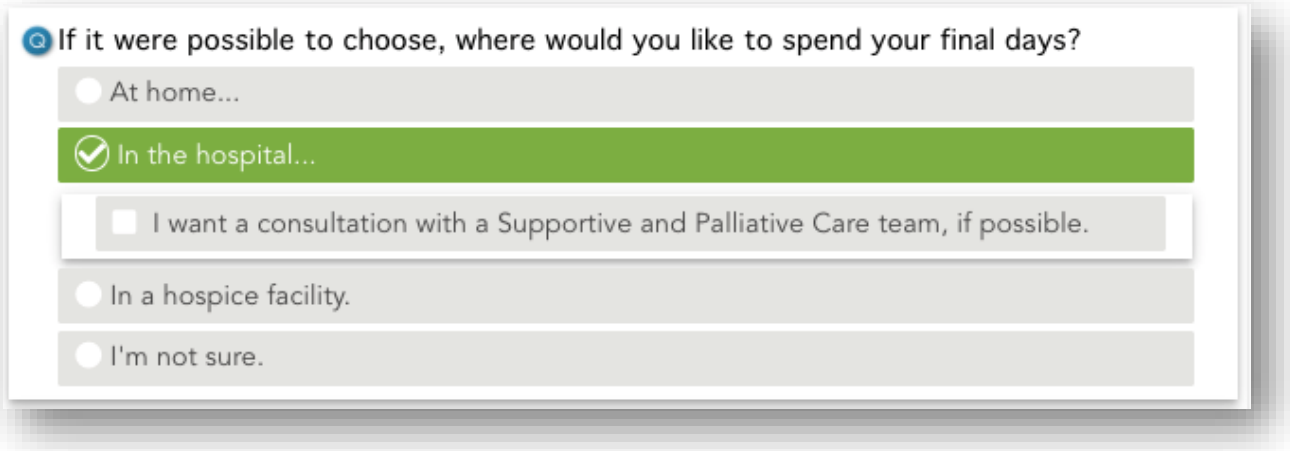
The patient can select where they choose to spend their last days.

Please select one of the answers by clicking on the corresponding space:

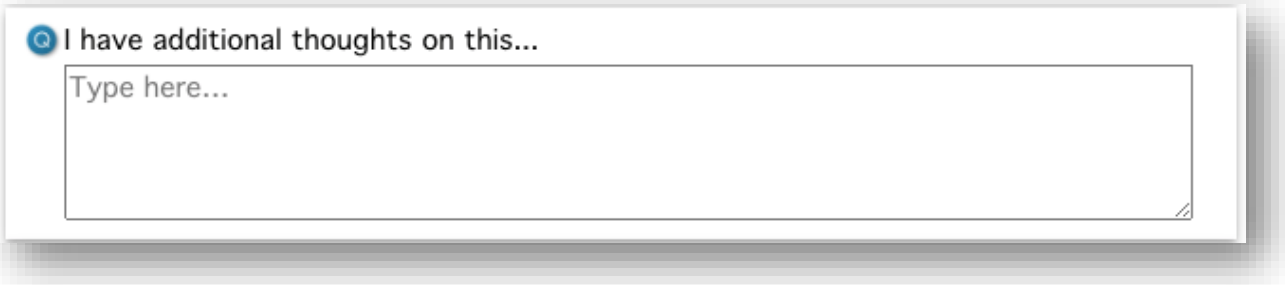
1. The At home option will add an additional option that must be selected:
    a. The patient can select the option to have hospice care if available
2. In the hospital selection, adds an option (Example in the second picture below):
    a. The patient can request a consultation with a Supportive & Palliative Care Team, if possible
3. In a hospice facility
4. Select "I am not sure." If the patient is not ready to answer this question



2



If you would like to provide additional thoughts, click on *I have additional thoughts on this...* and a text box will be displayed, and you may share your thoughts in the text box.

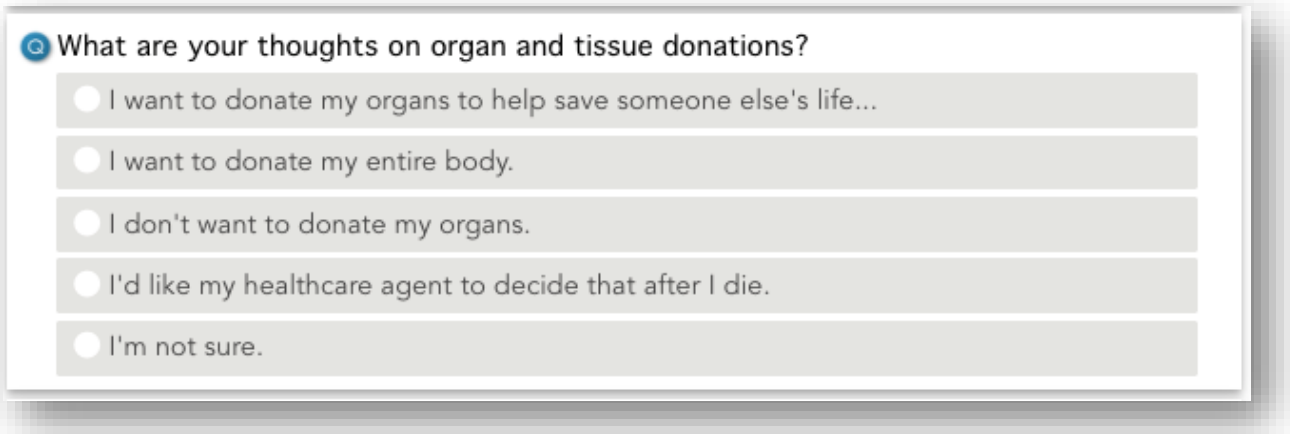


Tissue Donation

You will guide the patient through the set of questions.

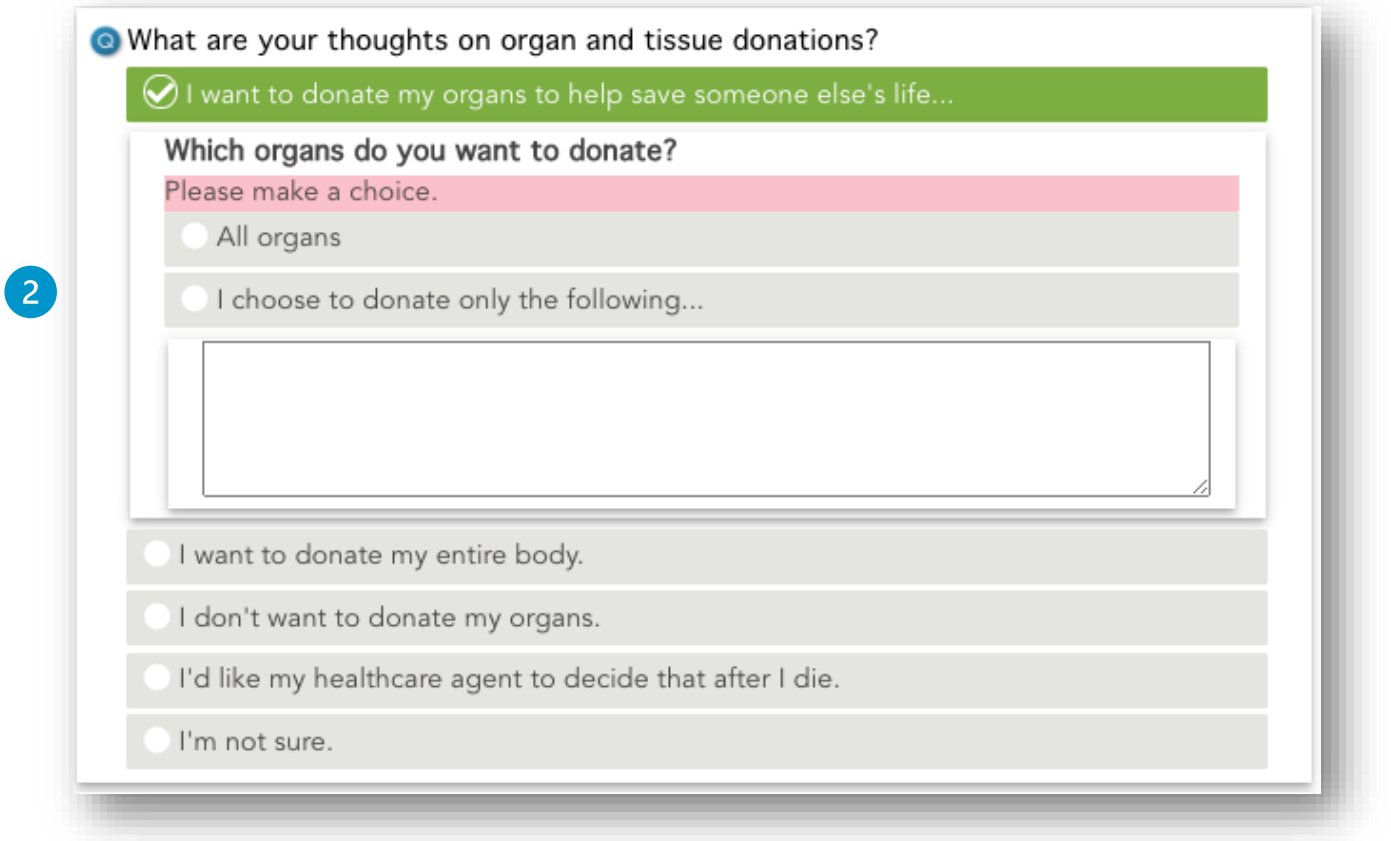
Please select one of the answers by clicking on the corresponding space:

1

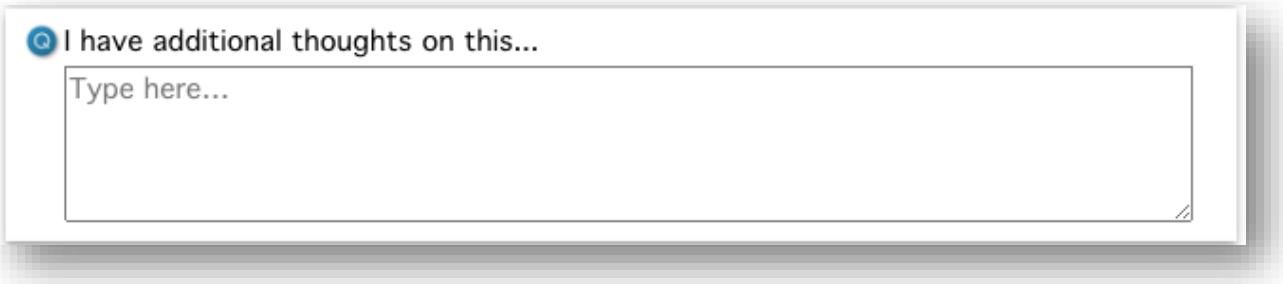


2. If the patient selects to donate my organs, then the patient will need to make one of the following decisions:

- All organs
- The patient can list which organs they wish to donate in the text box that appears when this option's selected.
- The patient can opt to donate the whole body.
- The patient can opt not to donate their organs.
- The patient can select to let the healthcare agent decide.
- Or select the box I am not sure if the patient is undecided.



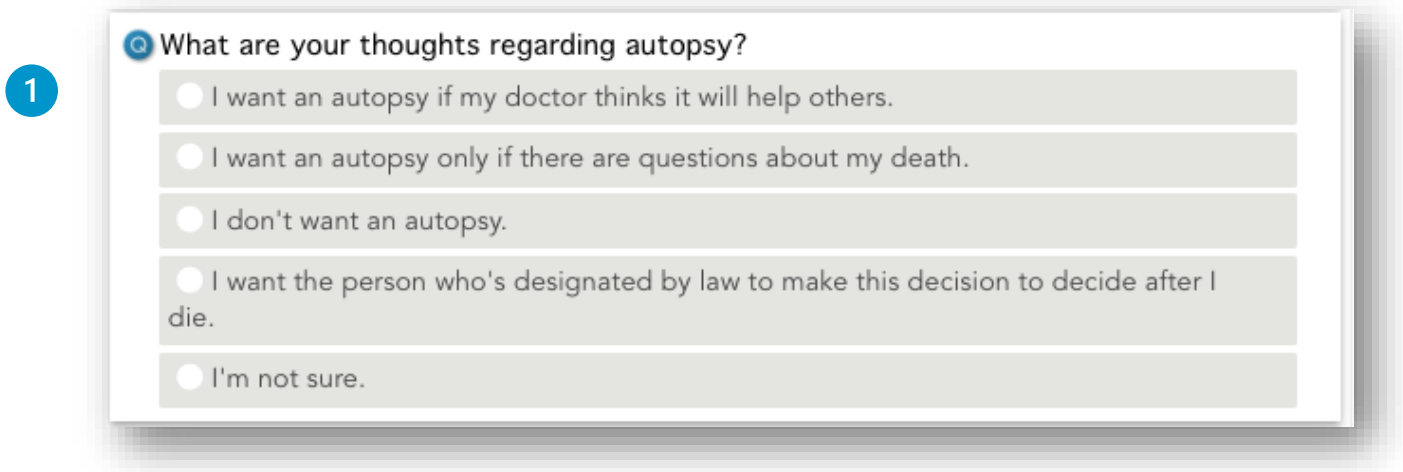
If you would like to provide additional thoughts, click on *I have additional thoughts on this...* and a text box will be displayed, and you may share your thoughts in the text box.



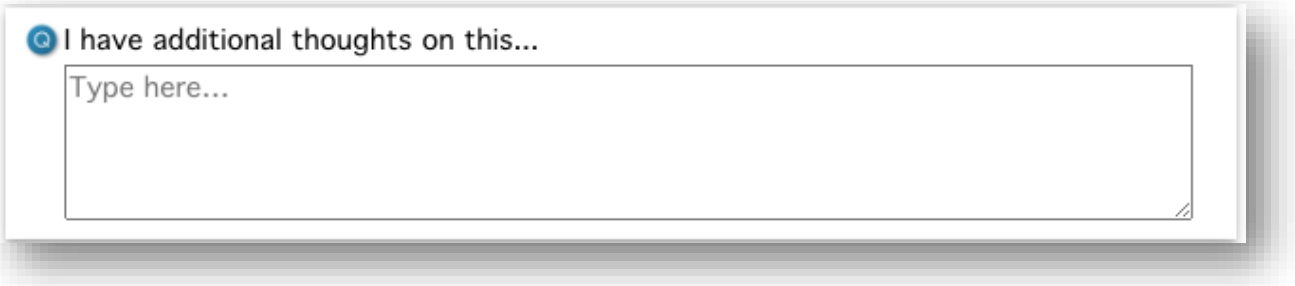
Thoughts on Autopsy

You will guide the patient through their thoughts regarding an autopsy.

1. Please select one of the answers by clicking on the corresponding space



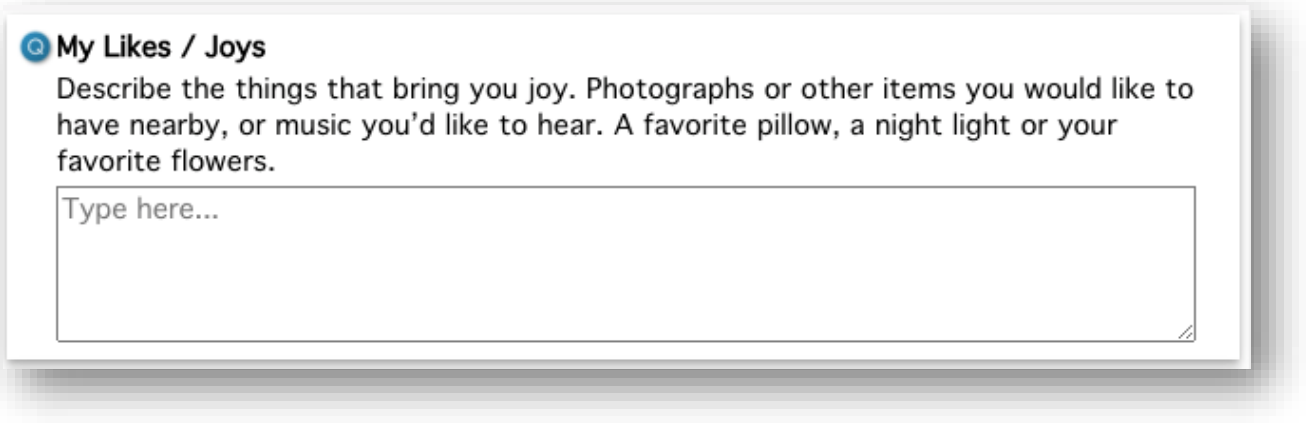
If you would like to provide additional thoughts, click on *I have additional thoughts on this...* and a text box will be displayed, and you may share your thoughts in the text box.



My Thoughts

My Likes / Joys

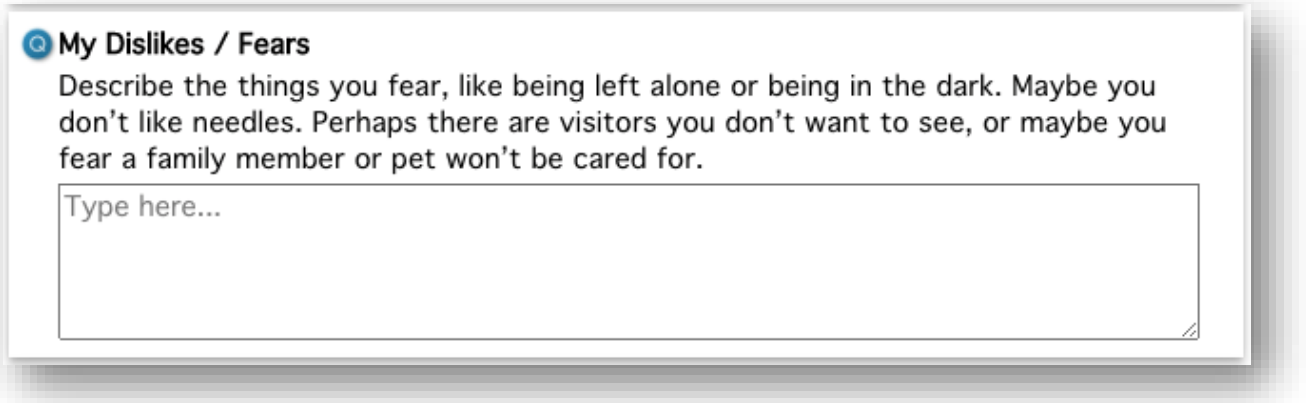
In the text box, the patient can share their likes and dislikes. These are the patient's wishes and are not required to complete the ACP.



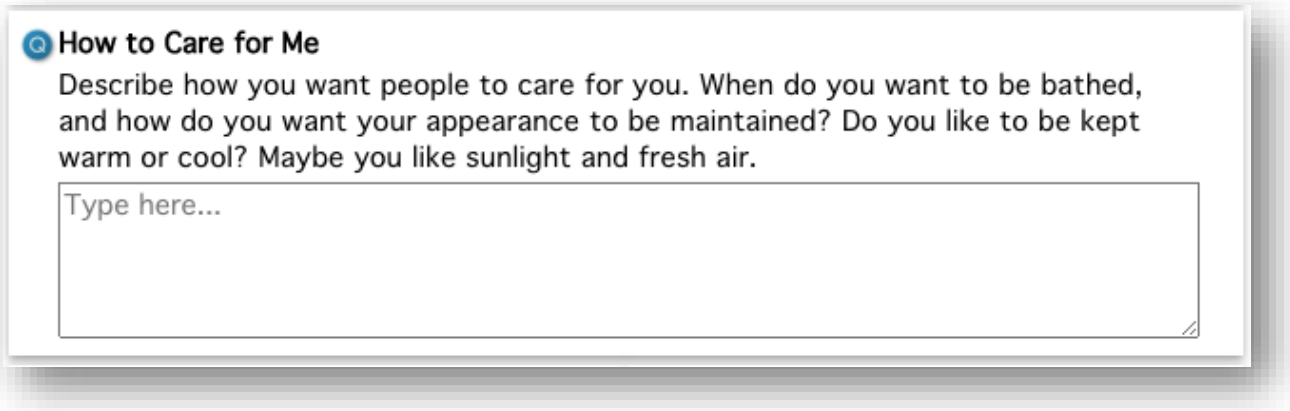
Follow the same process for each of the sections in My Thoughts:

- My Dislikes/Fears
- How to Care for Me
- My Religion
- My Unfinished Business
- If I Were to Pass Away
- Laughter
- Message to People Who Matter to Me
- Information People may need to know

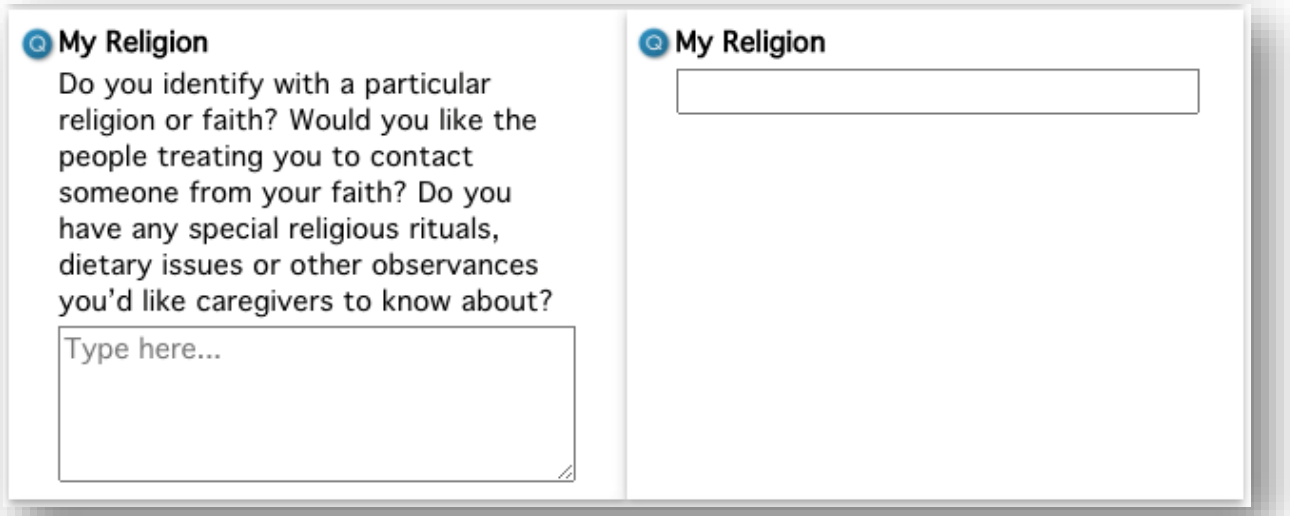
My Dislikes / Fears



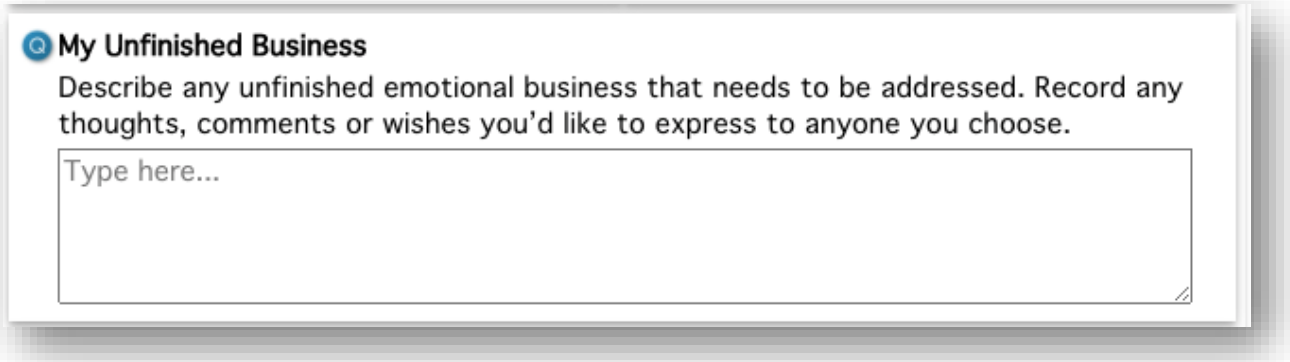
How to care for me



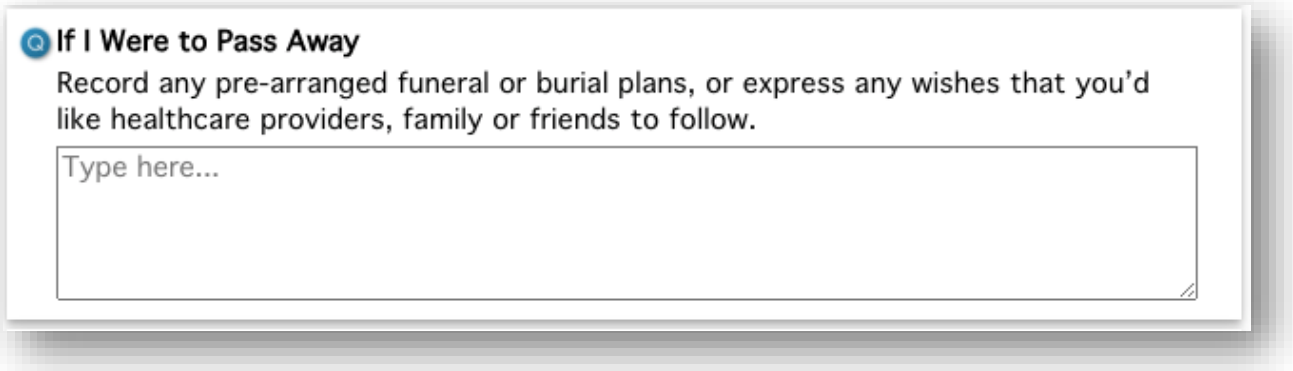
My Religion



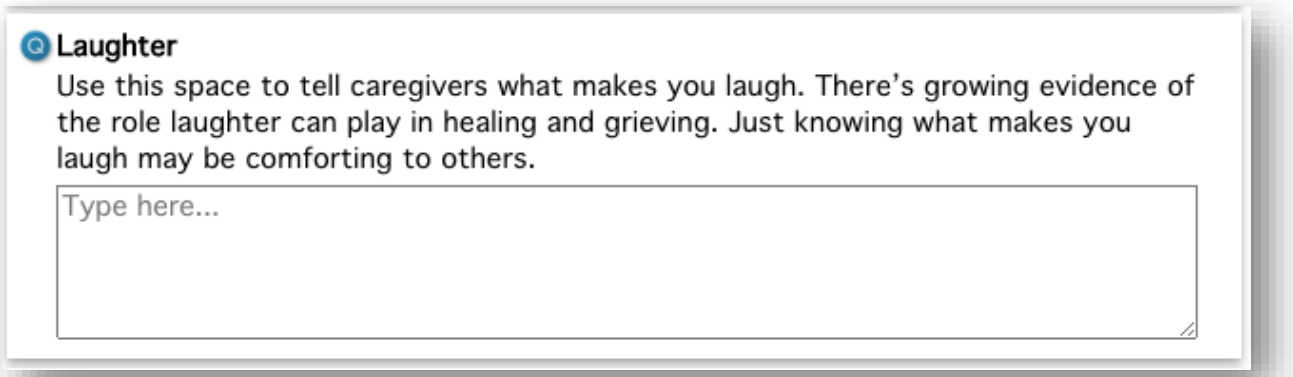
My Unfinished Business



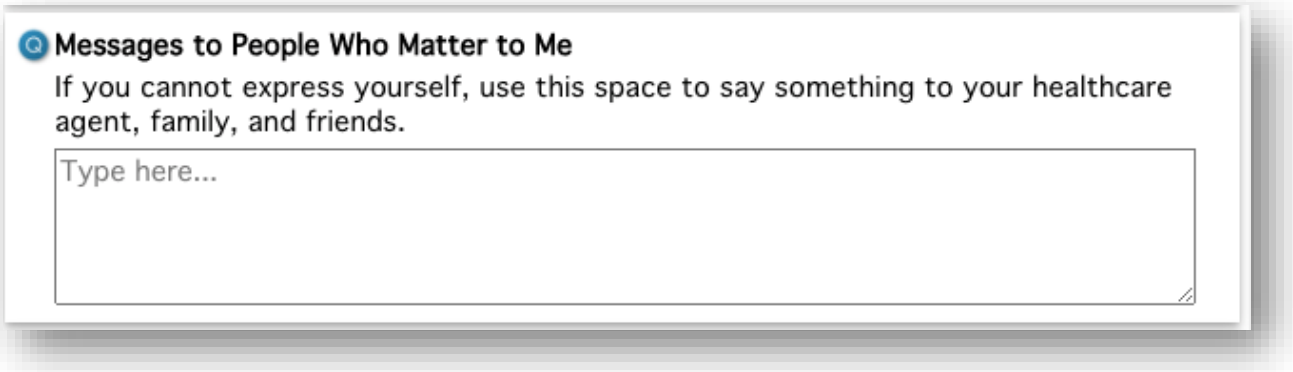
If I Were to Pass Away



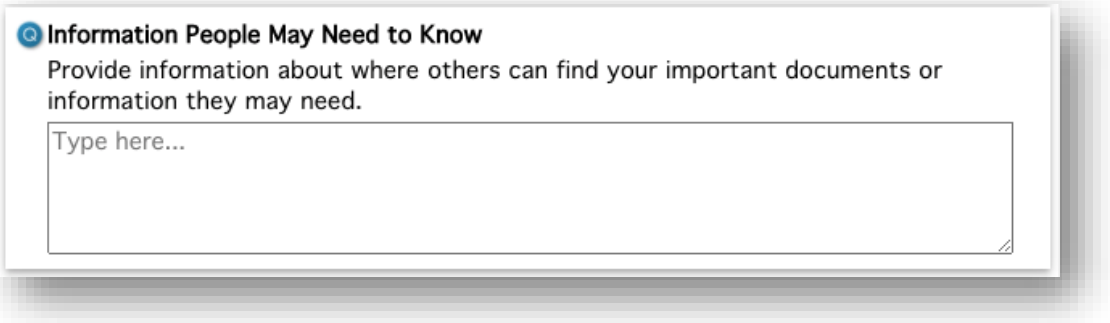
Laughter



Messages to People Who Matter to Me



Information People May Need to Know

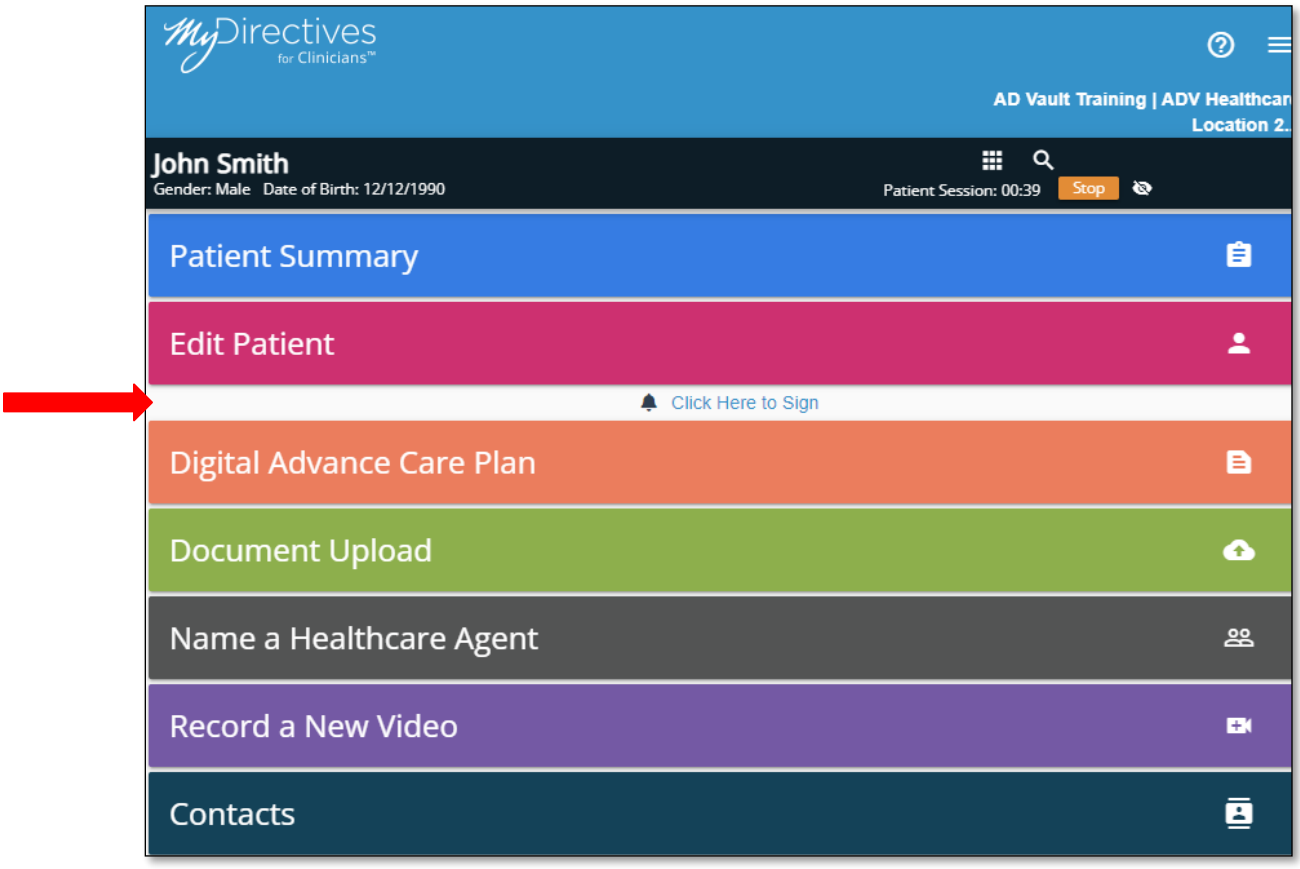


Signature

You and the patient can sign the ACP once you have completed all required fields in the ACP documents.

How do you know the ACP is ready to be signed?

You will know the document is ready to be signed when you see *the documents that need to be signed listed* in the Digital Advance Care Plan tile. You will click on the tile to launch the signature module.



Sign the ACP

Once the ACP is completed and you have clicked on the Sign link, a document signature page will appear.

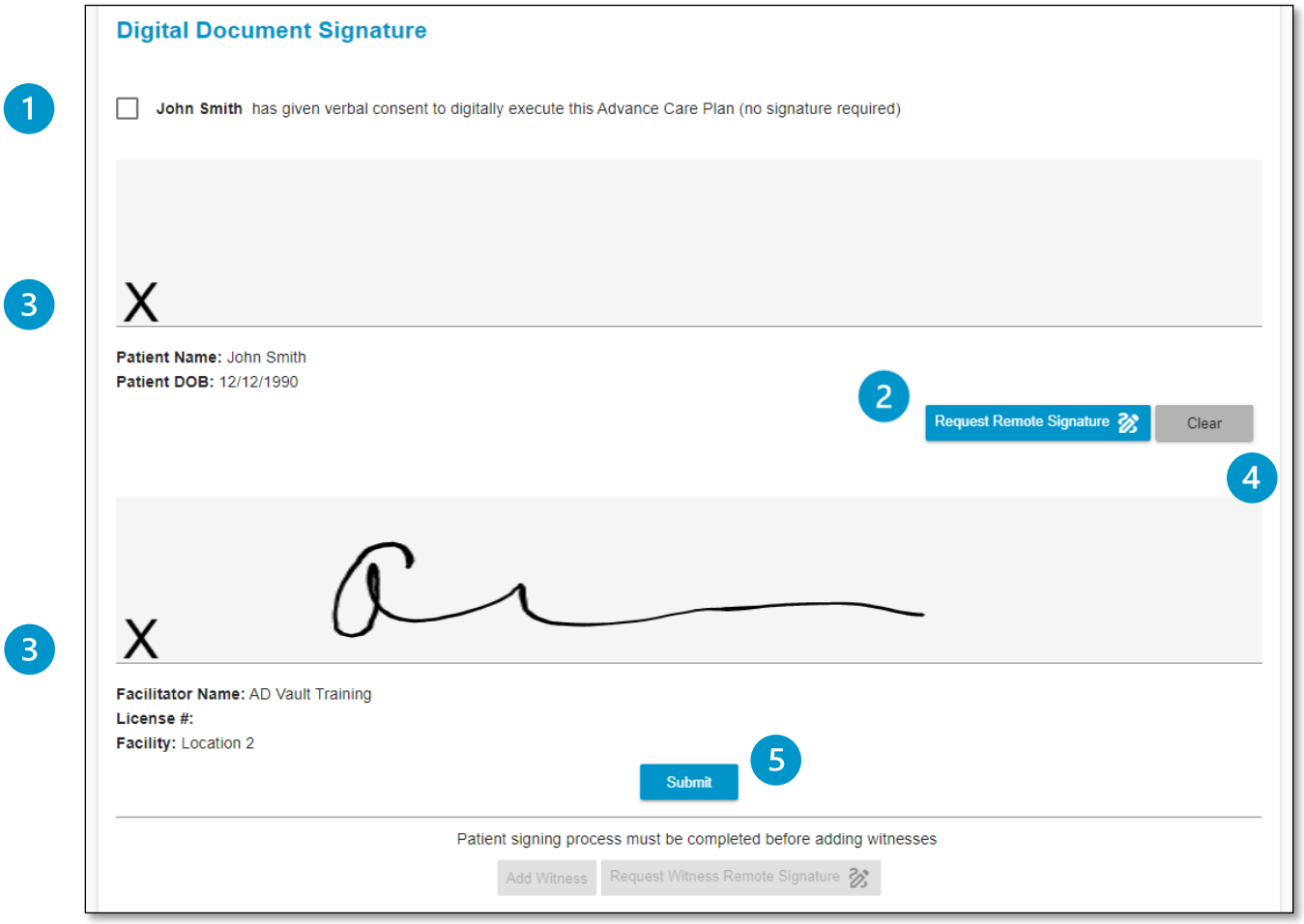
1. If the patient cannot sign the ACP, you will click the check box next to the patient's name, which is located above the patient's signature. Checking this box allows the patient to consent to execute the ACP digitally verbally, and you will sign your name below.

2. If the patient is not present, you will click the Request Remove Signature button, allowing the patient to sign on their own device. They will receive a request via text message or email; whichever they prefer.

3. If the patient is present and can sign, then the patient and you will both sign and click submit. Your signature should automatically appear in the facilitator box.

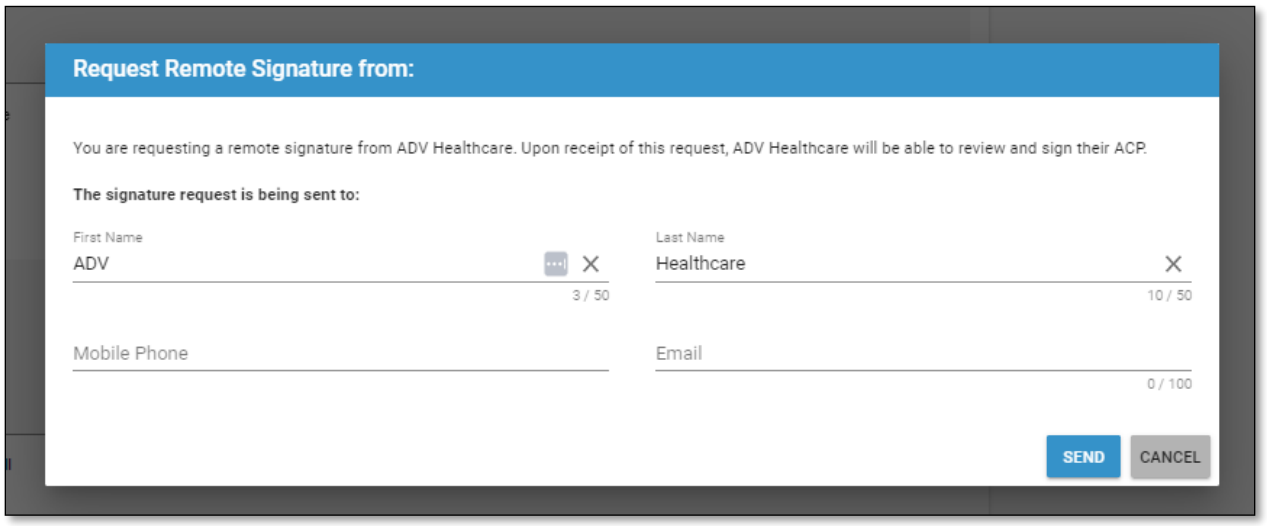
4. If the patient needs the signature redone, click on the Clear button to remove the signature and sign again.

5. Click submit when finished to complete the patient's ACP.

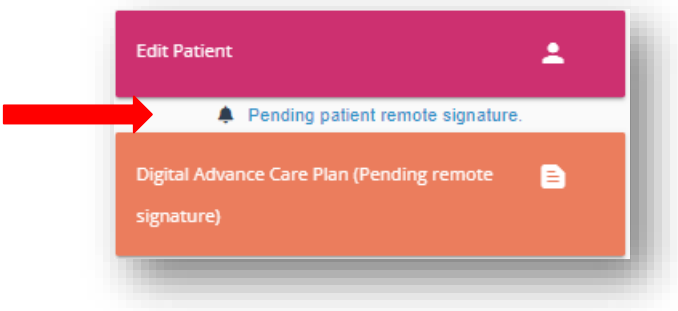


Request Remote Signature

The first and last name of the patient will automatically populate in the popup window. Depending on the patient's preferences, they have the option to receive a text message or email allowing them to click a link to sign their documents.



Note that the module will say pending remote signature until the patient has signed his or her documents and clicked submit.

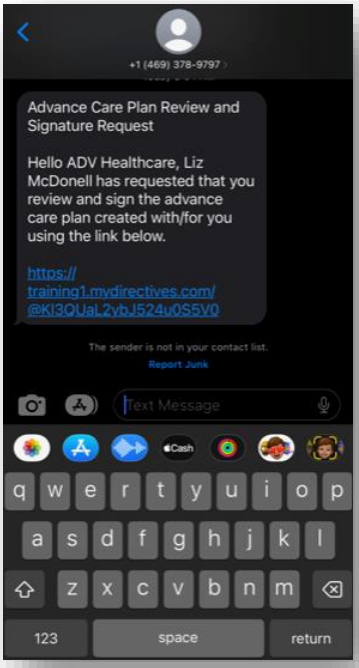


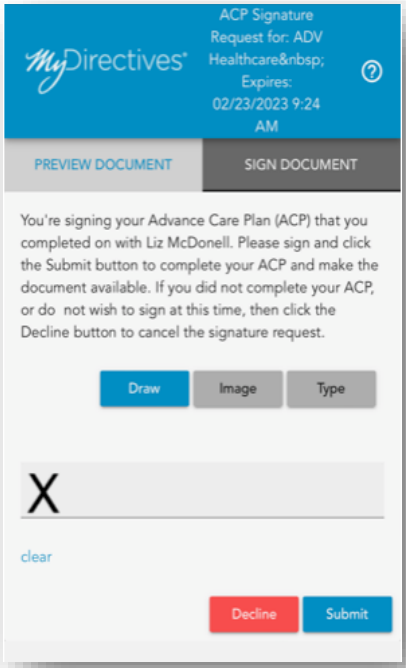
Request Remote Signature – Text Message

An example of the text message the patient will receive from you with the link to submit their signature from their own device.

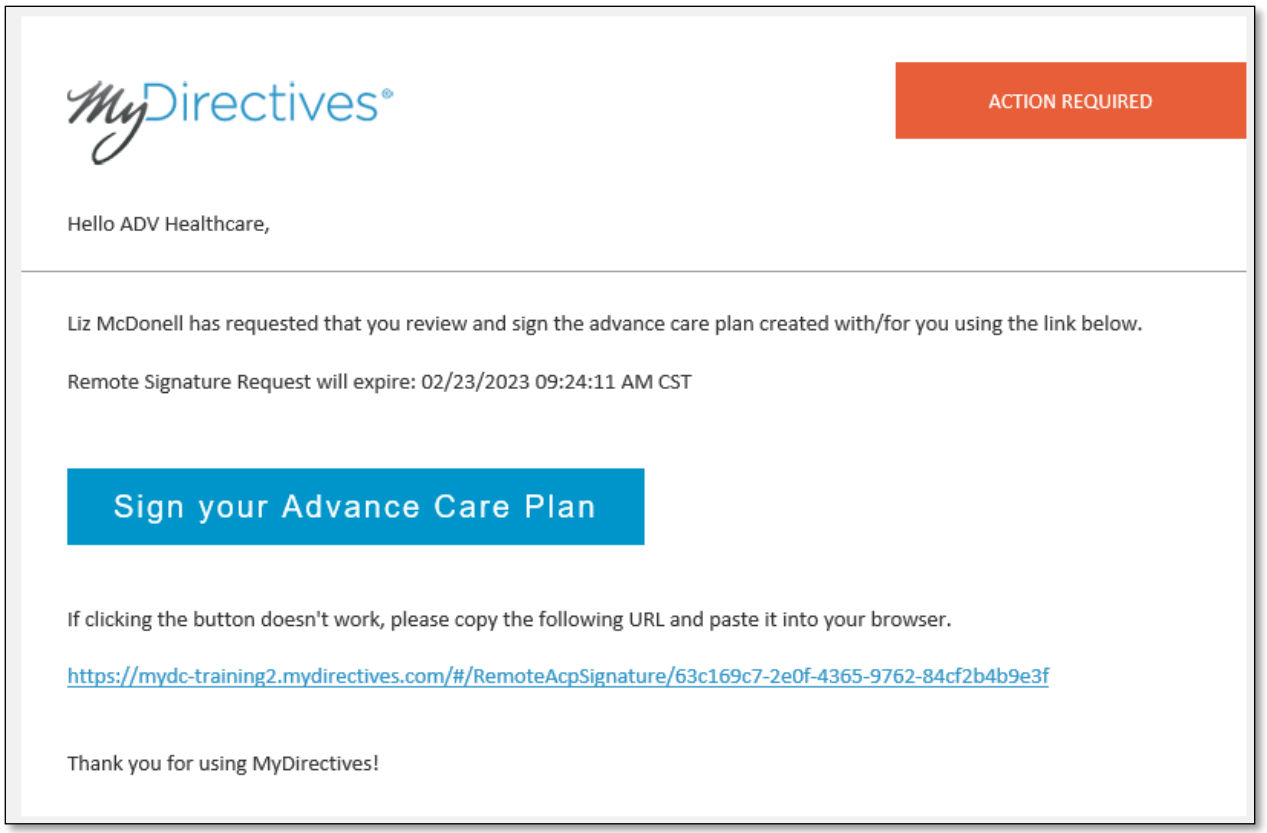
After the patient selects the link provided via text message. Their documents will appear for them to review and sign. They will have to sign and submit within the allocated time frame, as shown below.

After the patient has reviewed their documents, they will select Sign Document. They will have the option to draw their signature with their finger, select an image, or type their signature – they will then select submit, allowing the provider to see their signature on their end.



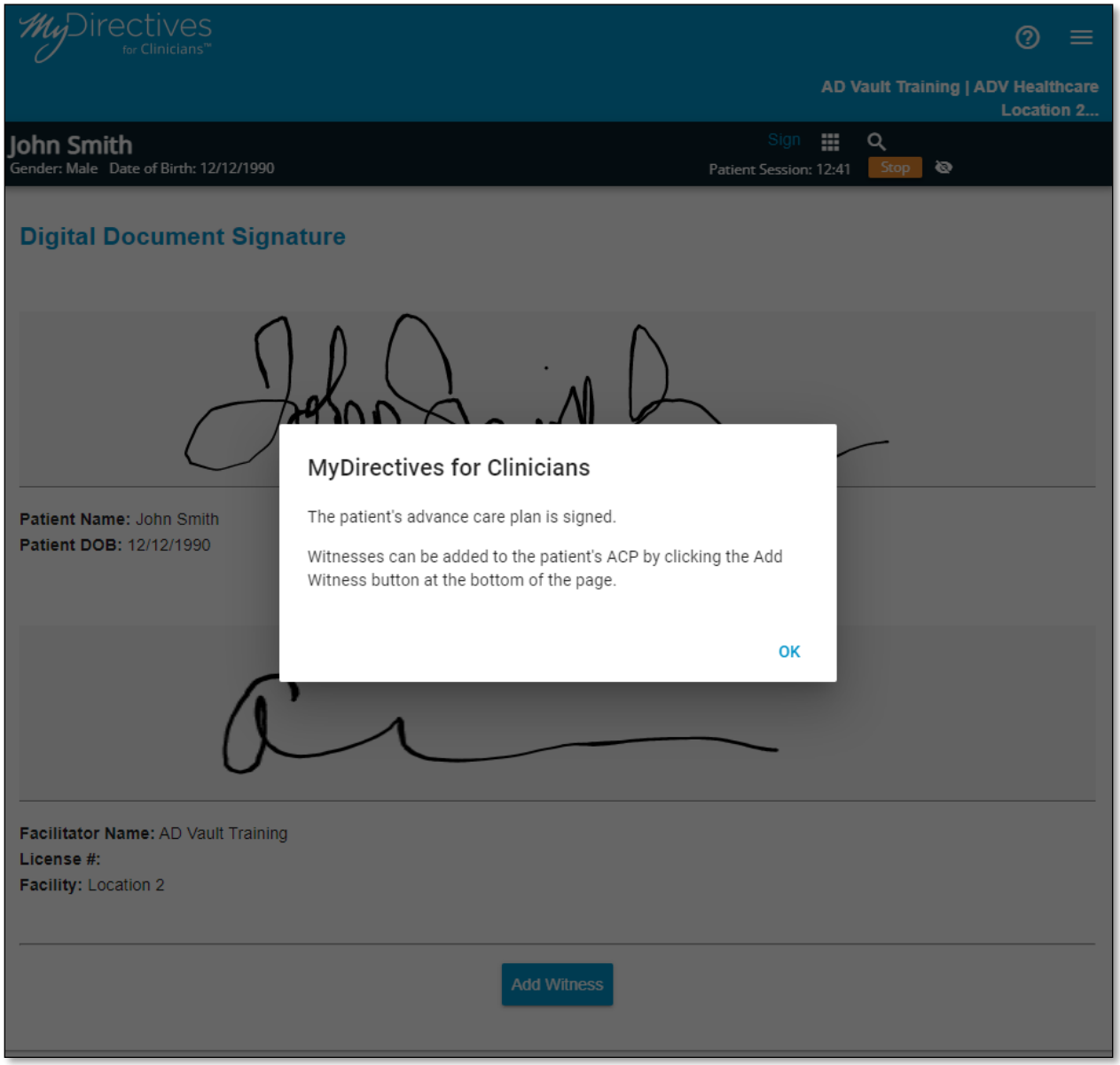


If their patient would like to receive an email, like the example below – they will select Sign your Advance Care Plan to be taken to the signature page.



Confirmation the ACP is Signed

You will see a message confirming the ACP is signed after you and the patient have fully executed the signature. You can add witnesses to the patient's ACP once the ACP is complete.

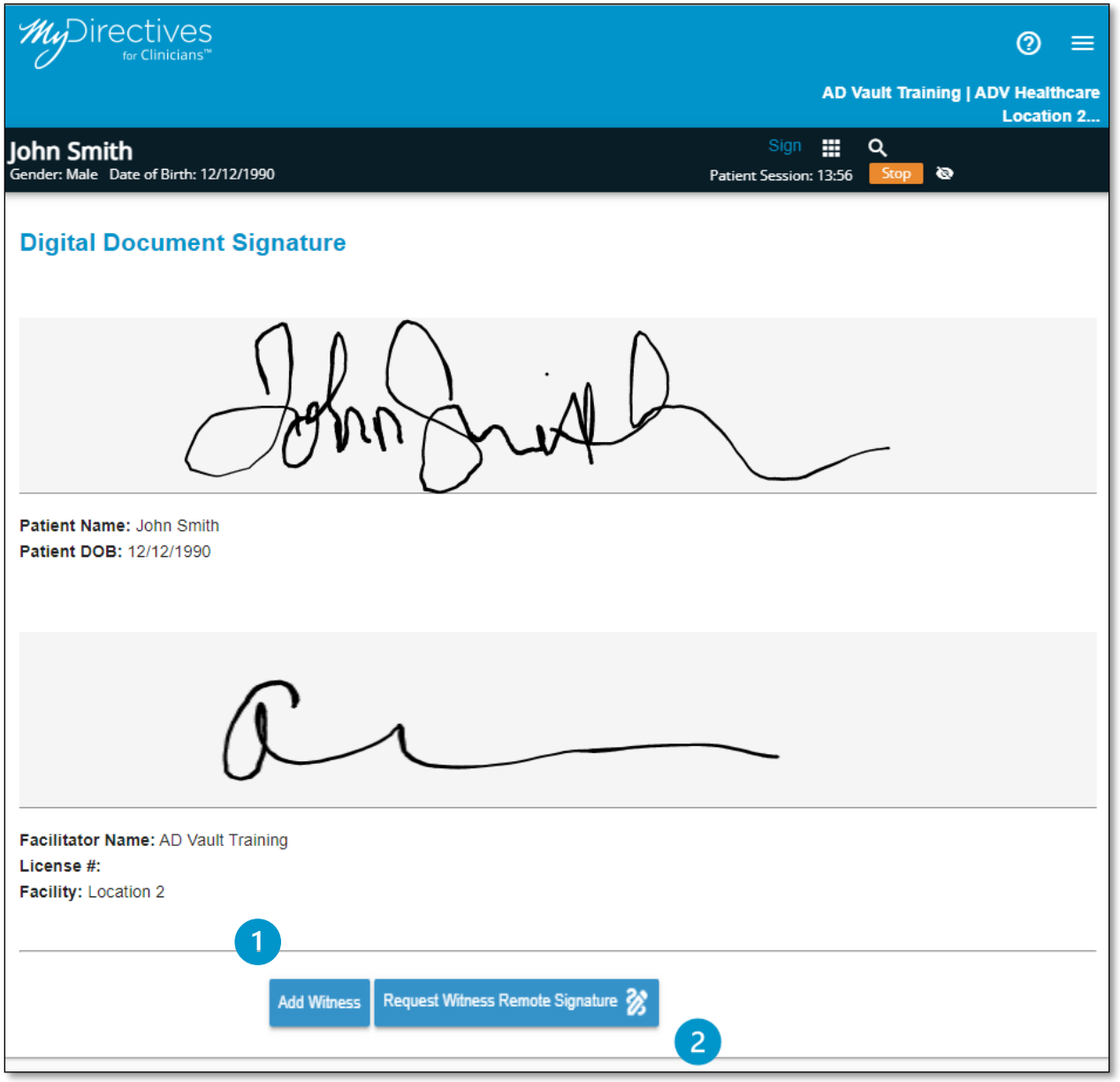


Add Witnesses to the patient's ACP.

You will see that the Witness button is now on, and you can add a witness to the patient's ACP.

1. Select Add Witness to add one or more witnesses to the patient's ACP if they are present.

2. If the witness is not present, select Request Witness Remote Signature. They will have the same option of receiving a text message or email, just as the remote patient signature explained above.



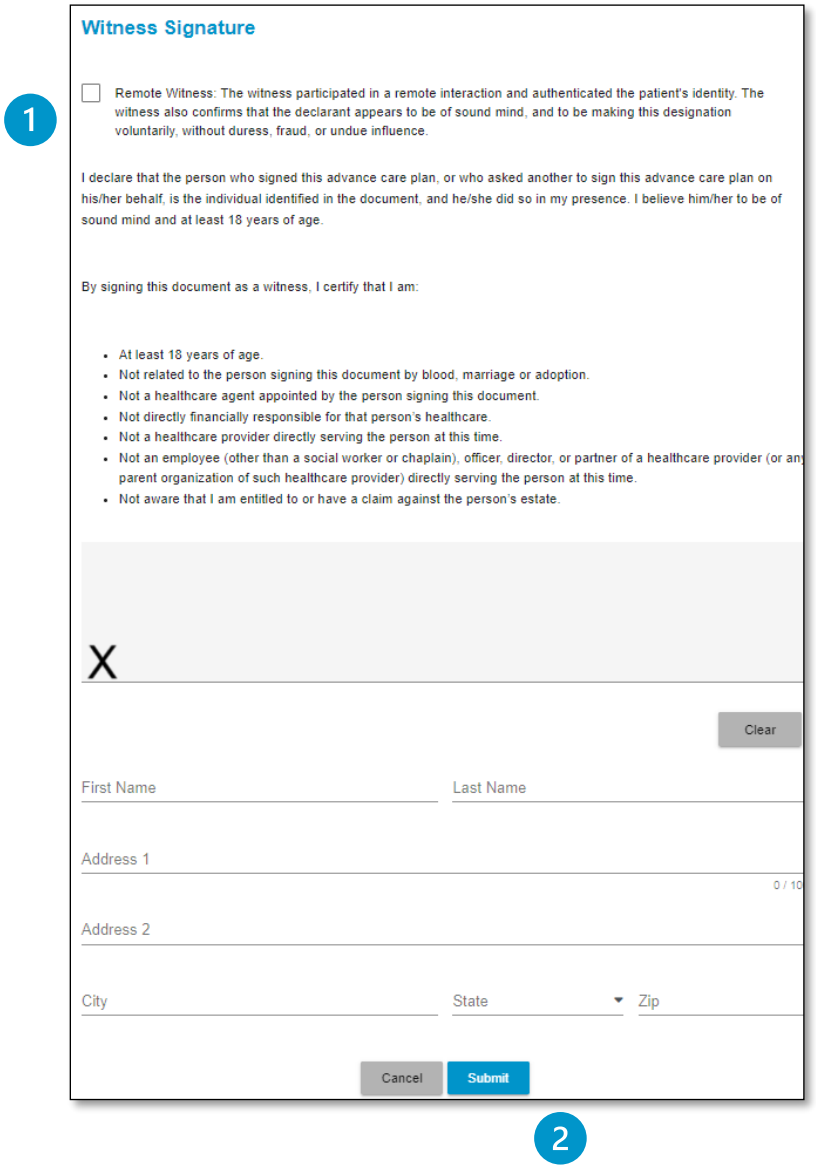
Witness to ACP

You will click the Add Witness button to open the witness page. You can add one or more witnesses to the patient's ACP.

1. If the patient witness is present, you will have the witness read the declaration, sign it, and enter their information in the data field.

2. Click the Submit button after the witness has signed and entered their information and you have verified all fields are complete.

A confirmation message on the screen that verifies the witness has been added to the patient's ACP.

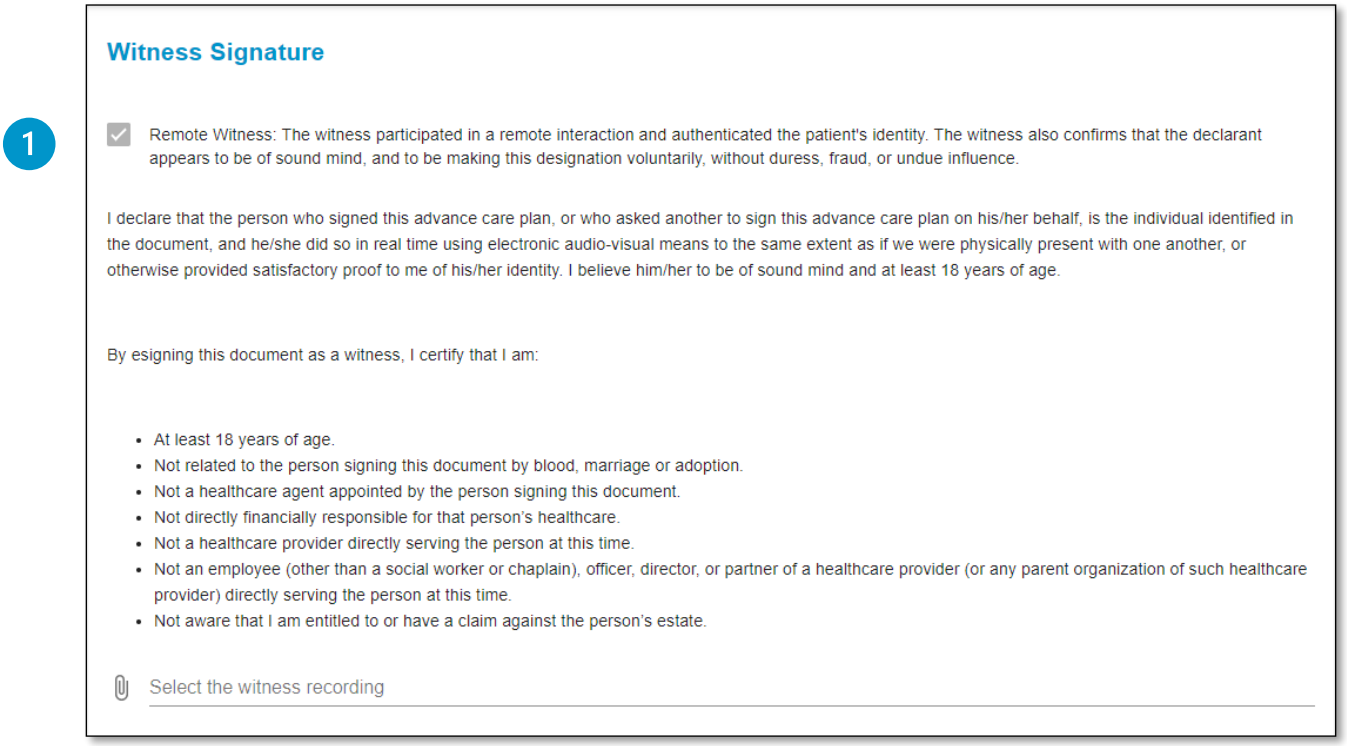


Remote Witness to ACP

Add a remote witness if the witness is not present when the patient signs the ACP. A witness can be added up to 24 hours after the patient's signature.

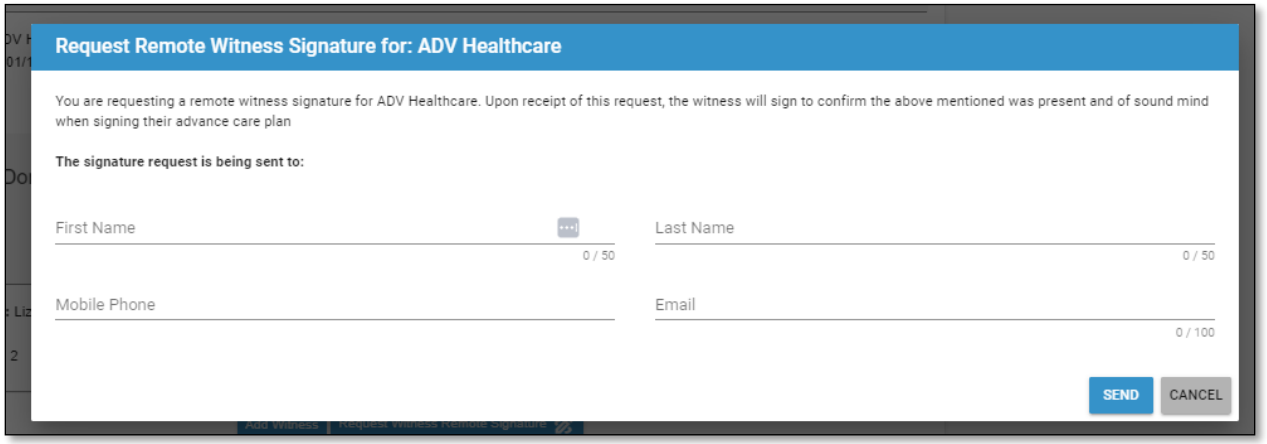
1. Select the check box next to Remote Witness. By selecting the remote witness, you will confirm the remote witness declares the patient signed or had another sign on the patient's behalf, using electronic audio-visual means.

    - You will add witness audio or visual recording.
    - You will enter the remote witness information in the data fields.
    - You will click the Submit button to add the witness to the patient's ACP.
    - You can add additional witnesses to the patient ACP by clicking the Add Witness button.

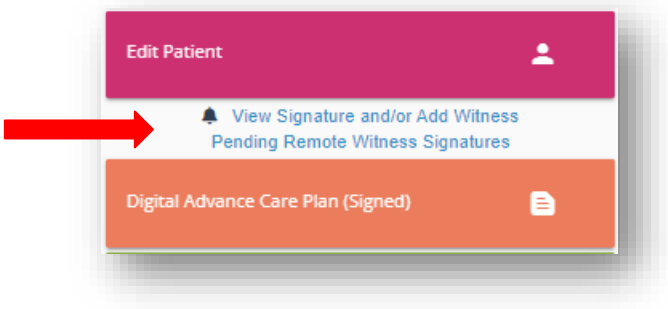


Request Remote Witness Signature

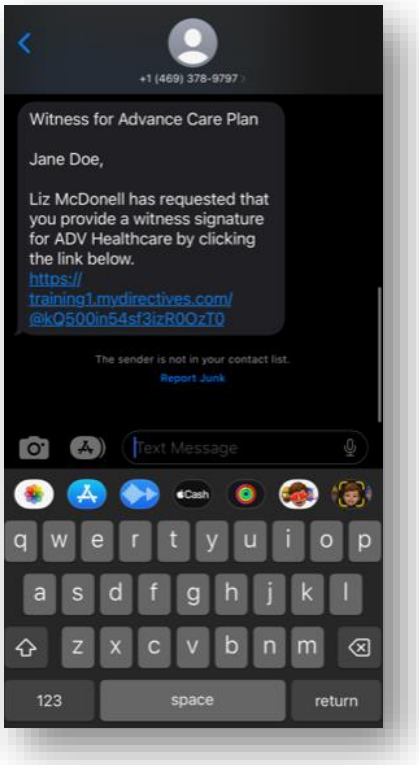
Enter the requested witness's first and last name, mobile number, and/ or email address, click send.

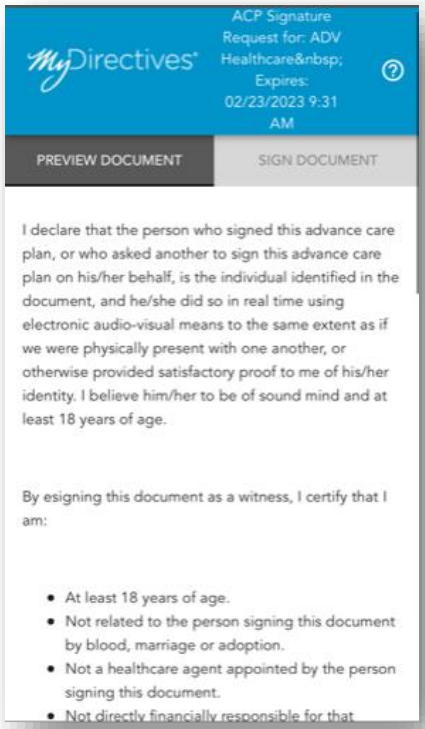


Please note that the signature notification on the side panel will update when the remote witness signature is pending.

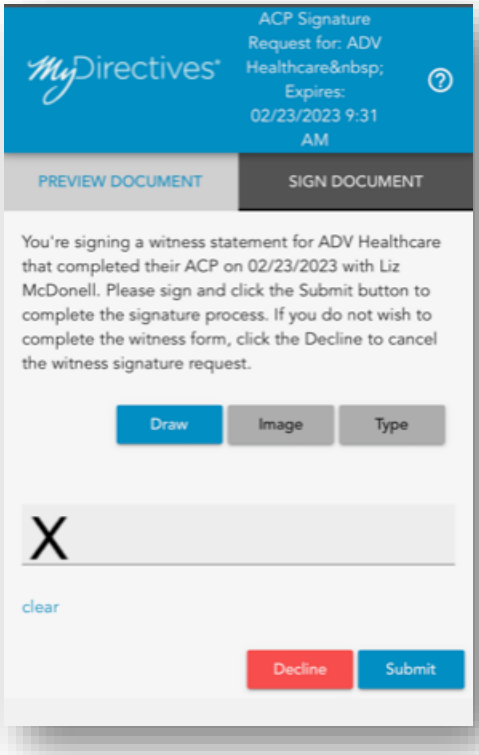


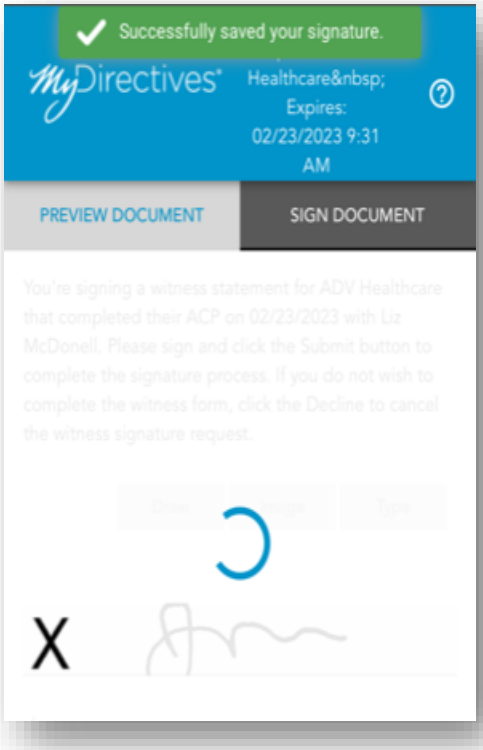
Remote Witness – Text Message and Document Link

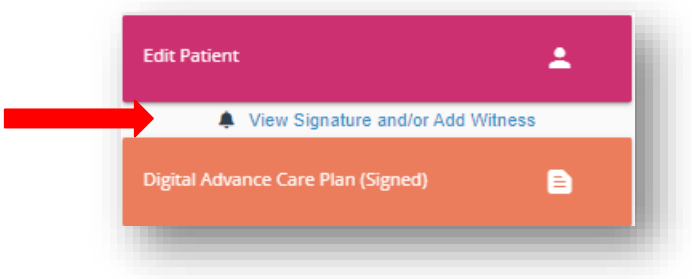




Remote Witness - Text Message Link Signature and Confirmation

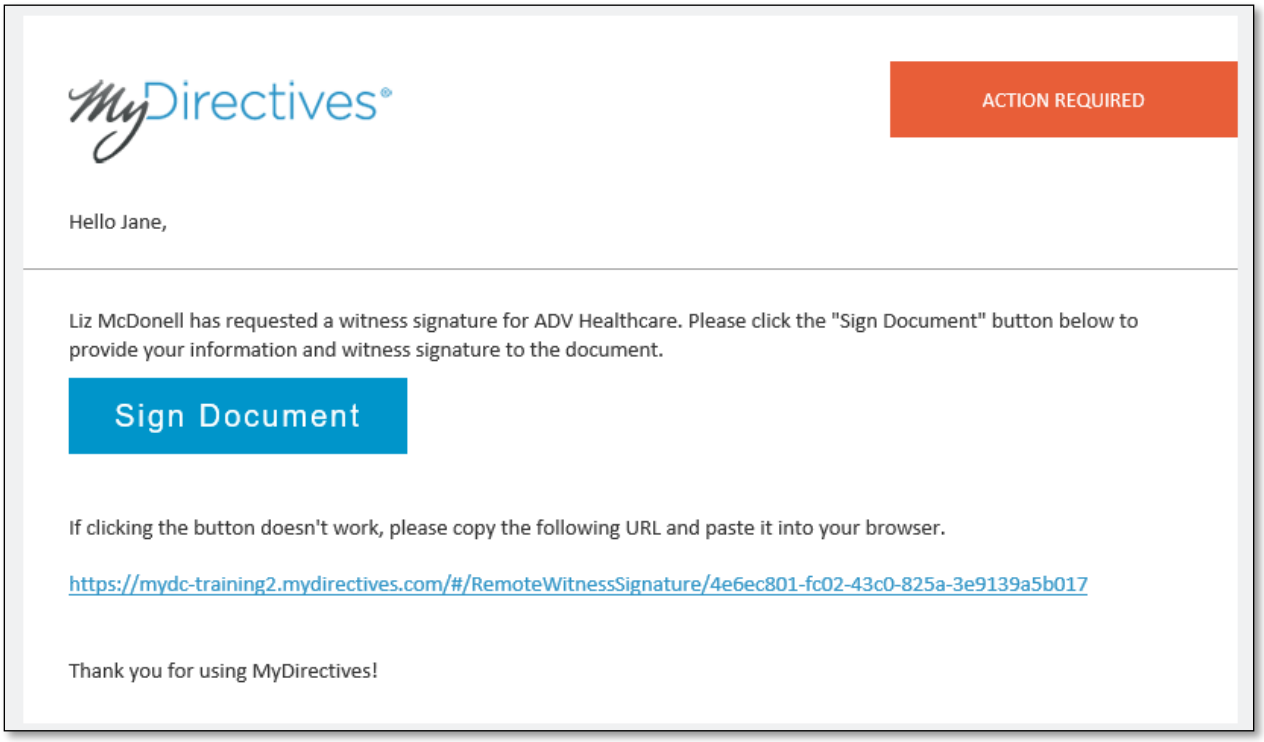






Remote Witness – Email

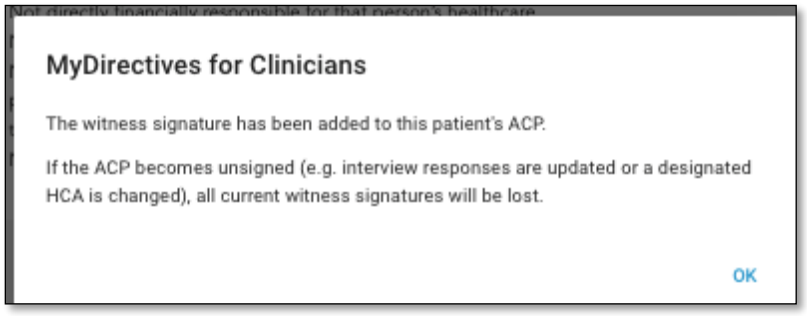
Below is an example of the email the desired witness will receive to sign your patient's document.



Confirmation of the witness was added to the ACP.

You will receive a confirmation message that the witness's signature was added to the patient's ACP.

All witness signatures are removed from the Patient's ACP if the ACP is changed. The patient's witness(es) must sign the patient's ACP again.



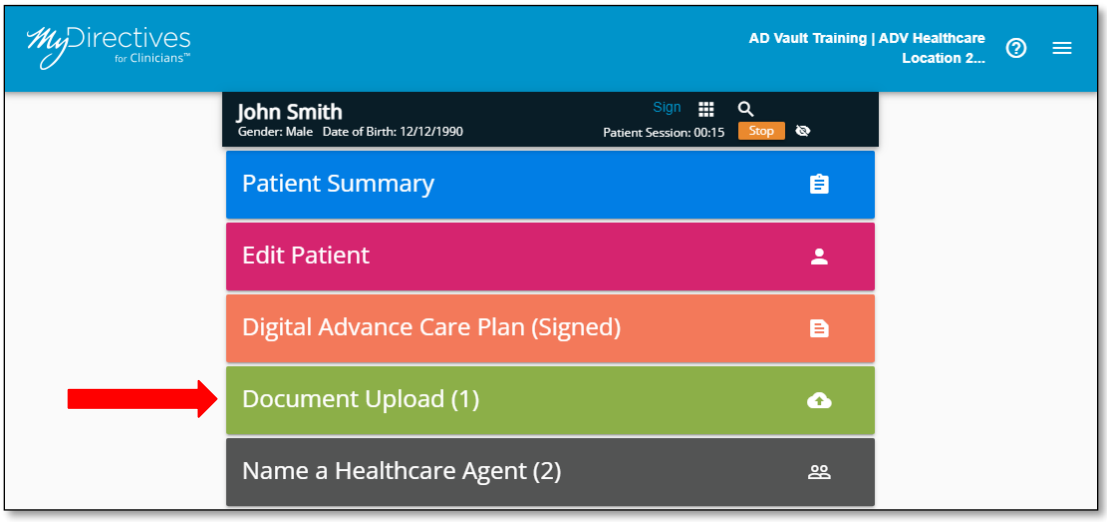
Pop-up message

You will see the pop-up warning message if you attempt to sign the ACP before all documents are complete.

Document Upload

You can access and manage the patient's existing documents - Upload, download, view, or delete patient documents as needed and requested.

Select Document Upload to access the patient's documents.

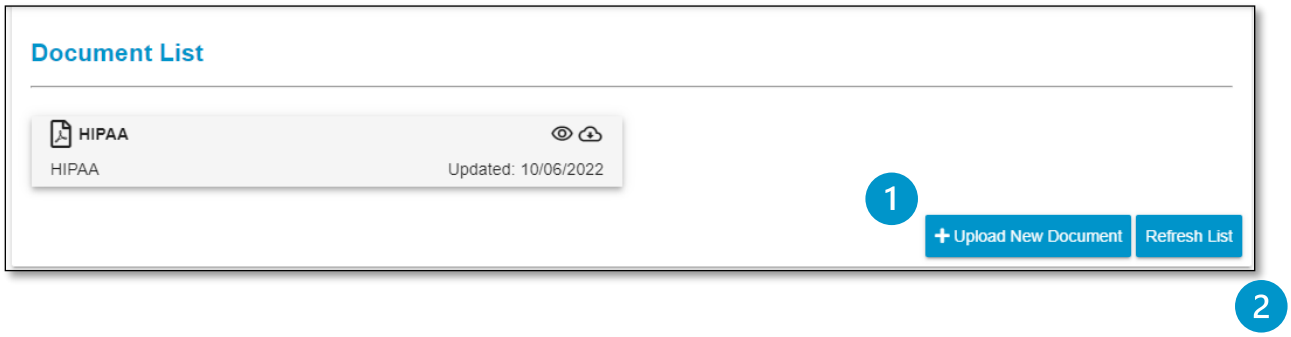


Patient Document's

Manage the patient's current documents. The uADD, also known as an Advance Care Plan (ACP), is the digital ACP created in the MyDirectives for Clinicians portal. The HIPAA form is autogenerated when the patient's account is created, and other documents may be uploaded to the patient's account (See examples below).

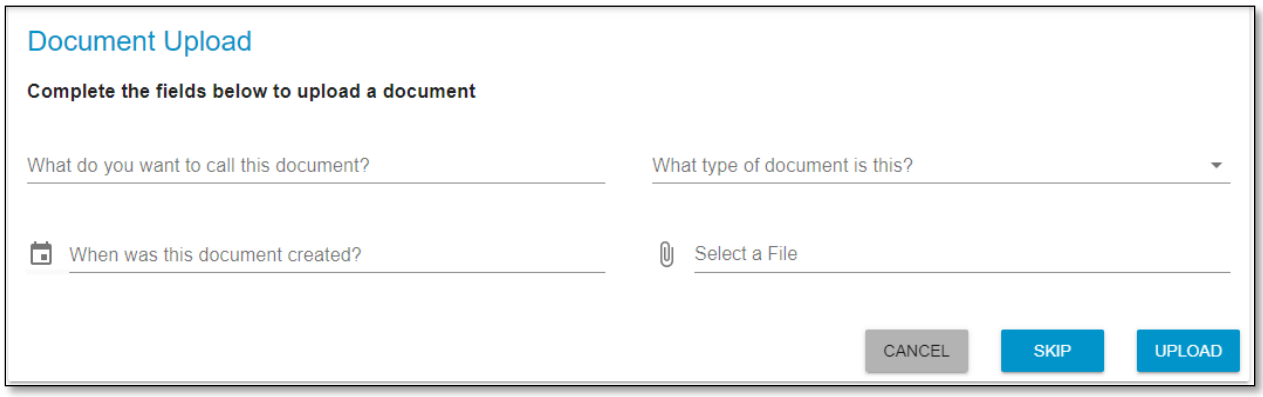
All documents can be viewed and downloaded. The uploaded documents to the portal can be viewed, downloaded, deleted, or replaced. The icons next to each document will allow you to manage these documents.

1. Select Upload New Document to add a new document to the patient's record.
2. Select Refresh List to update the documents if changes have been made when you are on this page.



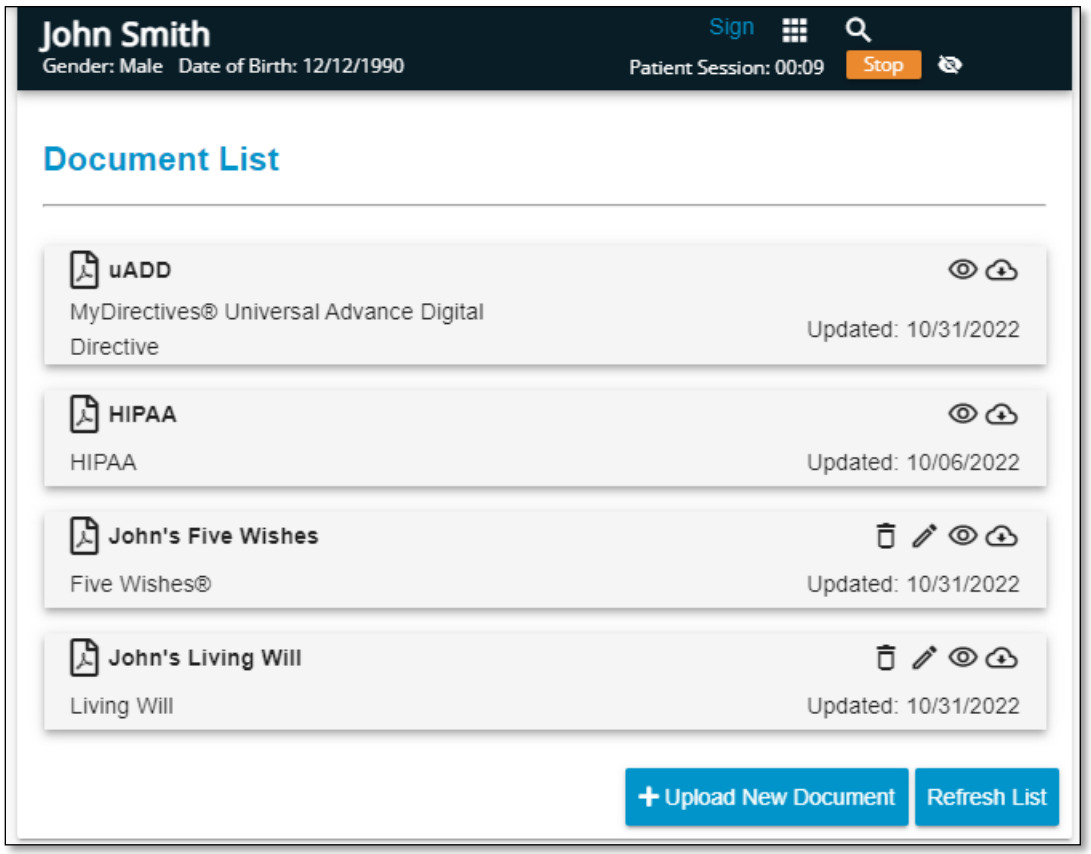
Complete the fields below to upload a document.

- What do you want to call this document?
- What type of document is this?
- When was this document created?
- Select a file.



Document List

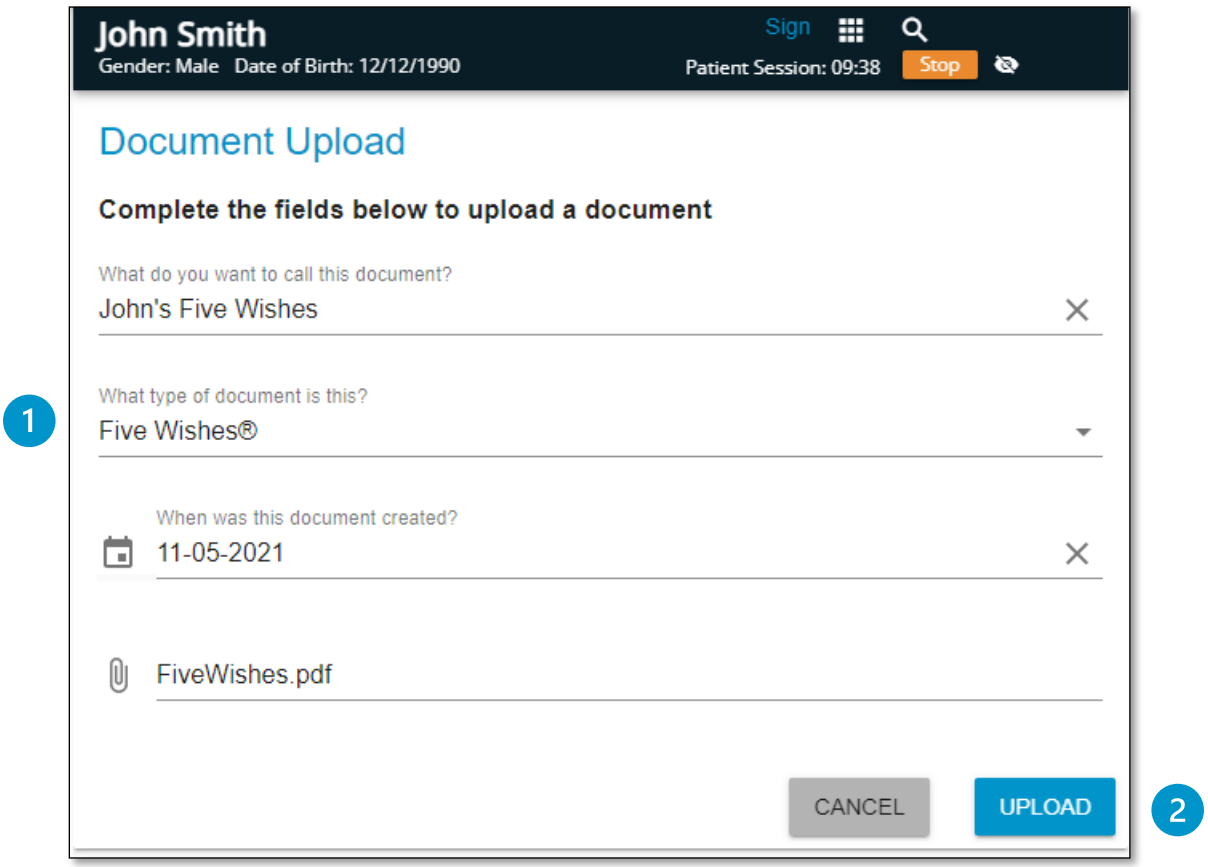
After you have completed a document upload, it will appear under the document list, just like the example you see below.



Document Upload

Click the Upload New Document button to add a new document to the patient's record.

1. Complete the required fields to upload a new document to the patient's record.
    - What does the patient want to call this document? Enter the document name that will appear on the document list.
    - What type of document is this? There will be a selection of document types that your organization approves of.
    - When was this document created? Please note: Do not enter today's current date; future dates will not be accepted.
    - Select a file. Click on the icon to open your computer browser and select the file to upload
2. When you have completed the required fields and are ready to upload the file, click Upload, and a document preview will display below.

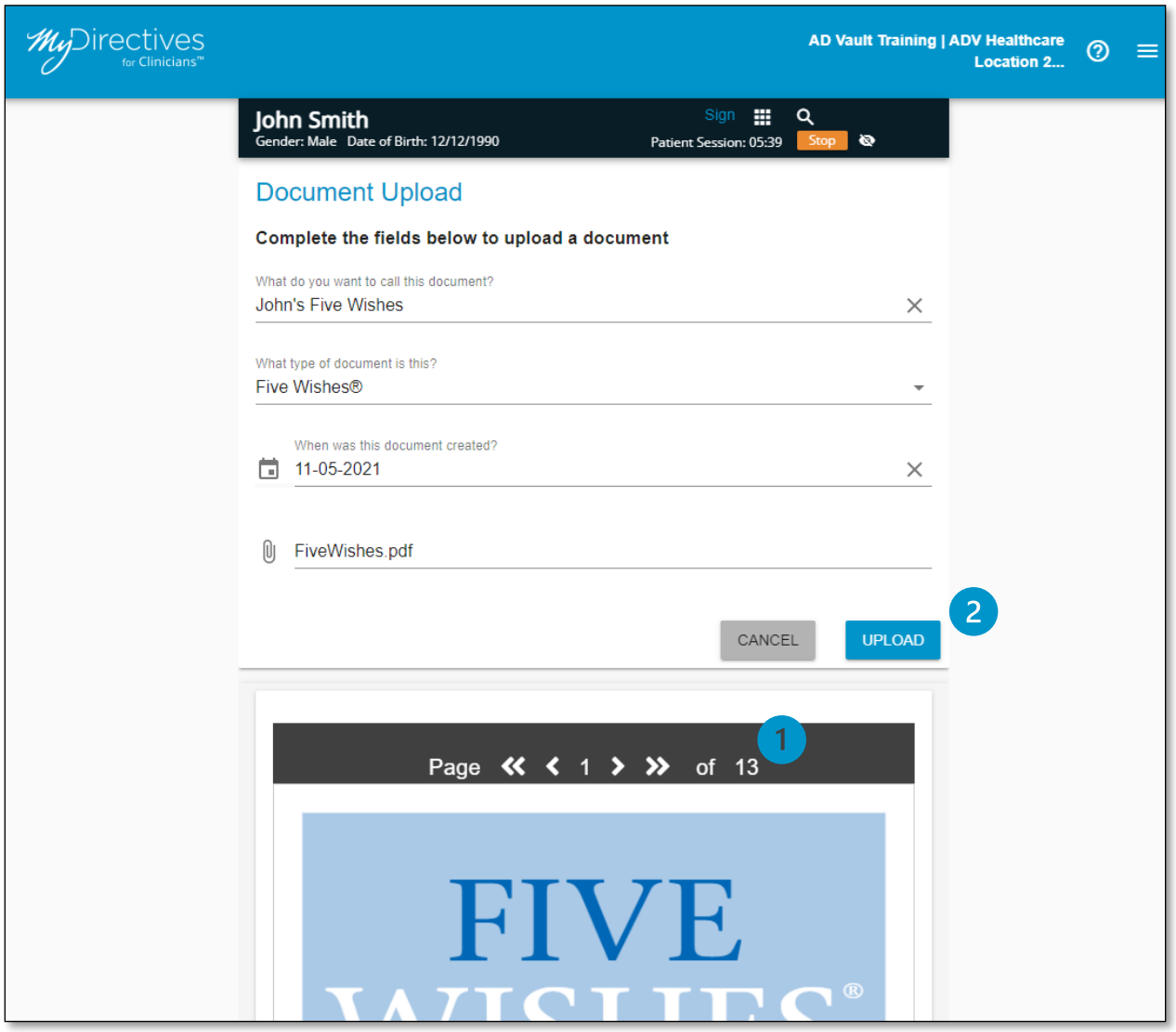


Document Upload Preview

Once you have clicked the Upload button, you will see a preview of your document. You can verify the document is the correct documentation before uploading the document.

1. If the document has multiple pages, click the arrows to verify each page.
2. After verifying the document, select Upload to add the document to the patient's record.

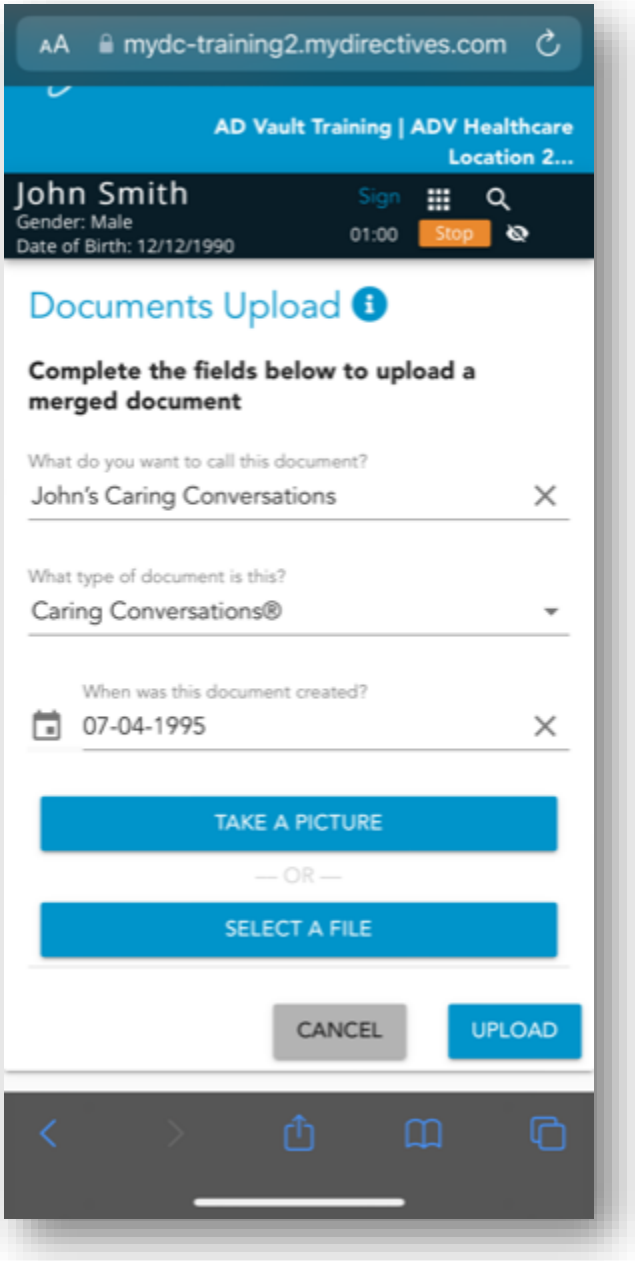
You will have access to the document from the Document Upload page.



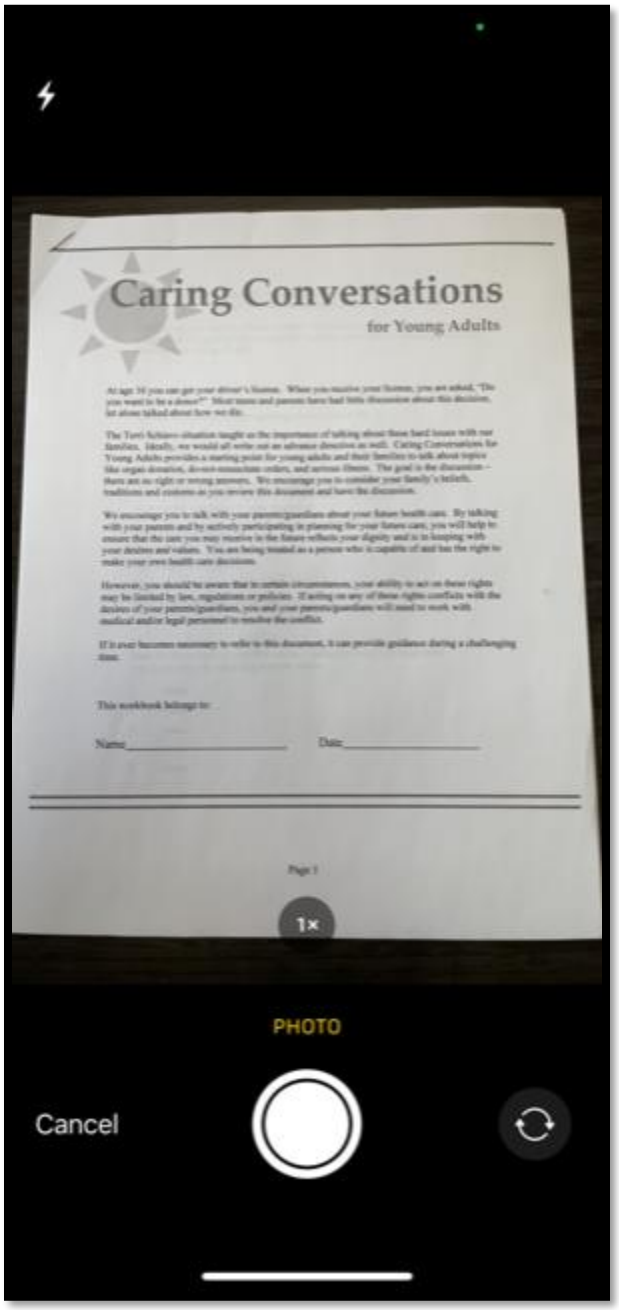
Document Upload Preview – Mobile Phone

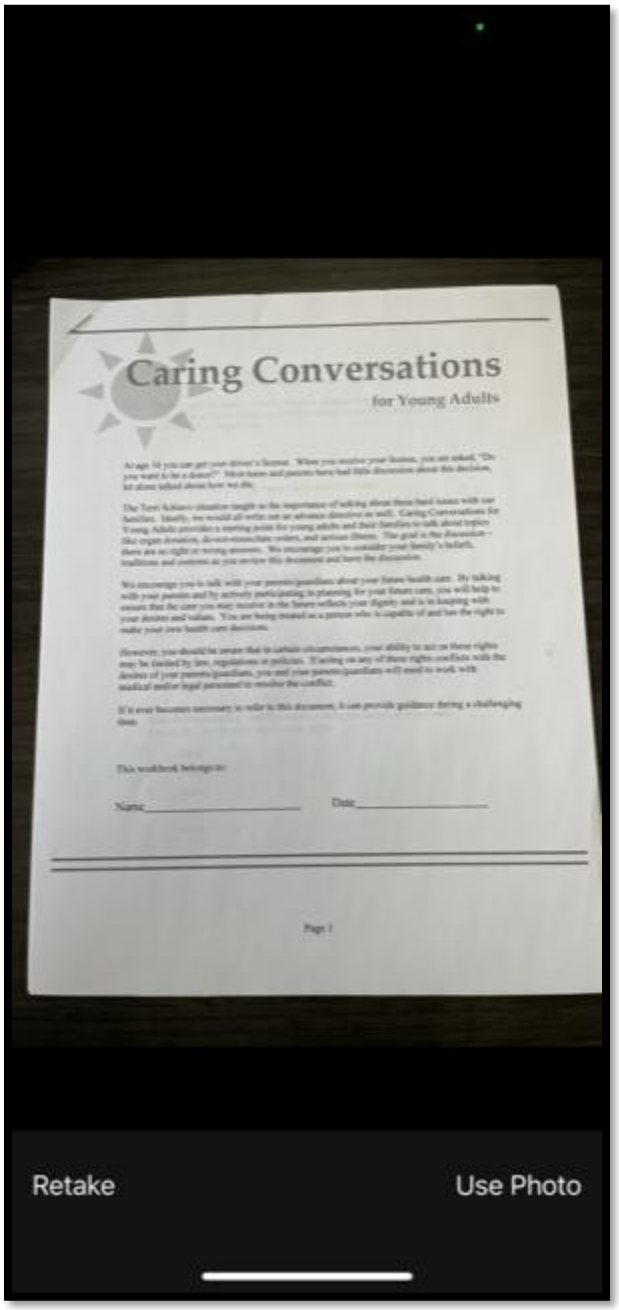
Once you have clicked the Upload New Document button using your mobile device, you will be asked to complete the fields below to upload a merged document.

- What do you want to call this document?
- What type of document is this?
- When was this document created?
- Choose between selecting a file or taking a picture of the documents (example below).

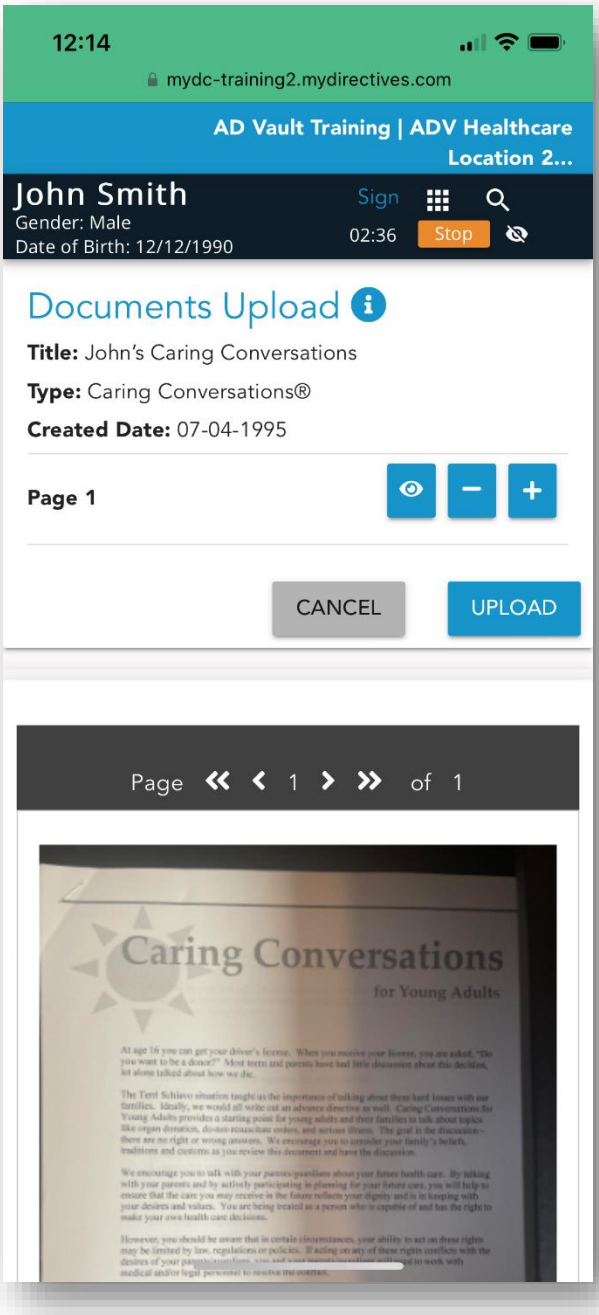


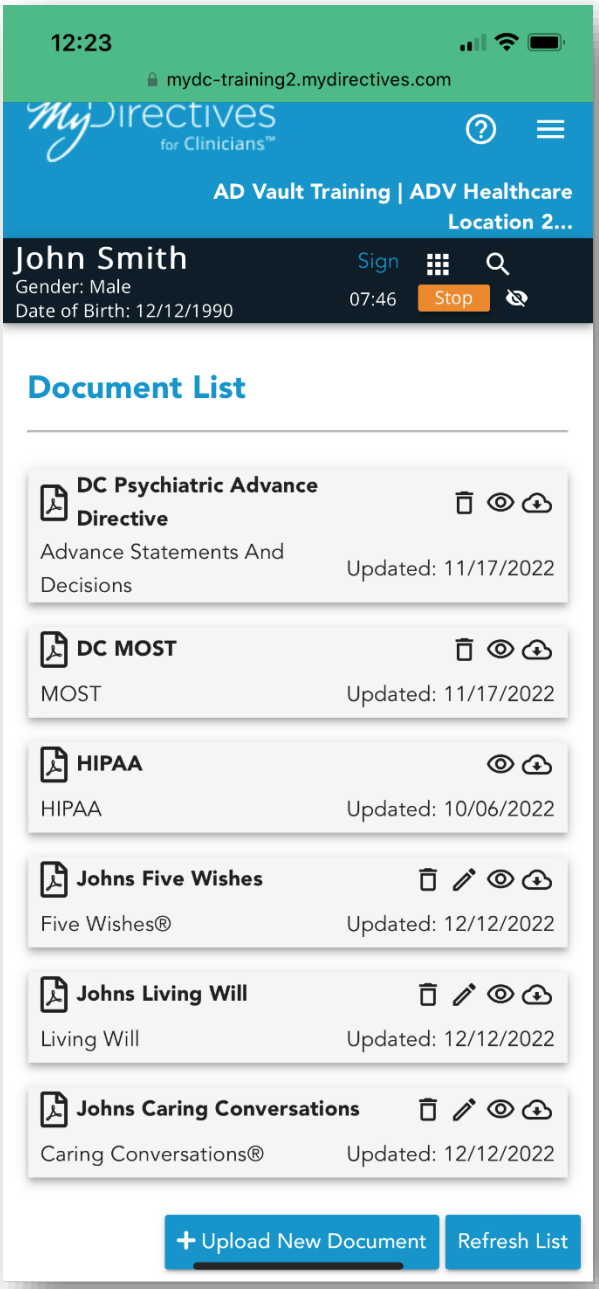
- Take a picture of the documents you would like to upload.
- You can retake or use the photo'd documents.





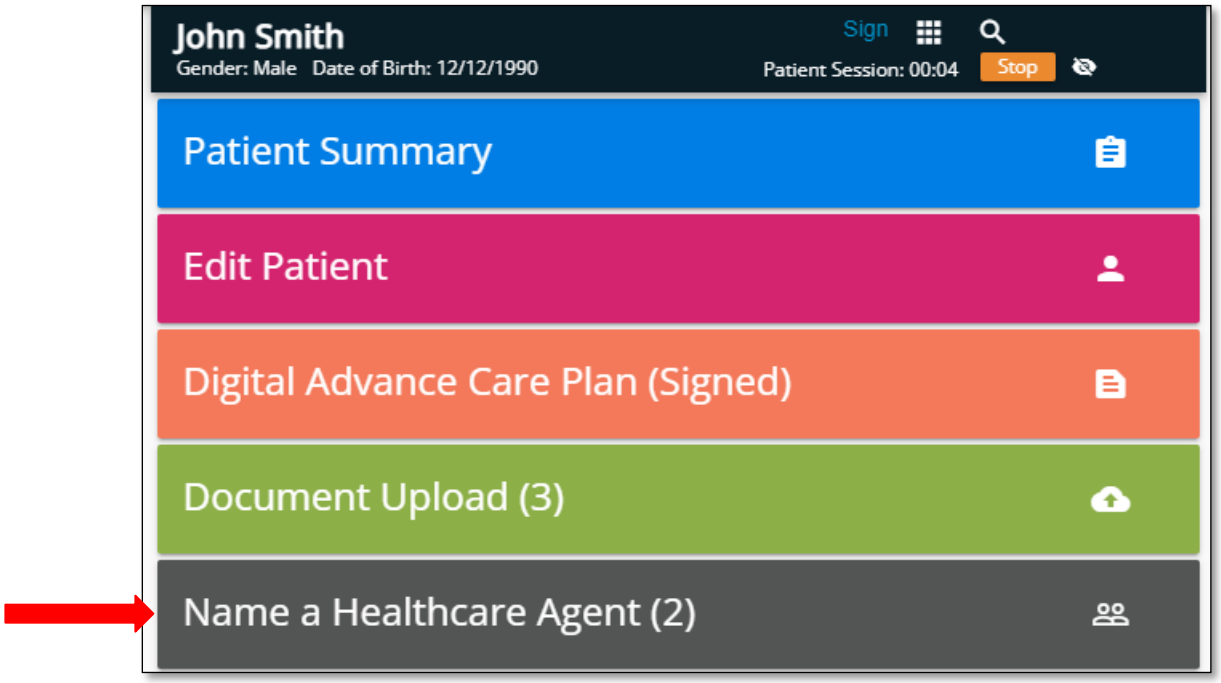
- After selecting the photo'd document, you can view the document, add, or delete the page(s), or upload the patient's documents when ready.
- After you have uploaded your patient's documents, you will be sent back to the Document List – where a list of all uploaded documents should appear.

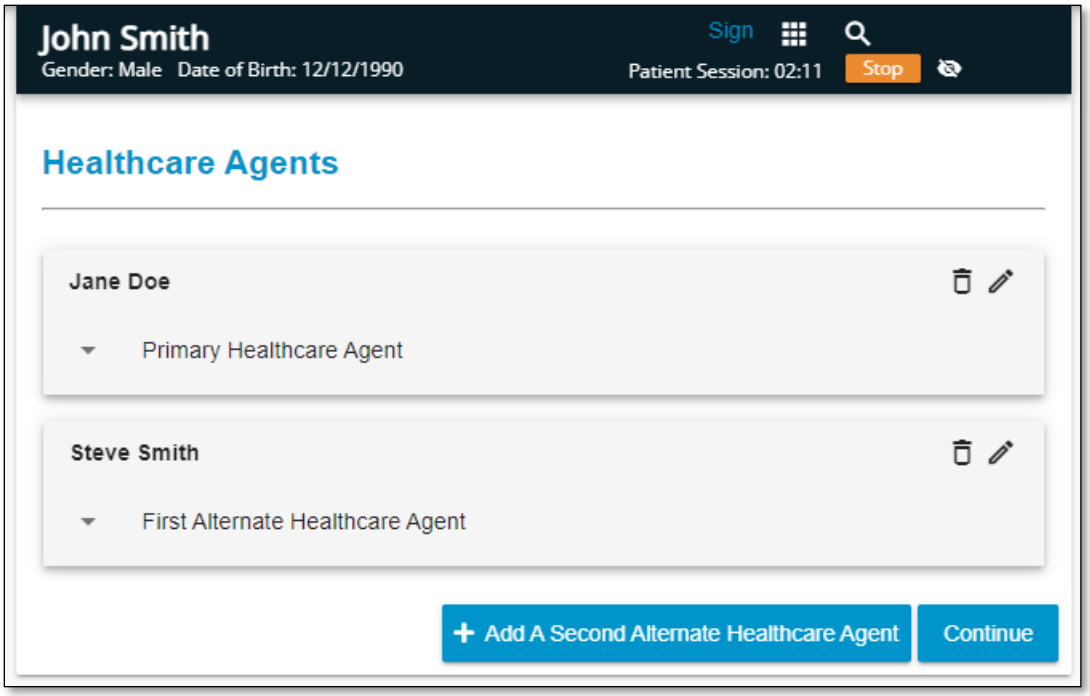

12:14
mydc-training2.mydirectives.com
AD Vault Training | ADV Healthcare Location 2...
John Smith
Gender: Male
Date of Birth: 12/12/1990
Sign
02:36
Stop
Documents Upload
Title: John's Caring Conversations
Type: Caring Conversations®
Created Date: 07-04-1995
Page 1
CANCEL
UPLOAD
Page 1 of 1
Caring Conversations
for Young Adults


12:23
mydc-training2.mydirectives.com
MyDirectives for Clinicians™
AD Vault Training | ADV Healthcare Location 2...
John Smith
Gender: Male
Date of Birth: 12/12/1990
Sign
07:46
Stop
Document List
DC Psychiatric Advance Directive
Advance Statements And Decisions
Updated: 11/17/2022
DC MOST
MOST
Updated: 11/17/2022
HIPAA
HIPAA
Updated: 10/06/2022
Johns Five Wishes
Five Wishes®
Updated: 12/12/2022
Johns Living Will
Living Will
Updated: 12/12/2022
Johns Caring Conversations
Caring Conversations®
Updated: 12/12/2022
+ Upload New Document
Refresh List

Healthcare Agent

Select + Add a Healthcare Agent to name the Primary Healthcare Agent your patient would like. After the Primary HCA is listed, you can add a first and second alternate healthcare agent if your patient desires. When finished, a list of all named healthcare agents will appear, as you see below.





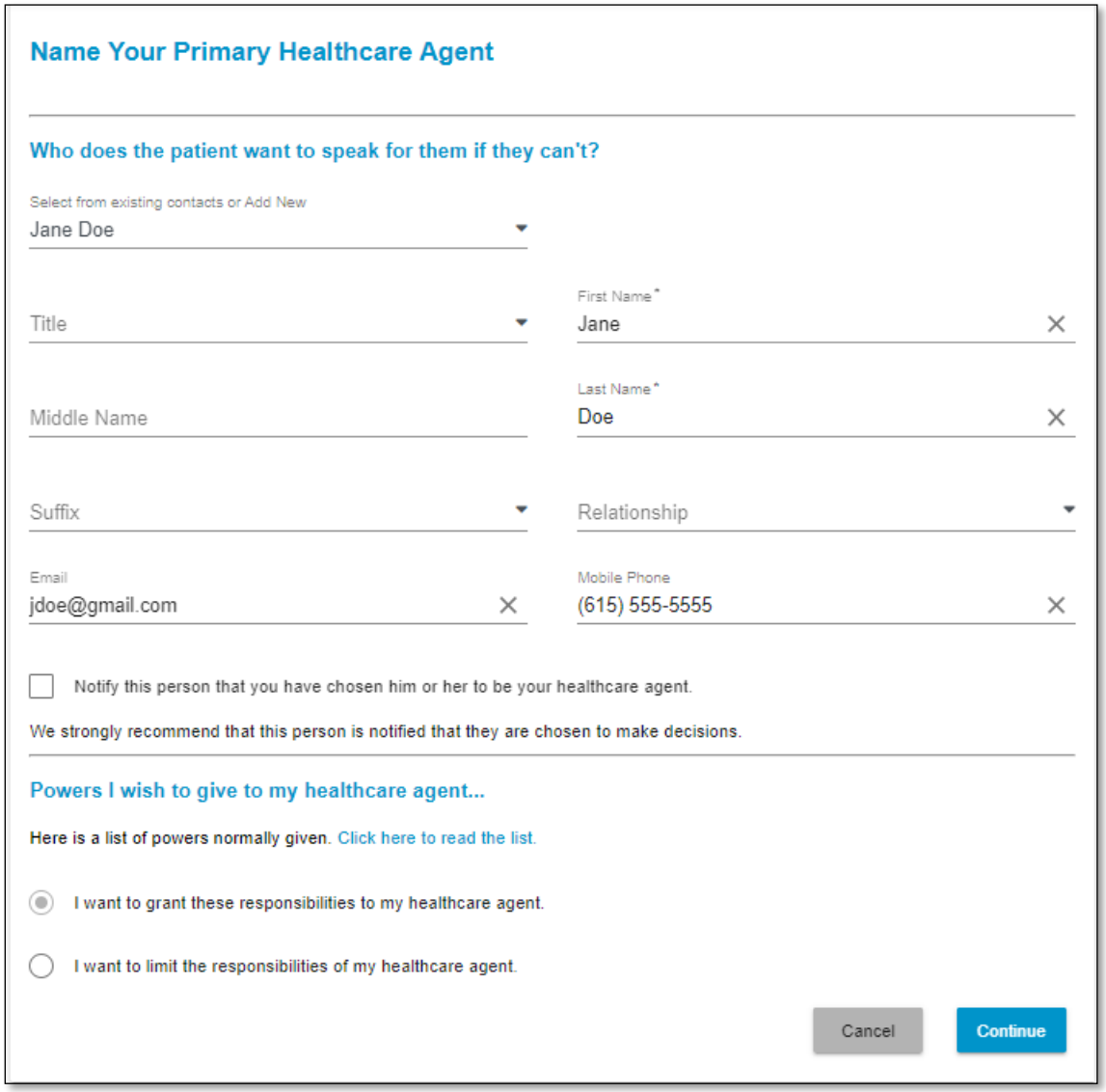
Name or update Your Primary Healthcare Agent

1. Enter the patient's healthcare agent information in the required fields, which include:
   - First Name
   - Last Name
   - Email and phone (the HCA will not be notified if an email address is not given)

2. Please note that the "Notify this person that you have chosen him or her to be your healthcare agent" is automatically selected and will notify the named healthcare agent unless you uncheck the selected box. We strongly recommend that this person is notified that they were chosen to make decisions on behalf of your patient.

   If you elect to notify the healthcare agent, an email is sent to the agent requesting the agent to go online and respond to the request and give consent to function as the patient's healthcare agent.

3. Powers I wish to give my healthcare agent... The patient can grant their appointed healthcare agent all or limited responsibilities. If the patient has questions regarding what these responsibilities may be, click the list of powers usually given above the all or limited responsibilities section.



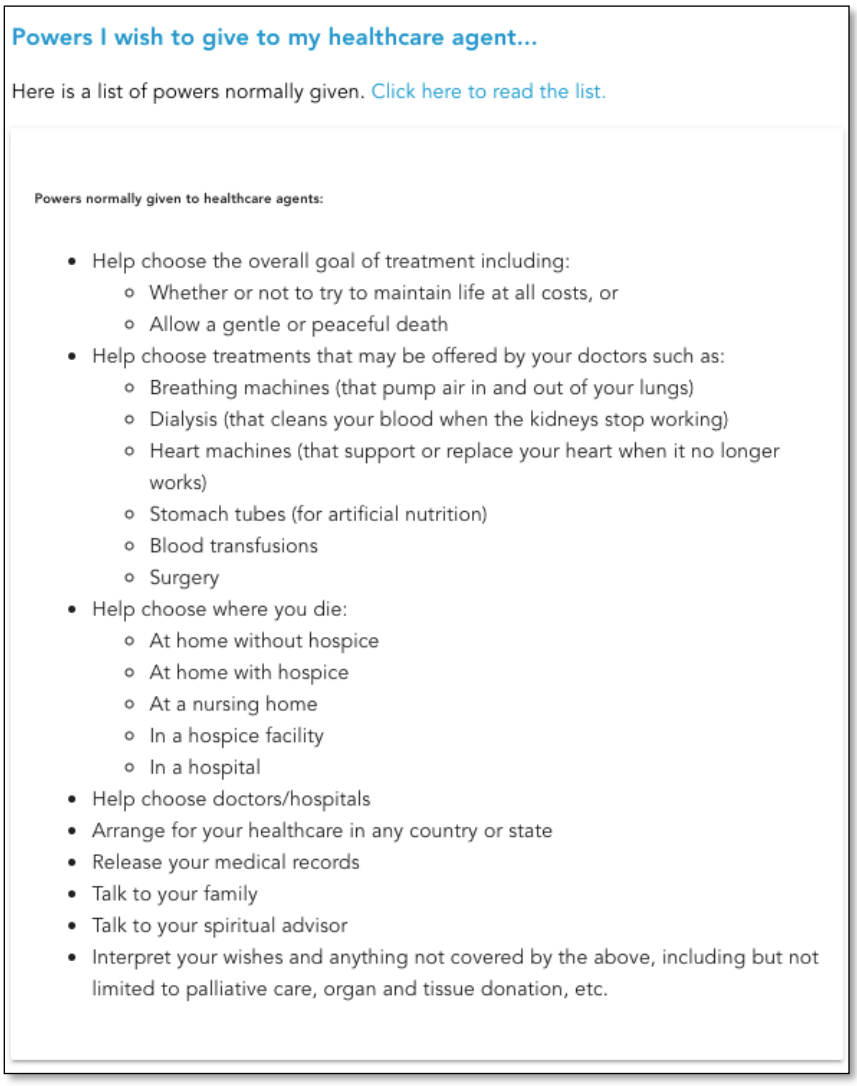
Powers to Give to Healthcare Agents

Your patient will decide the powers to grant their healthcare agent.

Select the link for a complete description of powers often given to a patient's healthcare agent. *Click here to read the list.*

If your patient wishes to grant their healthcare agent all powers listed, without limitation, select *I want to grant these responsibilities to my healthcare agent.*

Your patient may want to limit the responsibilities of their selected healthcare agent. Select *I want to limit the responsibilities of my healthcare agent.* A free-form menu will populate, allowing your patient to note any added information they would like to include responsibilities, wishes, and thoughts they have for their named healthcare agent.



Powers I wish to give to my healthcare agent...

Here is a list of powers normally given. Click here to read the list.

Powers normally given to healthcare agents:

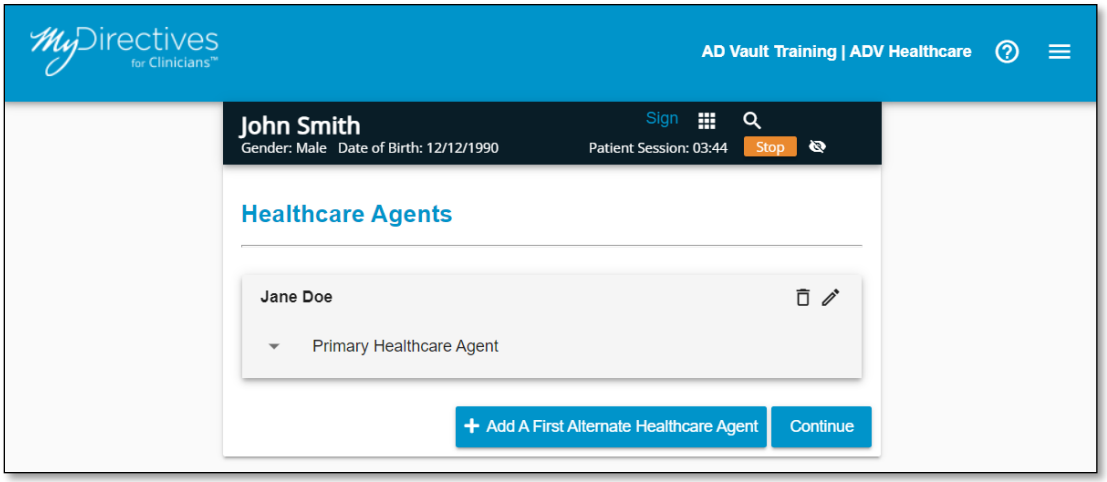
- Help choose the overall goal of treatment including:
  - Whether or not to try to maintain life at all costs, or
  - Allow a gentle or peaceful death
- Help choose treatments that may be offered by your doctors such as:
  - Breathing machines (that pump air in and out of your lungs)
  - Dialysis (that cleans your blood when the kidneys stop working)
  - Heart machines (that support or replace your heart when it no longer works)
  - Stomach tubes (for artificial nutrition)
  - Blood transfusions
  - Surgery
- Help choose where you die:
  - At home without hospice
  - At home with hospice
  - At a nursing home
  - In a hospice facility
  - In a hospital
- Help choose doctors/hospitals
- Arrange for your healthcare in any country or state
- Release your medical records
- Talk to your family
- Talk to your spiritual advisor
- Interpret your wishes and anything not covered by the above, including but not limited to palliative care, organ and tissue donation, etc.

Accessing the Patient's Healthcare Agent

Access your patient's healthcare agent by selecting the Name a Healthcare Agent tile from the dashboard. This will bring you to a list of your patients named Healthcare and Alternate Healthcare Agents.

Managing the Patient's Healthcare Agent

Manage the patient's Healthcare Agents from this page. Edit, delete, or add a healthcare agent if a healthcare agent is not assigned to the patient and add an alternate healthcare agent to the patient record.



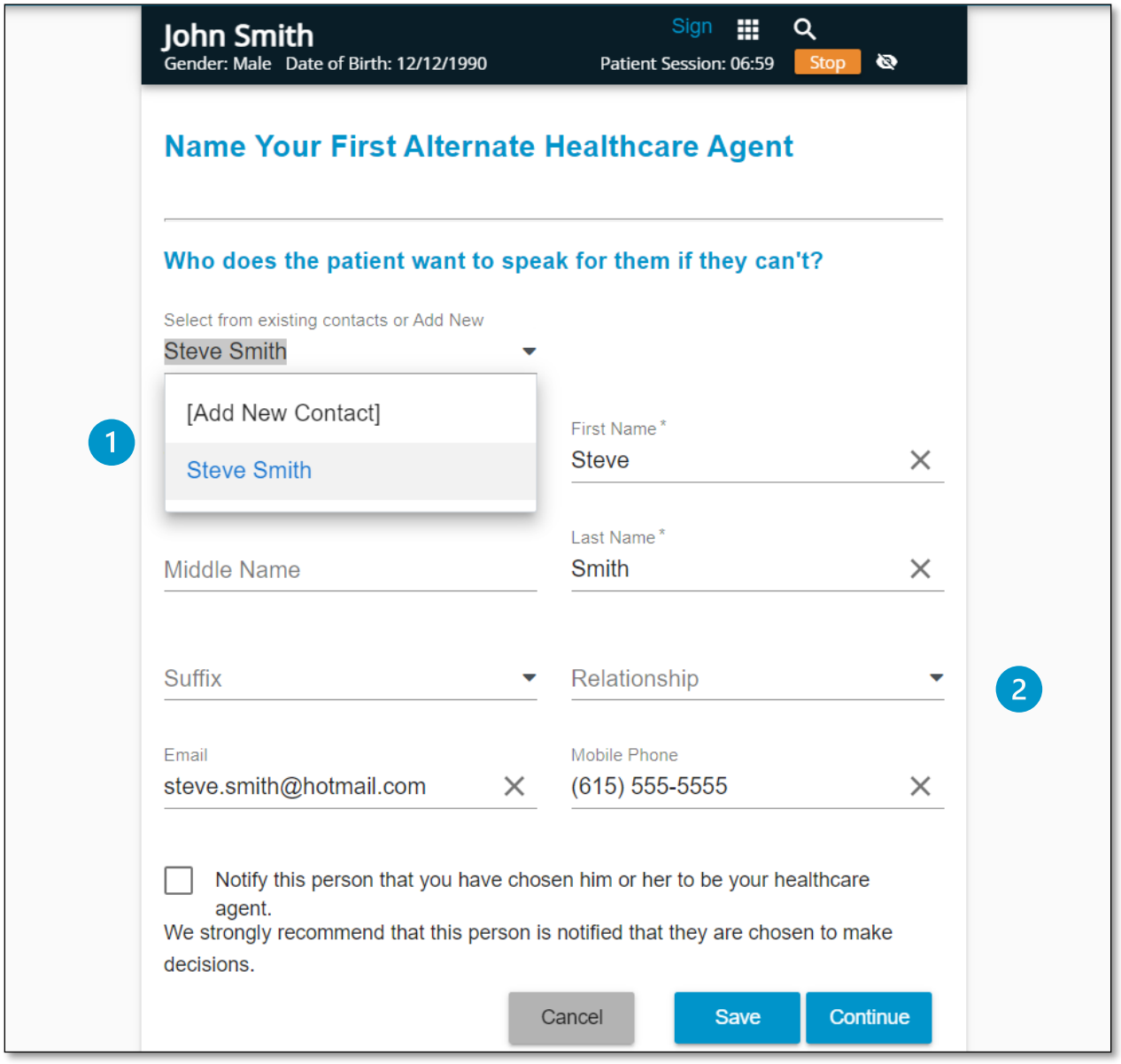
Add Alternate Healthcare Agent

Add an Alternate Healthcare Agent to the patient's record by clicking the Add a First Alternate Healthcare Agent option. The screen below will appear, allowing you to select an alternate agent from the dropdown list or the Add New Contact and enter the agent's information in the fields.

1. Select the alternate agent from the dropdown list of current contacts added to the patient's record or select Add New Contact to create a new contact for the patient.

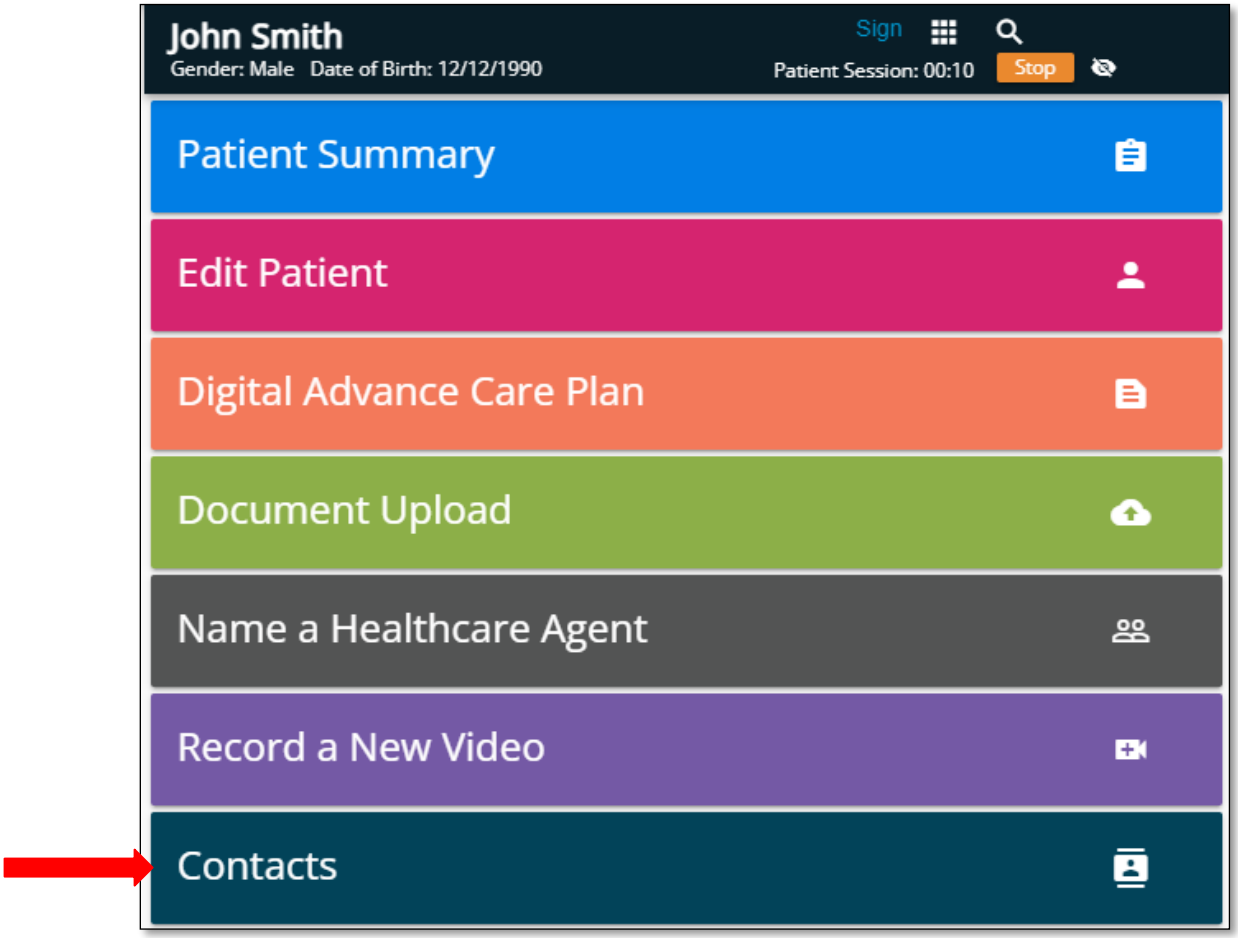
2. Enter the contact's information in the fields.

Select Save to remain on the current page or select Continue to save the agent as the Alternate Healthcare agent and move to the manage the healthcare agent's page.



Contacts

Add contacts to the patient's record. Select the Contacts tile on the patient dashboard to add new contacts for the patient.

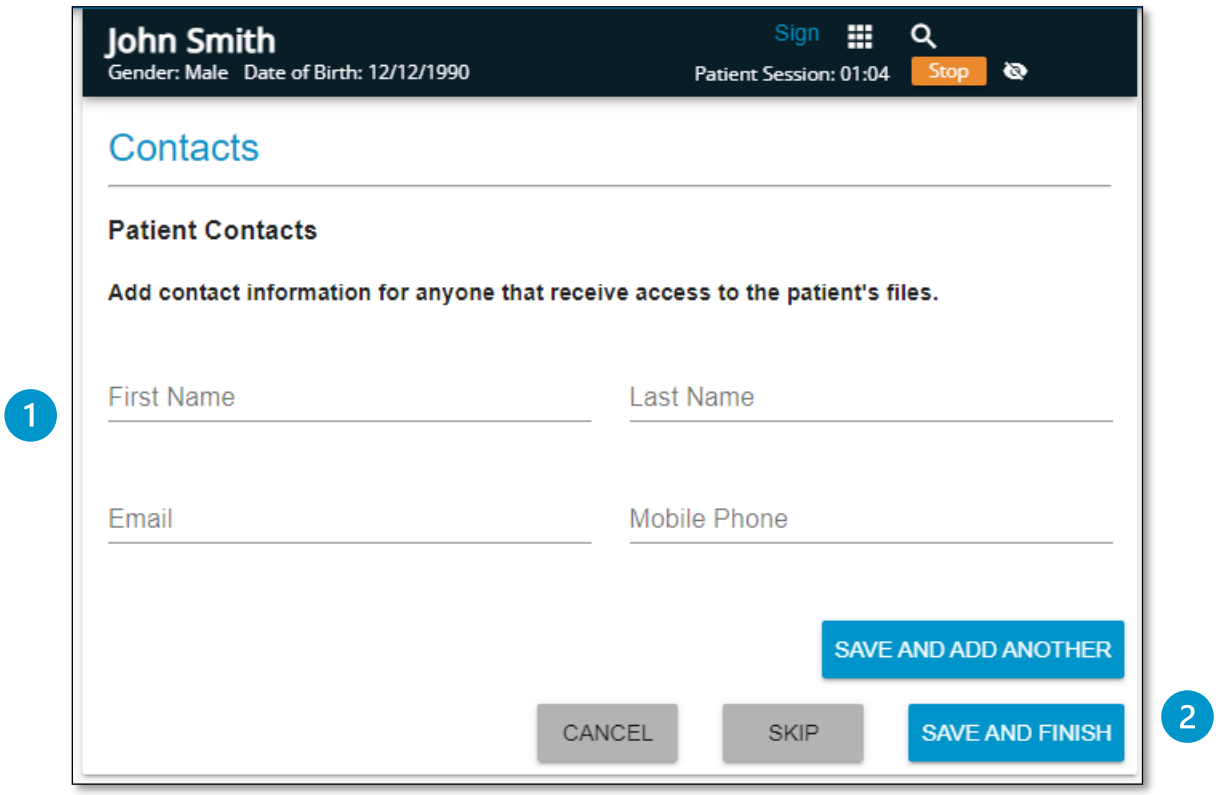


Add New Contacts

Enter the required information for the patient's contact.

1. The required fields include the following:
   - First name
   - Last name
   - Email and/or Mobile phone

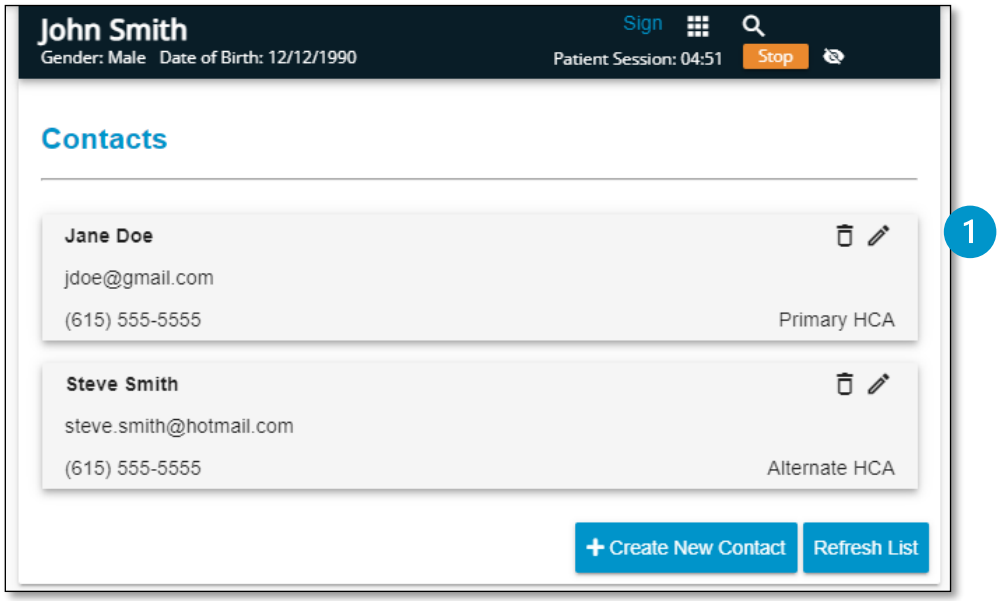
2. Select:
   - Save and Finish when all contacts have been added to the patient's account.
   - Save and Add Another for additional contacts.
   - Skip to return to the list of contacts.



Managing Patient Contacts

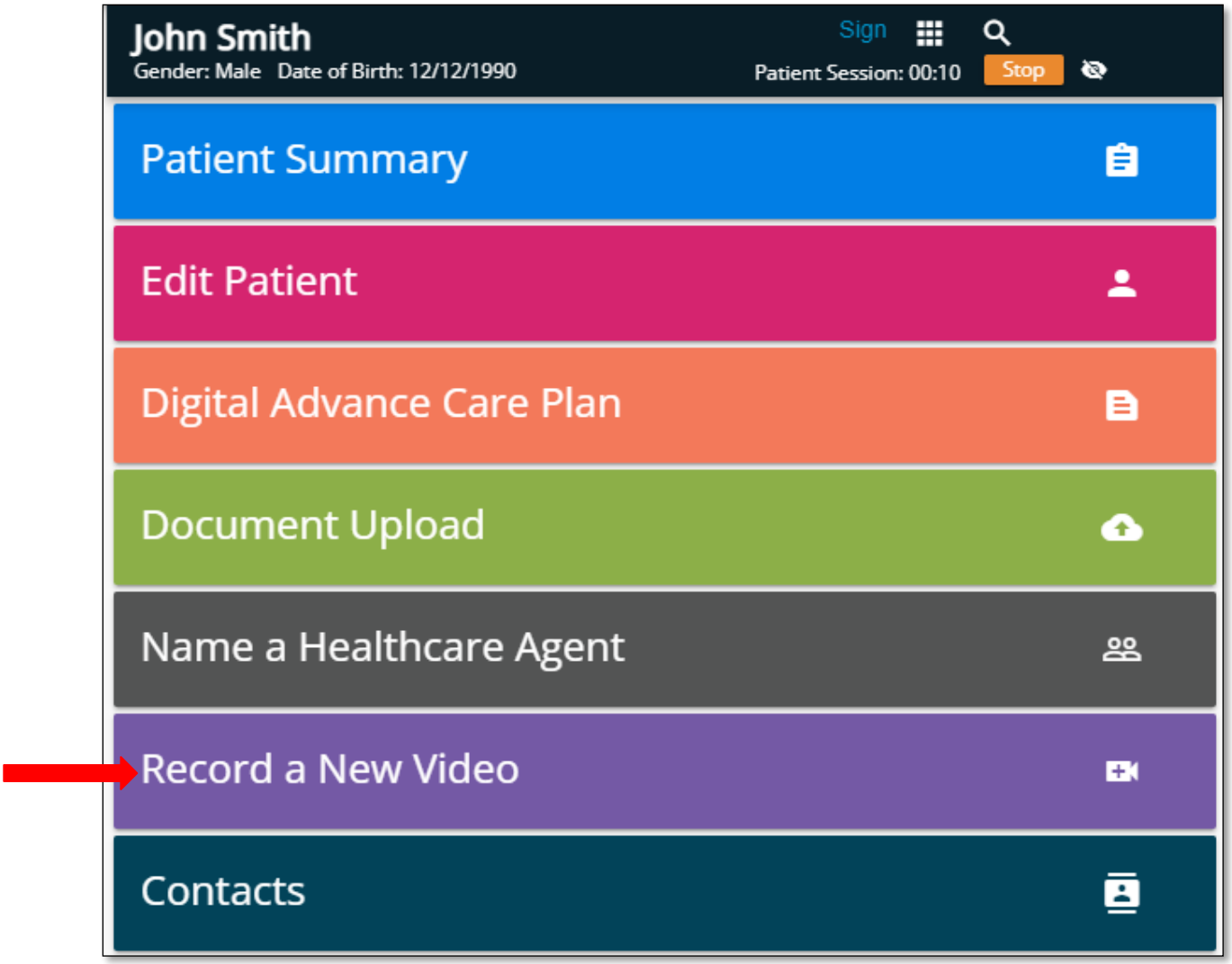
1. Select the delete or edit icon to change the contact's information.

   Changes made to contacts will not require the ACP to be resigned.



Record a Video

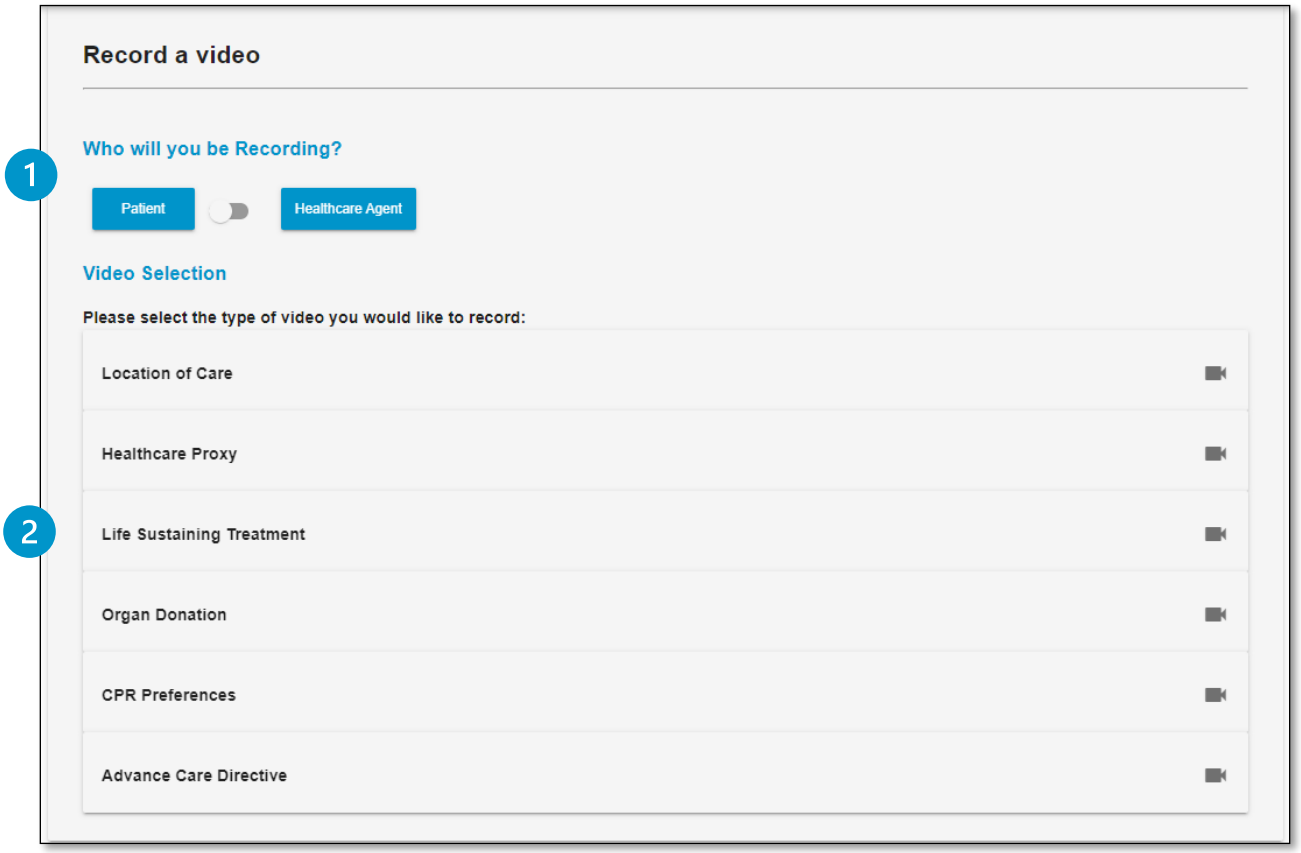
- You can record a video of the patient or for the patient's healthcare agent. The video is created from your device using your camera and microphone. The video is saved to the patient's documents and can be accessed from the Document Upload page



Record A Patient Video

1. Your patient can choose between recording a video themselves or having their named healthcare agent do so on their behalf.

2. Your patient can choose between the following recording options below.

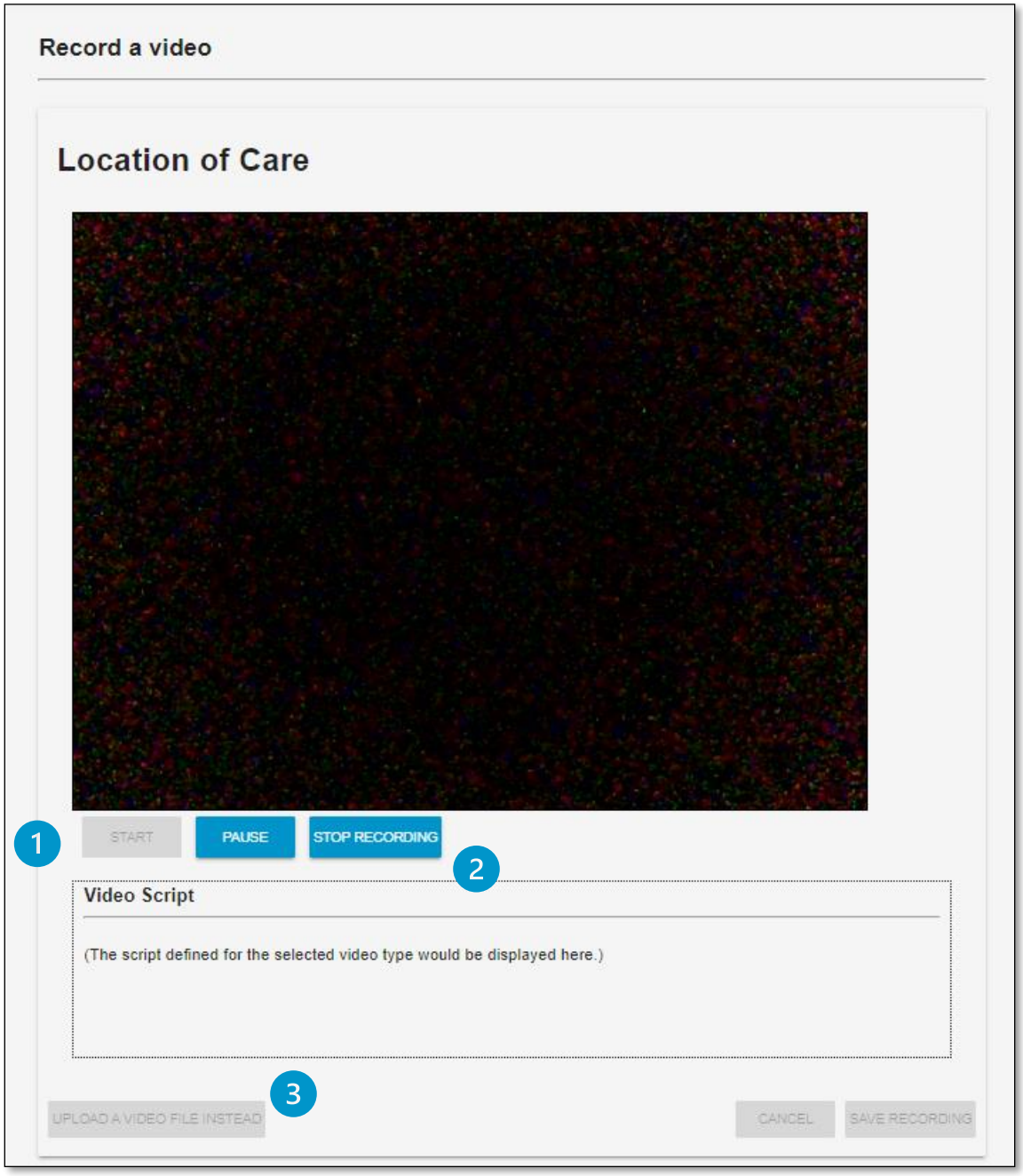


Record a Video

1. Select the Start button to start recording the video. The screen will display what the camera is pointing towards, and the video will begin recording. Press Pause if the patient or healthcare agent is not ready, and click Resume when you are ready to continue recording.

2. Once the recording is finished, click Stop Recording. Click Save Recording to save the recording file to the patient's document page, or if the patient would like to start over, select Cancel to delete and start recording again.

3. Existing video files can be uploaded by clicking the Upload a Video File Instead button. Select the video file from your documents.



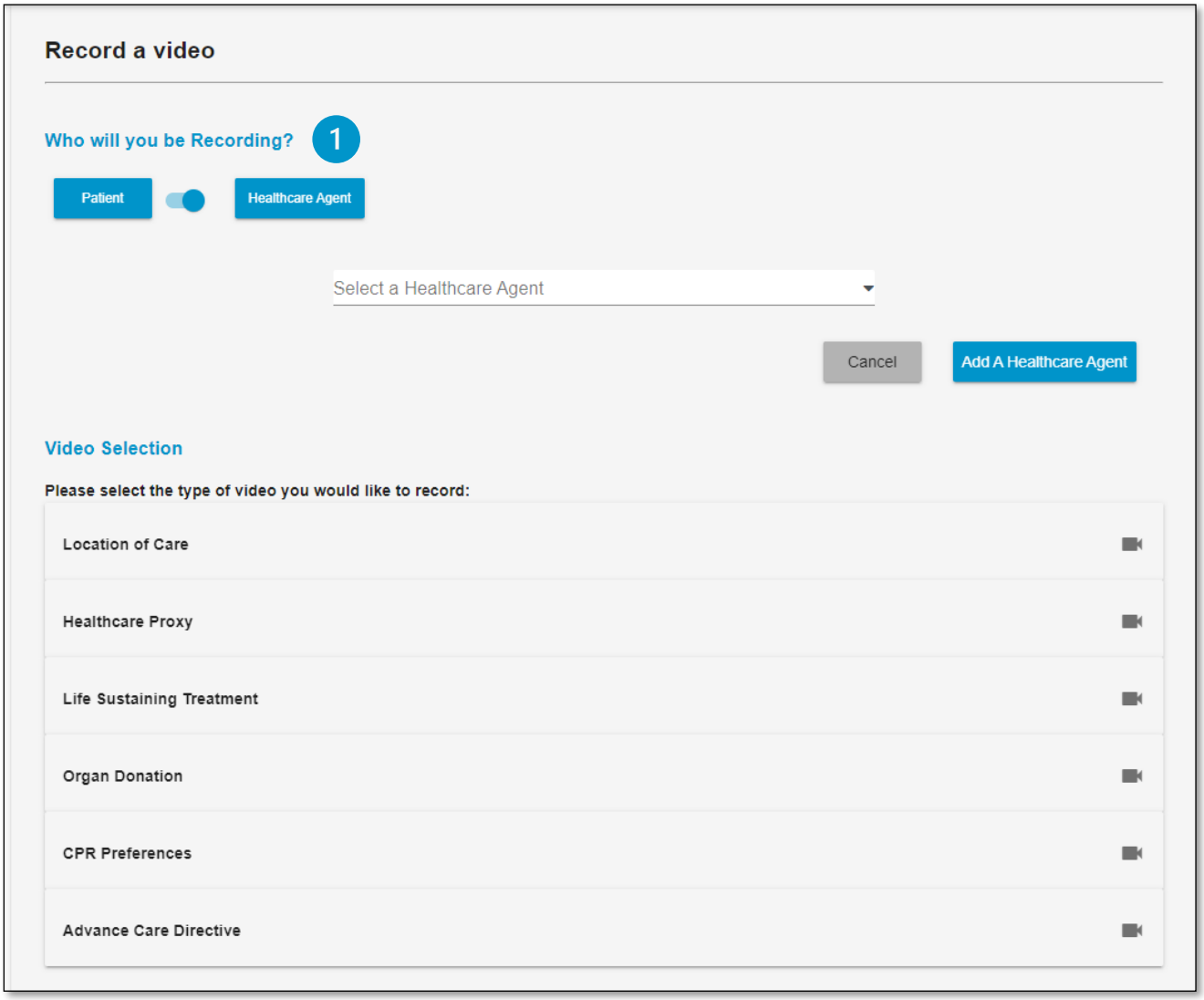
Record Video for Healthcare Agent

1. Click the Healthcare Agent button, select an agent from the dropdown menu, and follow the same steps to record the video:

    - Select the Start button to start recording the video. The screen will display the camera pointed toward, and the video will now begin recording. Press Pause if the patient or healthcare agent is not ready and click Resume when you are ready to continue recording.

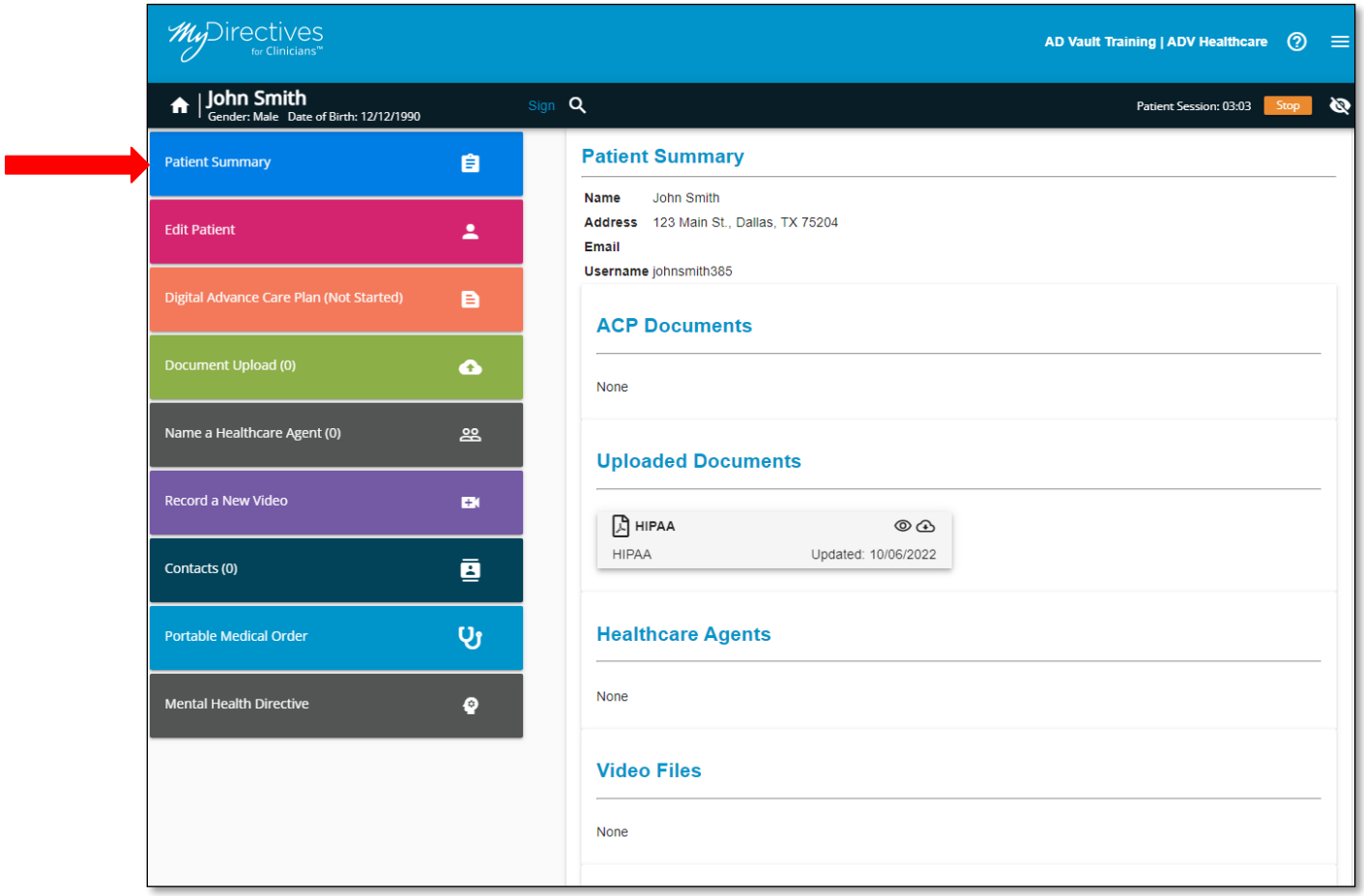
    - Once the recording is finished, click Stop Recording. Click Save Recording to save the recording file to the patient's document page, or if the patient would like to start over, select Cancel to delete and start recording again.

    - Existing video files can be uploaded by clicking the Upload a Video File Instead button. Select the video file from your documents.



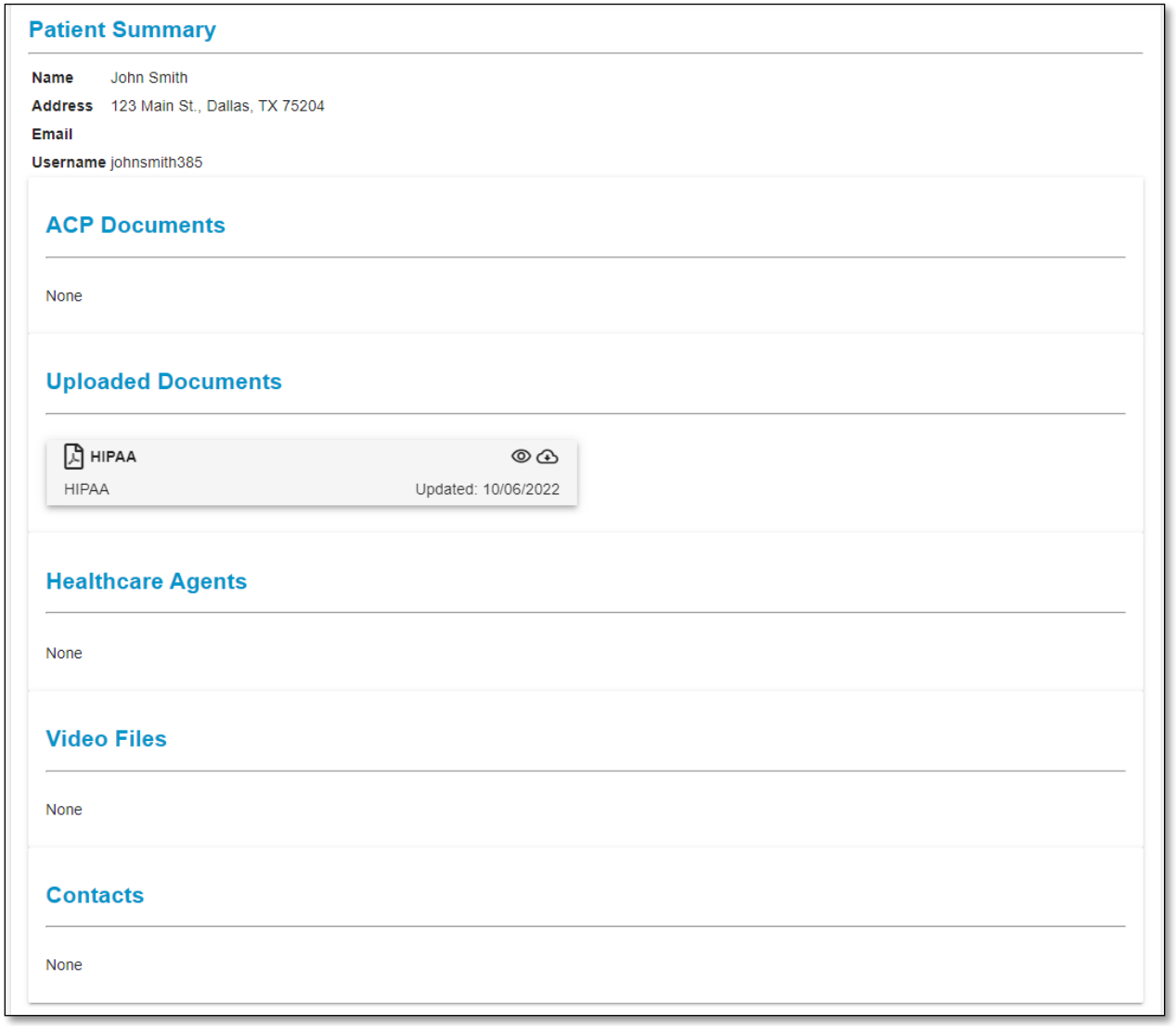
Patient Summary

The patient summary gives you and your patient an overview of their record. Use the subject tiles to navigate the patient record.



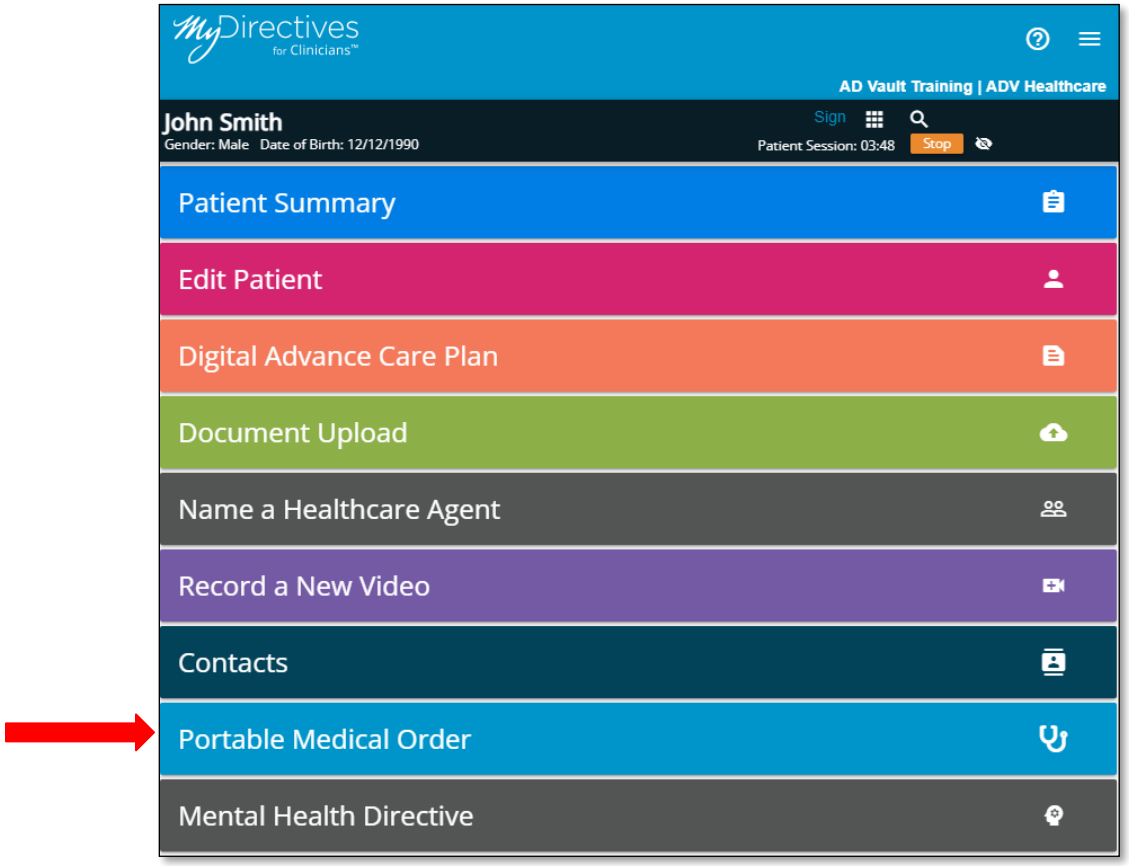
Full Patient Summary

This page will give you and your patient a brief overview of everything that is and has been created within their account under each section.



Portable Medical Order

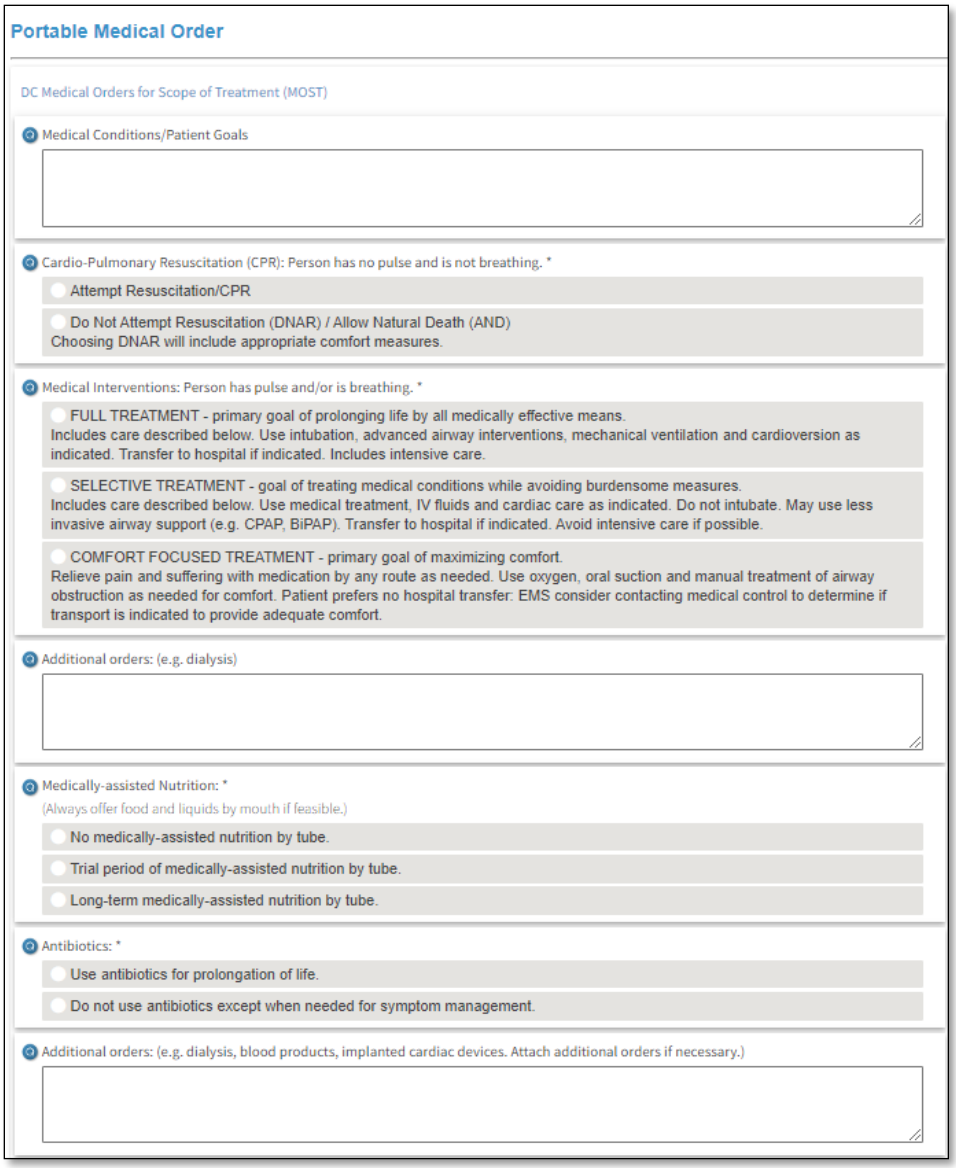
A licensed Physician is the only person allowed to create, fill out, and sign a Portable Medical Order at this time.

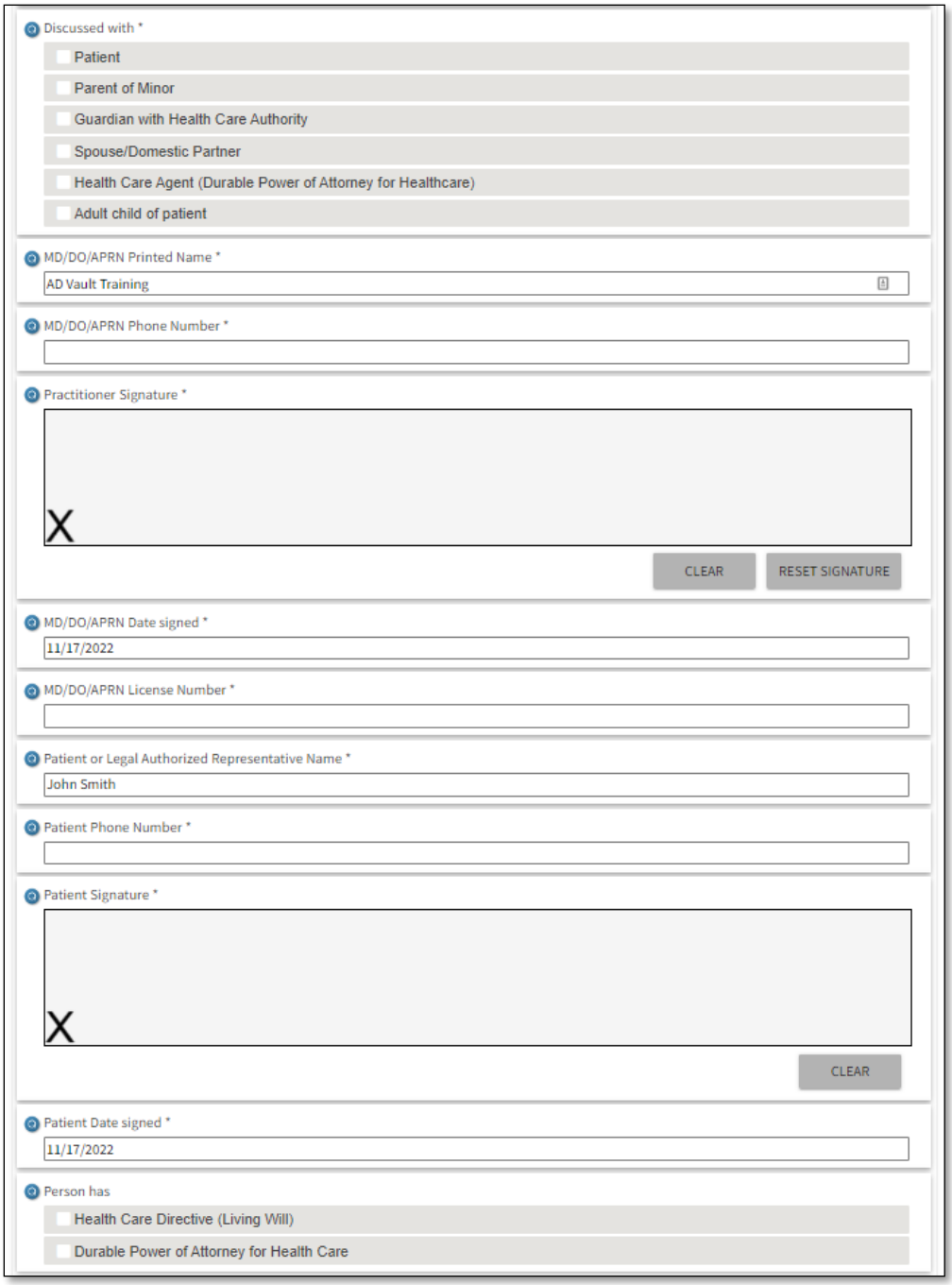


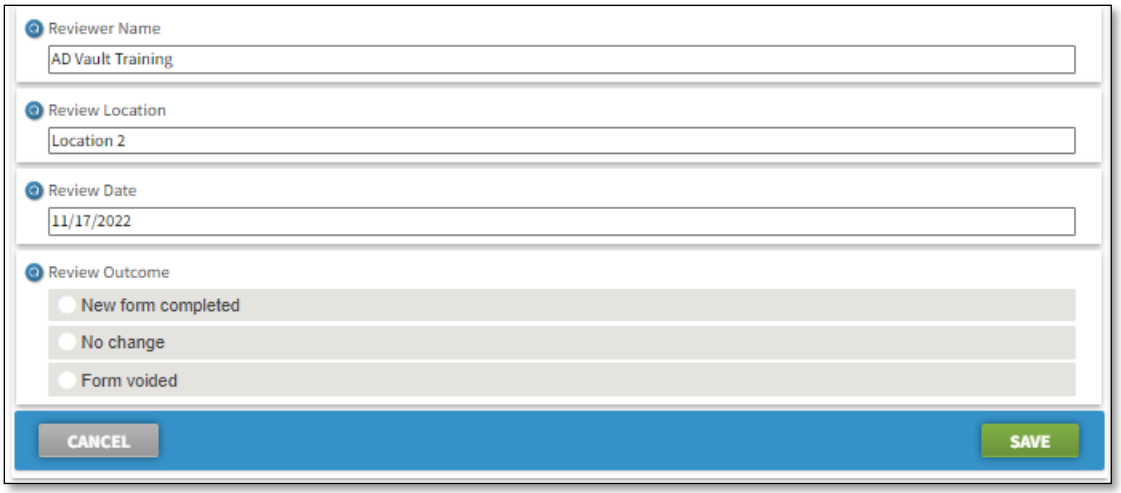
Select which Portable Medical Order form you are filling out from the dropdown menu.

After selecting which Portable Medical Order you are filling out with your patient, click the select button for the form to auto-populate.

Complete each section of the Portable Medical Order with your patient.

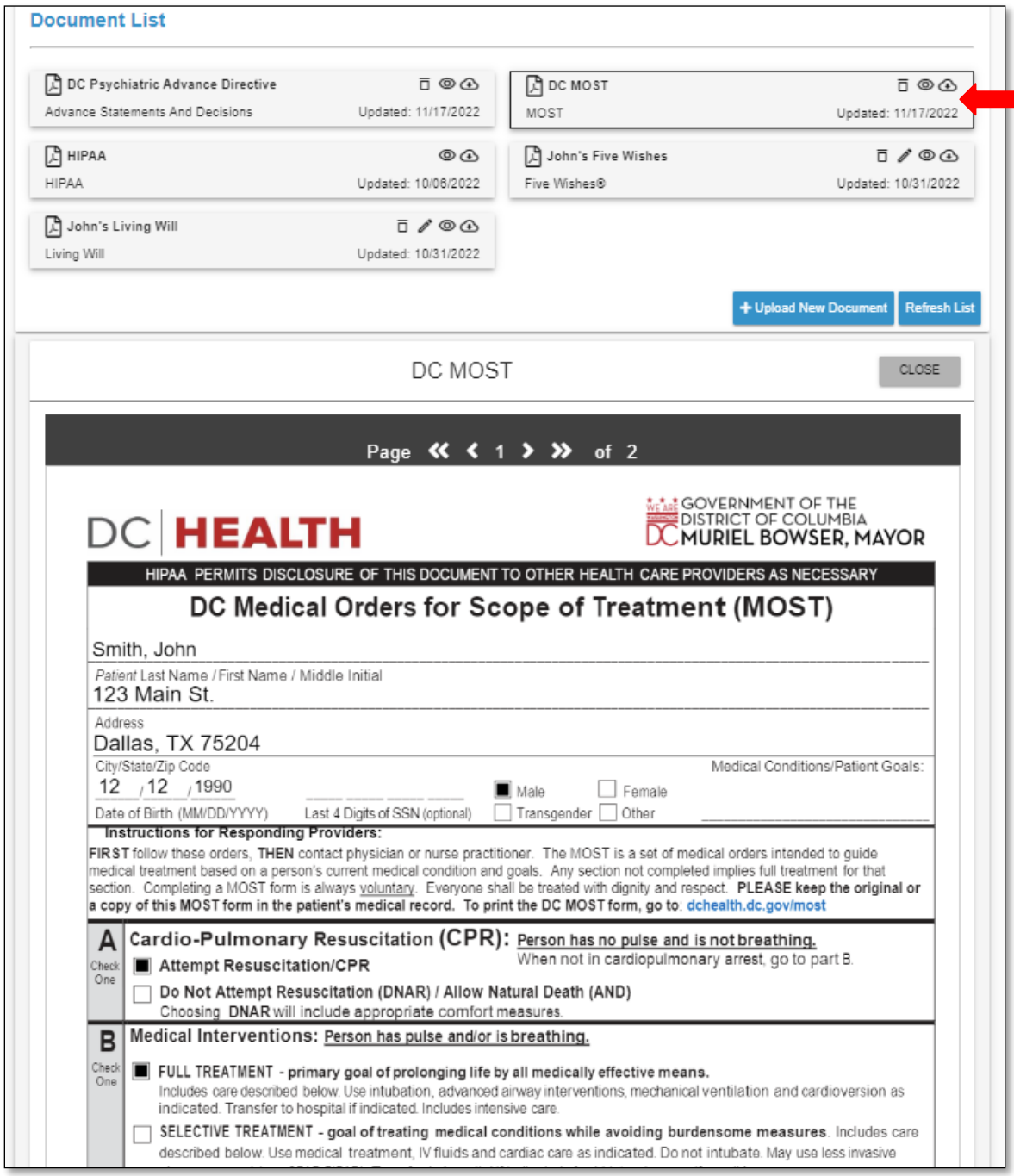



Discussed with *
Patient
Parent of Minor
Guardian with Health Care Authority
Spouse/Domestic Partner
Health Care Agent (Durable Power of Attorney for Healthcare)
Adult child of patient
MD/DO/APRN Printed Name *
AD Vault Training
MD/DO/APRN Phone Number *
Practitioner Signature *
X
CLEAR
RESET SIGNATURE
MD/DO/APRN Date signed *
11/17/2022
MD/DO/APRN License Number *
Patient or Legal Authorized Representative Name *
John Smith
Patient Phone Number *
Patient Signature *
X
CLEAR
Patient Date signed *
11/17/2022
Person has
Health Care Directive (Living Will)
Durable Power of Attorney for Health Care

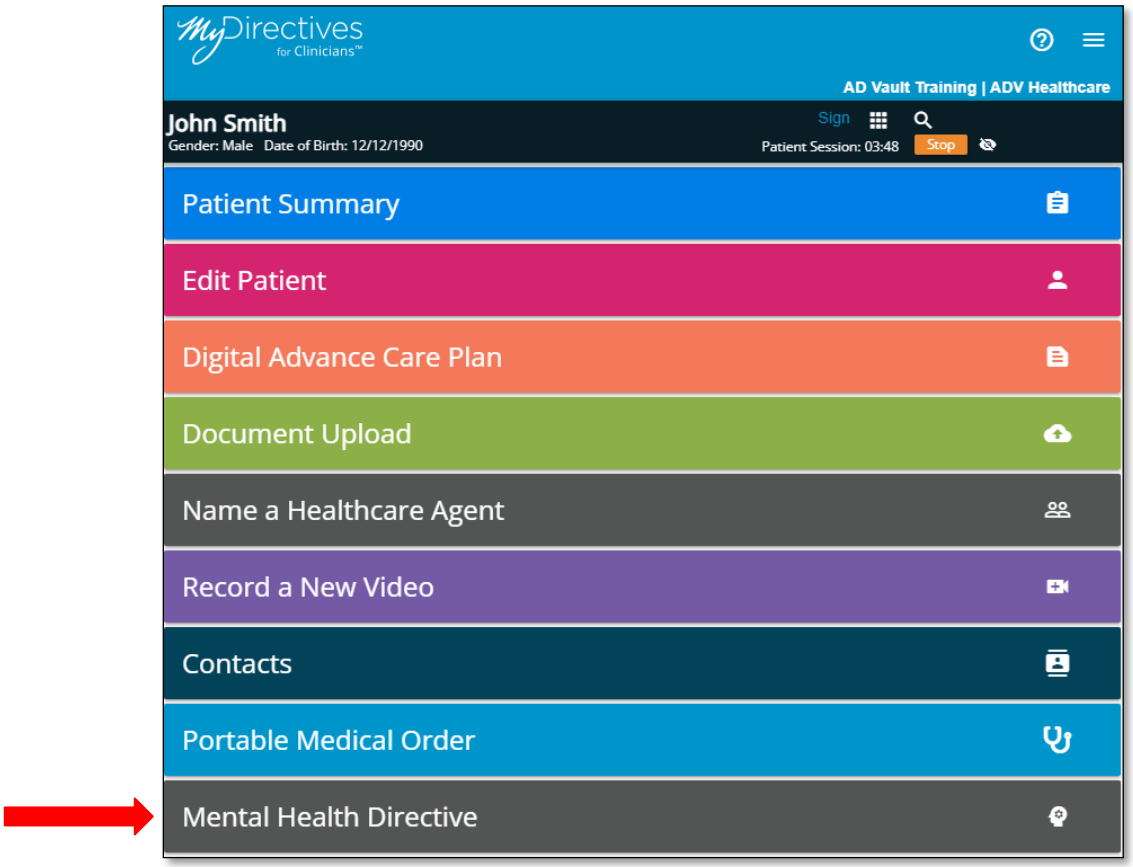

Reviewer Name
AD Vault Training
Review Location
Location 2
Review Date
11/17/2022
Review Outcome
New form completed
No change
Form voided
CANCEL
SAVE

Completed Portable Medical Order

When a Portable Medical Order is complete, it will appear under the Document List.

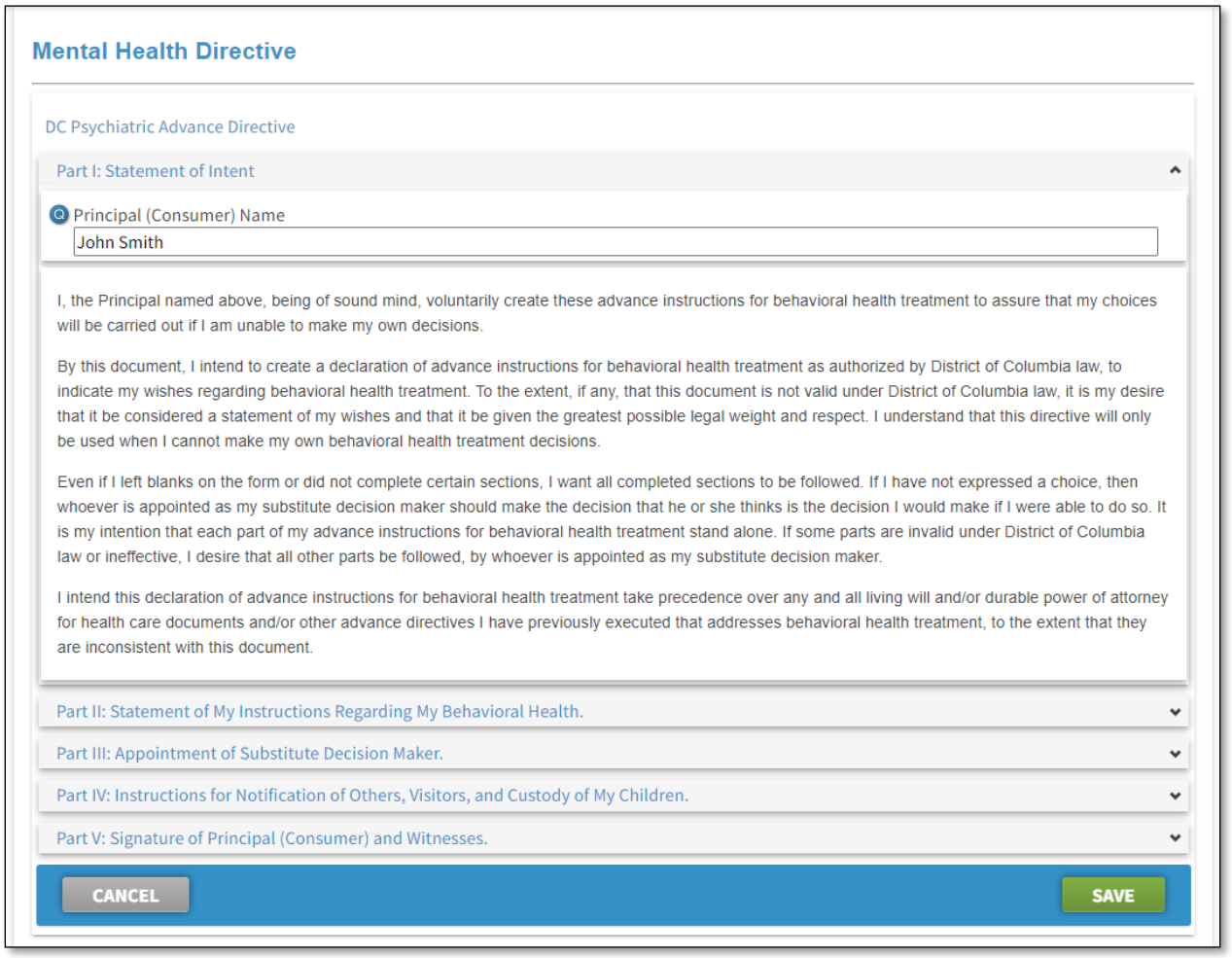


Mental Health Directive

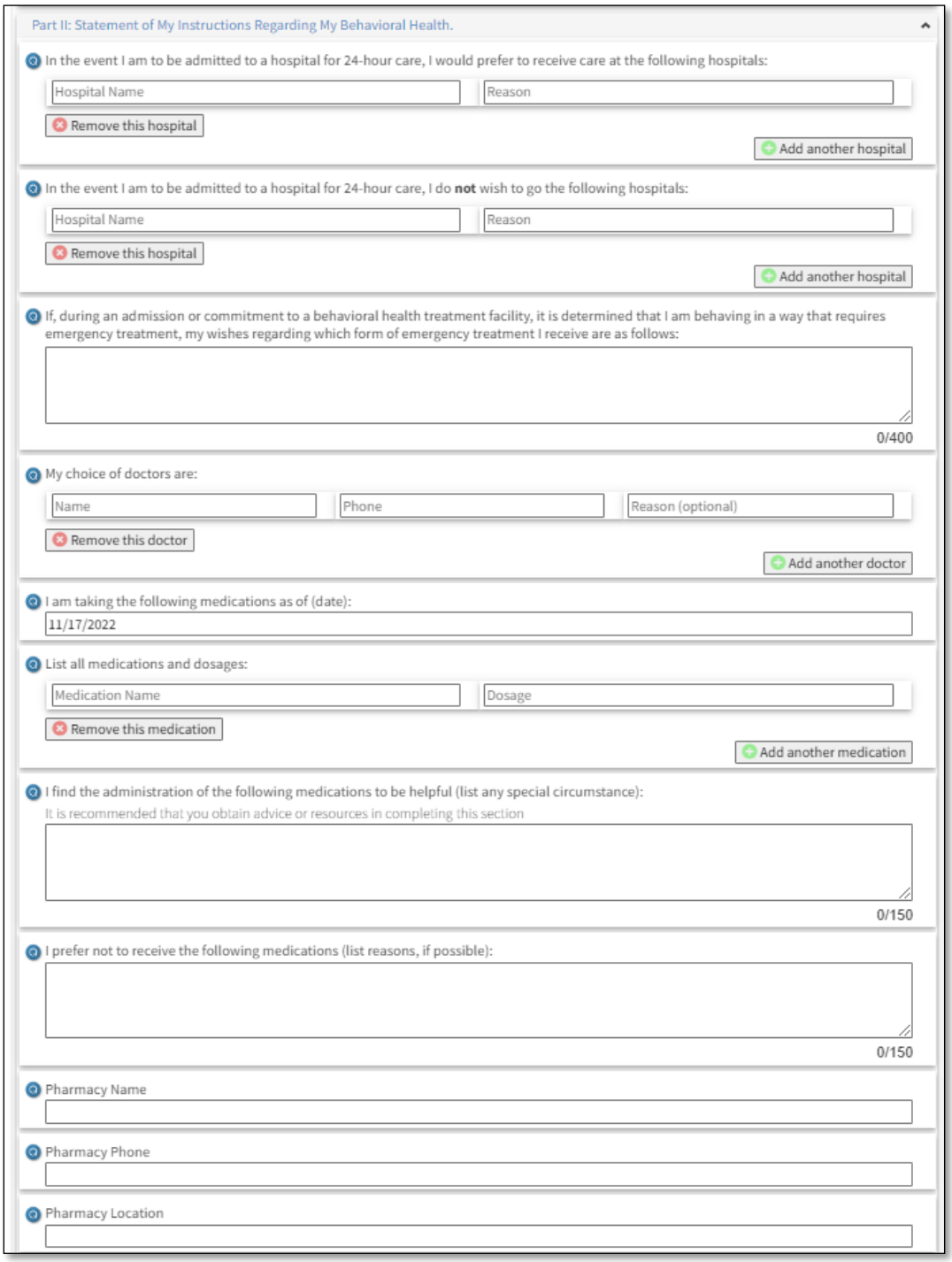


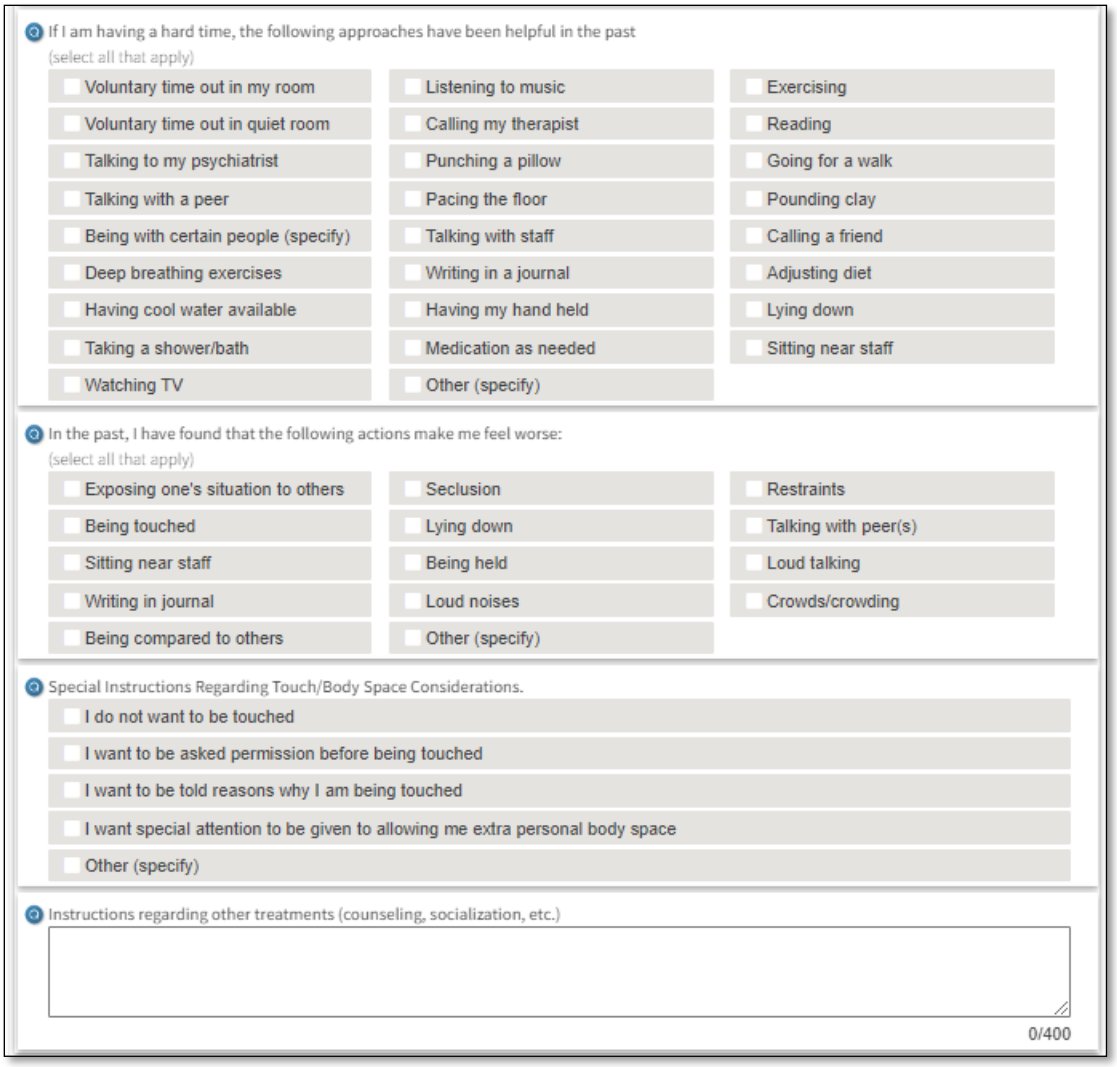
Select what Mental Health Directive you are filling out with your patient from the dropdown menu.

Part I: Statement of Intent

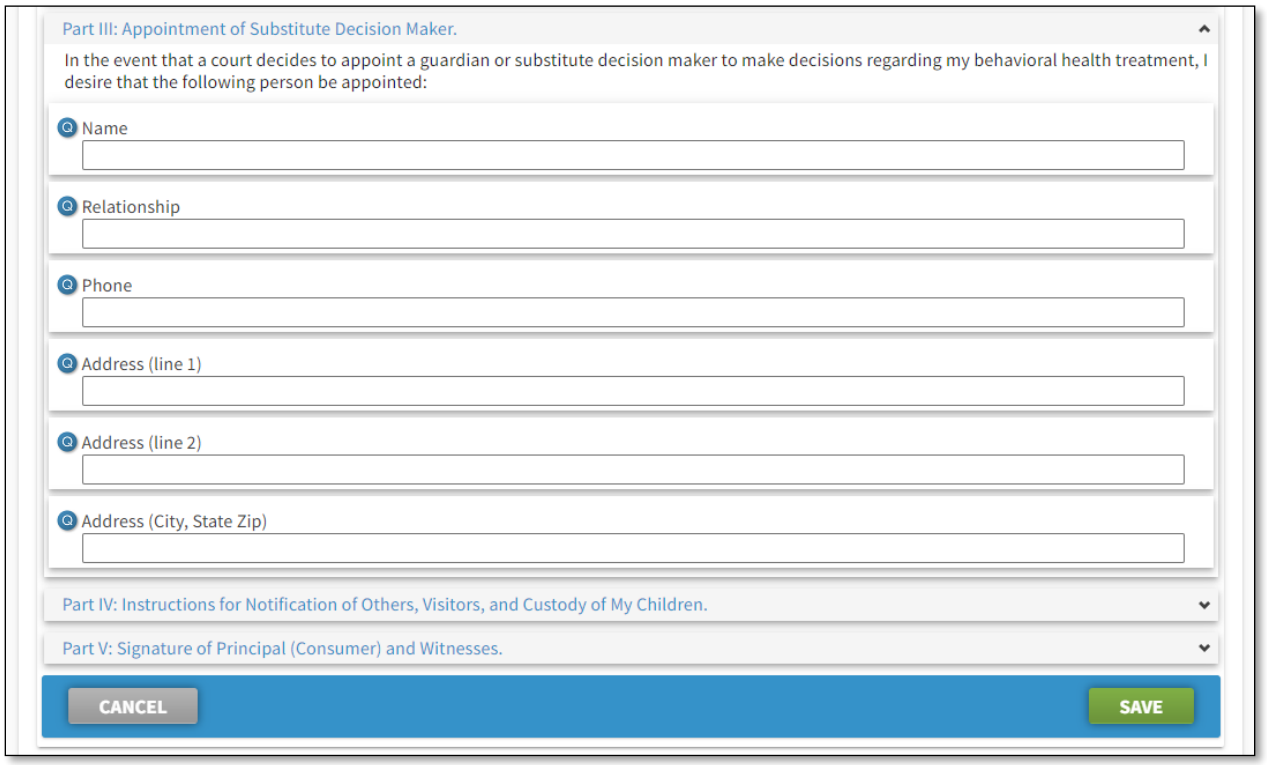


Part II: Statement of My Instructions Regarding My Behavioral Health

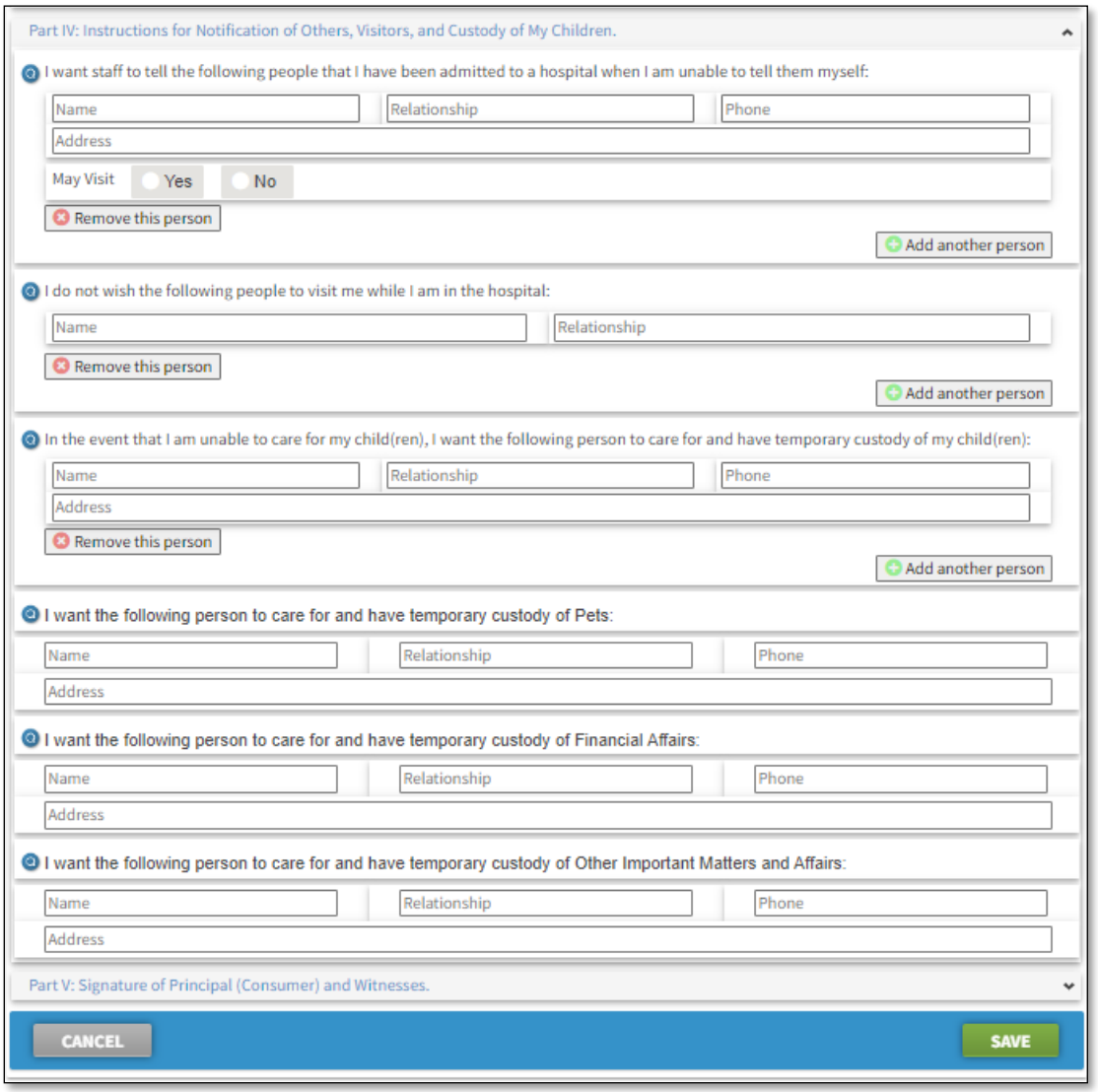



If I am having a hard time, the following approaches have been helpful in the past
(select all that apply)
Voluntary time out in my room
Voluntary time out in quiet room
Talking to my psychiatrist
Talking with a peer
Being with certain people (specify)
Deep breathing exercises
Having cool water available
Taking a shower/bath
Watching TV
Listening to music
Calling my therapist
Punching a pillow
Pacing the floor
Talking with staff
Writing in a journal
Having my hand held
Medication as needed
Other (specify)
Exercising
Reading
Going for a walk
Pounding clay
Calling a friend
Adjusting diet
Lying down
Sitting near staff
In the past, I have found that the following actions make me feel worse:
(select all that apply)
Exposing one's situation to others
Being touched
Sitting near staff
Writing in journal
Being compared to others
Seclusion
Lying down
Being held
Loud noises
Other (specify)
Restraints
Talking with peer(s)
Loud talking
Crowds/crowding
Special Instructions Regarding Touch/Body Space Considerations.
I do not want to be touched
I want to be asked permission before being touched
I want to be told reasons why I am being touched
I want special attention to be given to allowing me extra personal body space
Other (specify)
Instructions regarding other treatments (counseling, socialization, etc.)
0/400

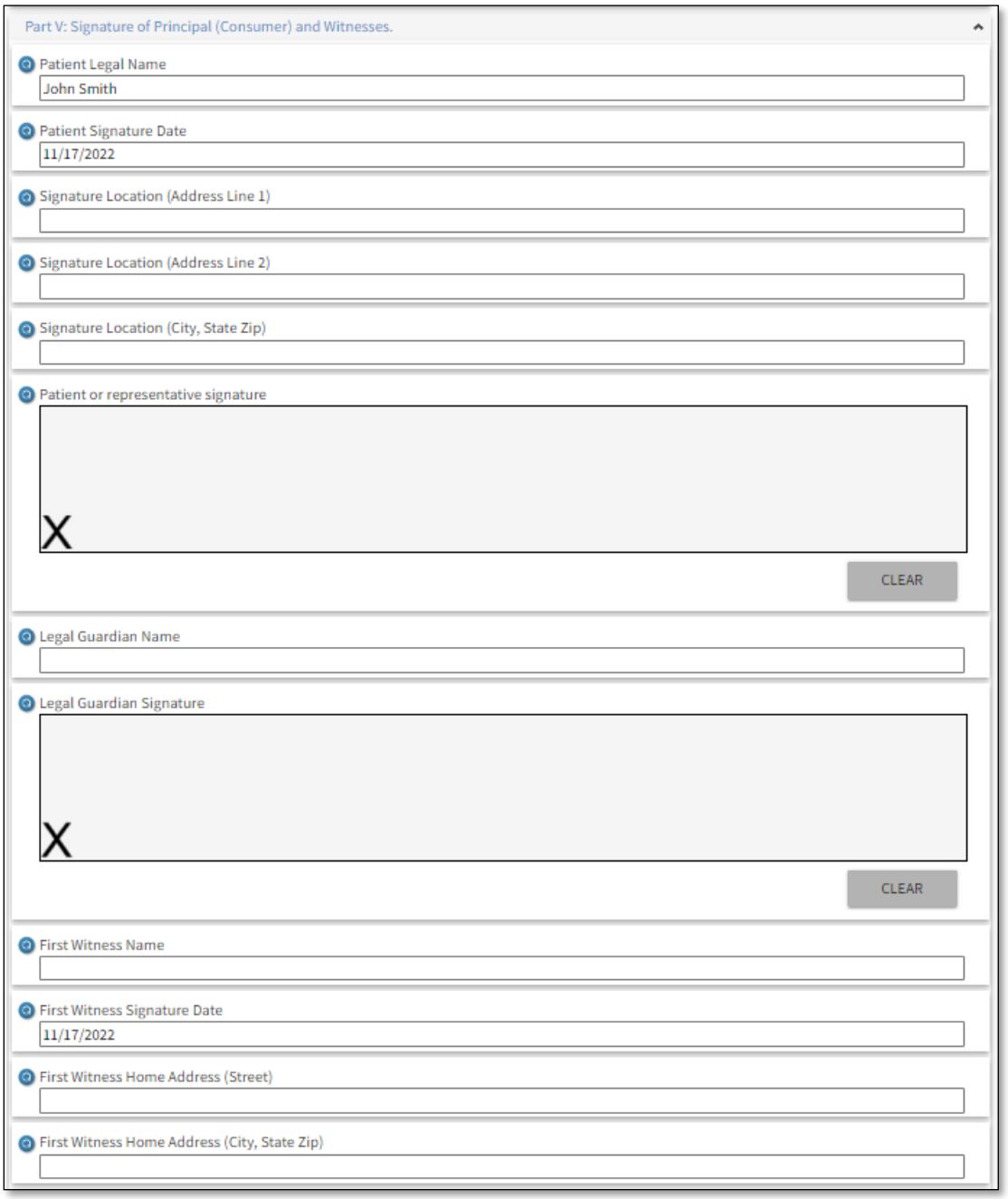
Part III: Appointment of Substitute Decision Maker

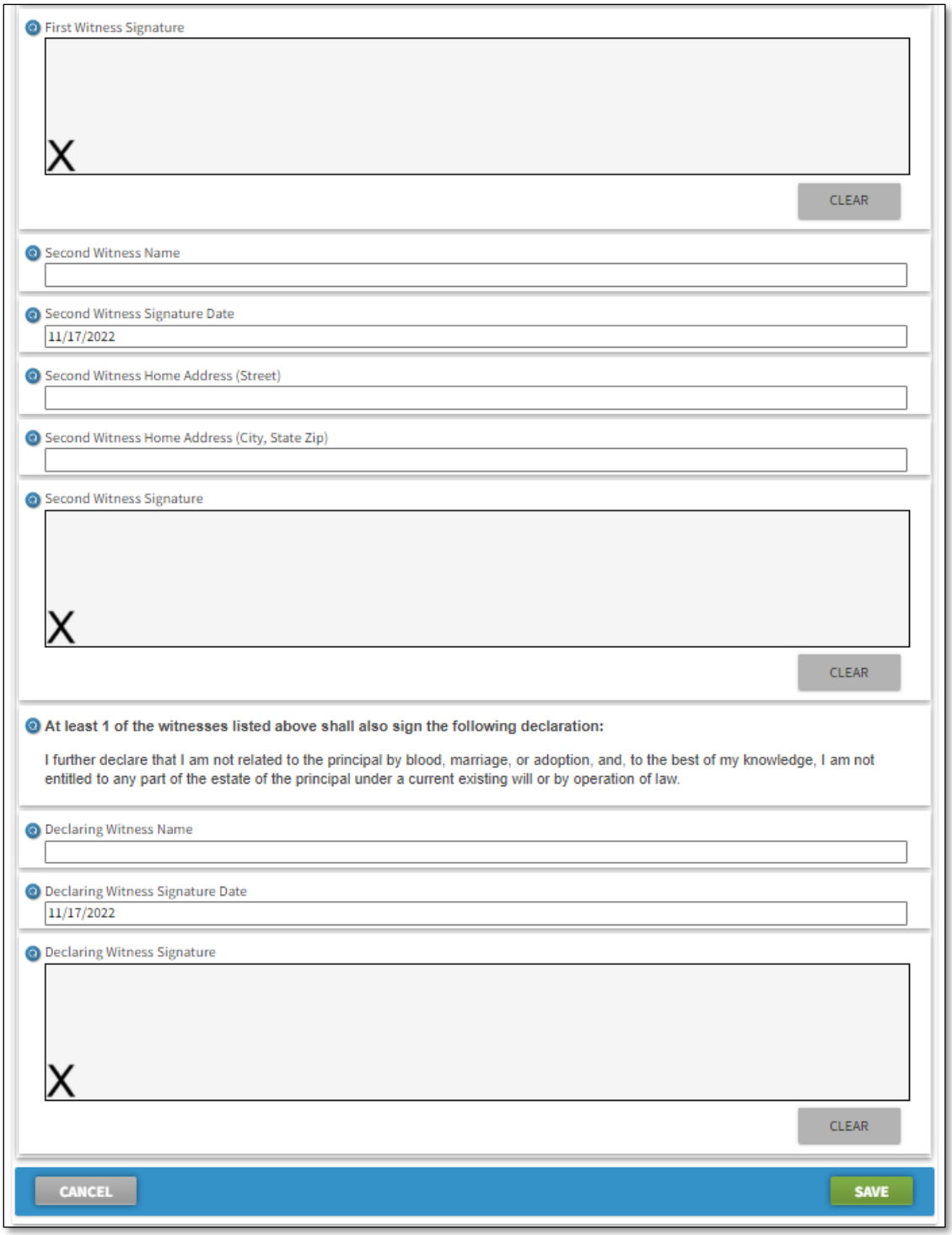


Part IV: Instructions for Notification of Others, Visitors, and Custody of My Children



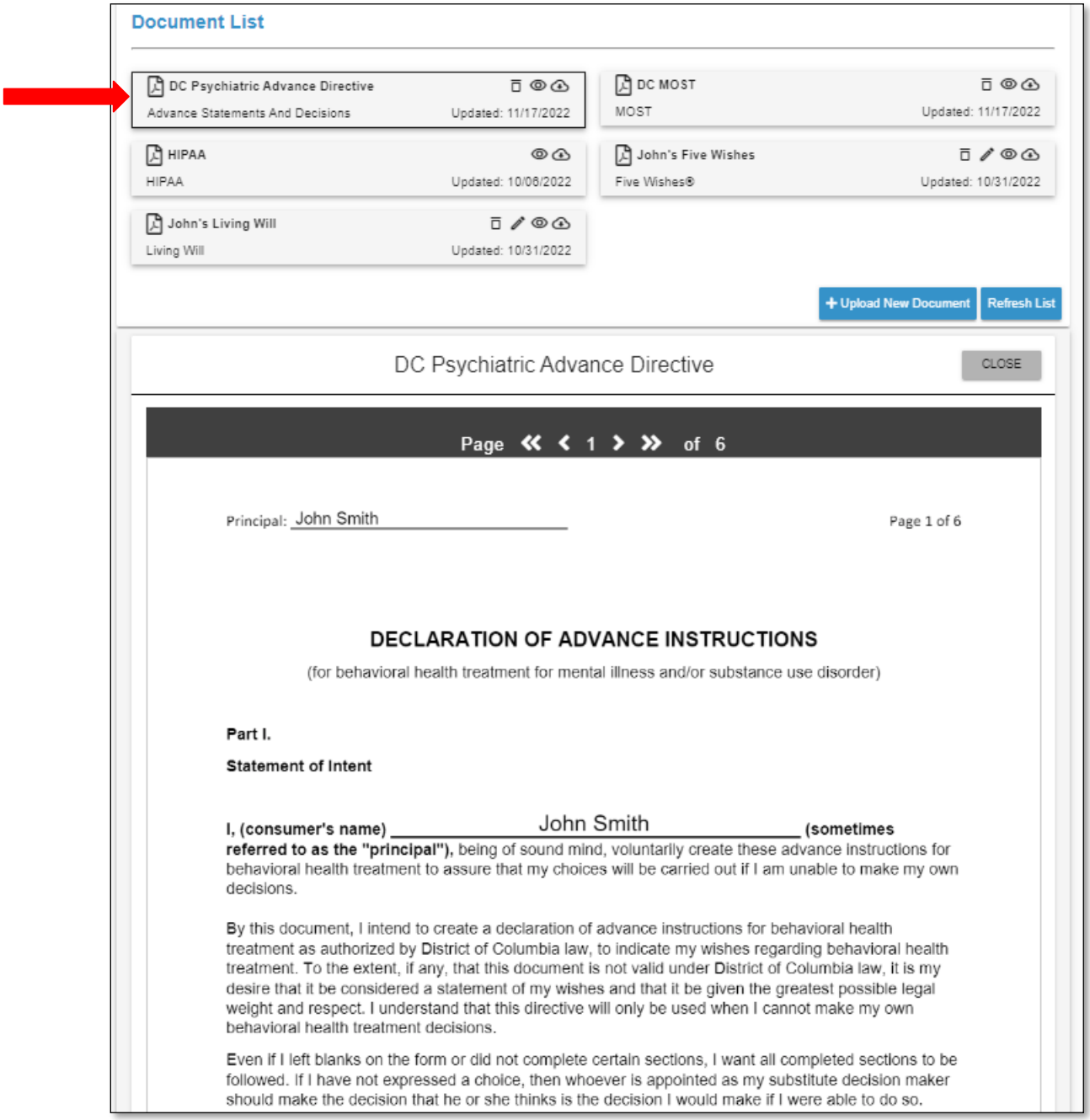
Part V: Signature of Principal (Consumer) and Witnesses




First Witness Signature
X
CLEAR
Second Witness Name
Second Witness Signature Date
11/17/2022
Second Witness Home Address (Street)
Second Witness Home Address (City, State Zip)
Second Witness Signature
X
CLEAR
At least 1 of the witnesses listed above shall also sign the following declaration:
I further declare that I am not related to the principal by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the estate of the principal under a current existing will or by operation of law.
Declaring Witness Name
Declaring Witness Signature Date
11/17/2022
Declaring Witness Signature
X
CLEAR
CANCEL
SAVE

Completed Document Upload

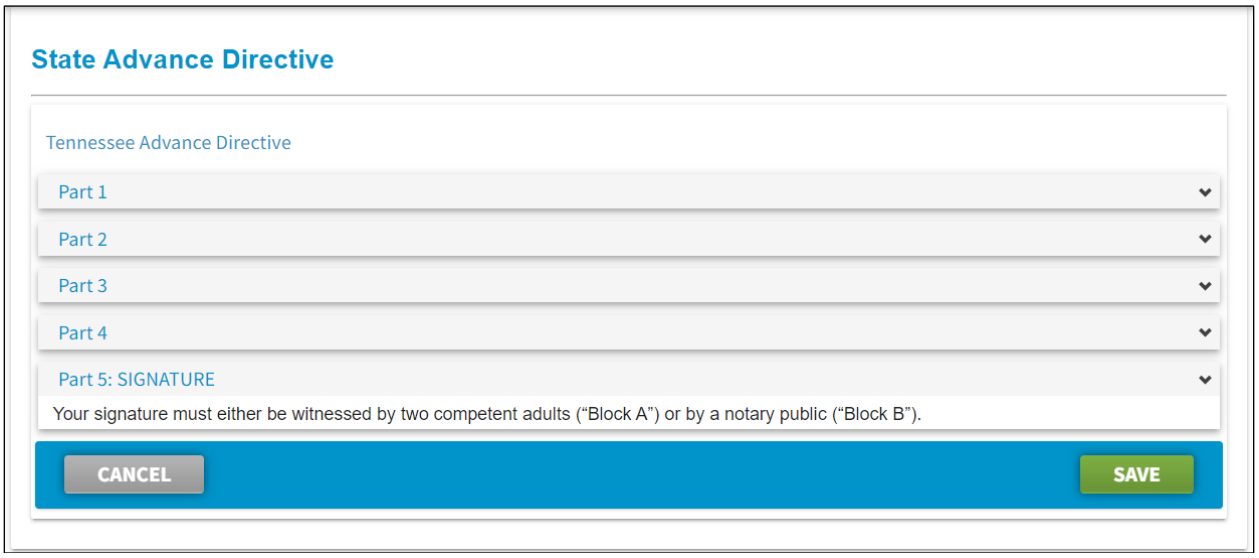
After you have completed the Mental Health Directive with your patient, it will appear under the Document list, as you see below. You may download, view, or get rid of this document using the icons you see next to each document below.



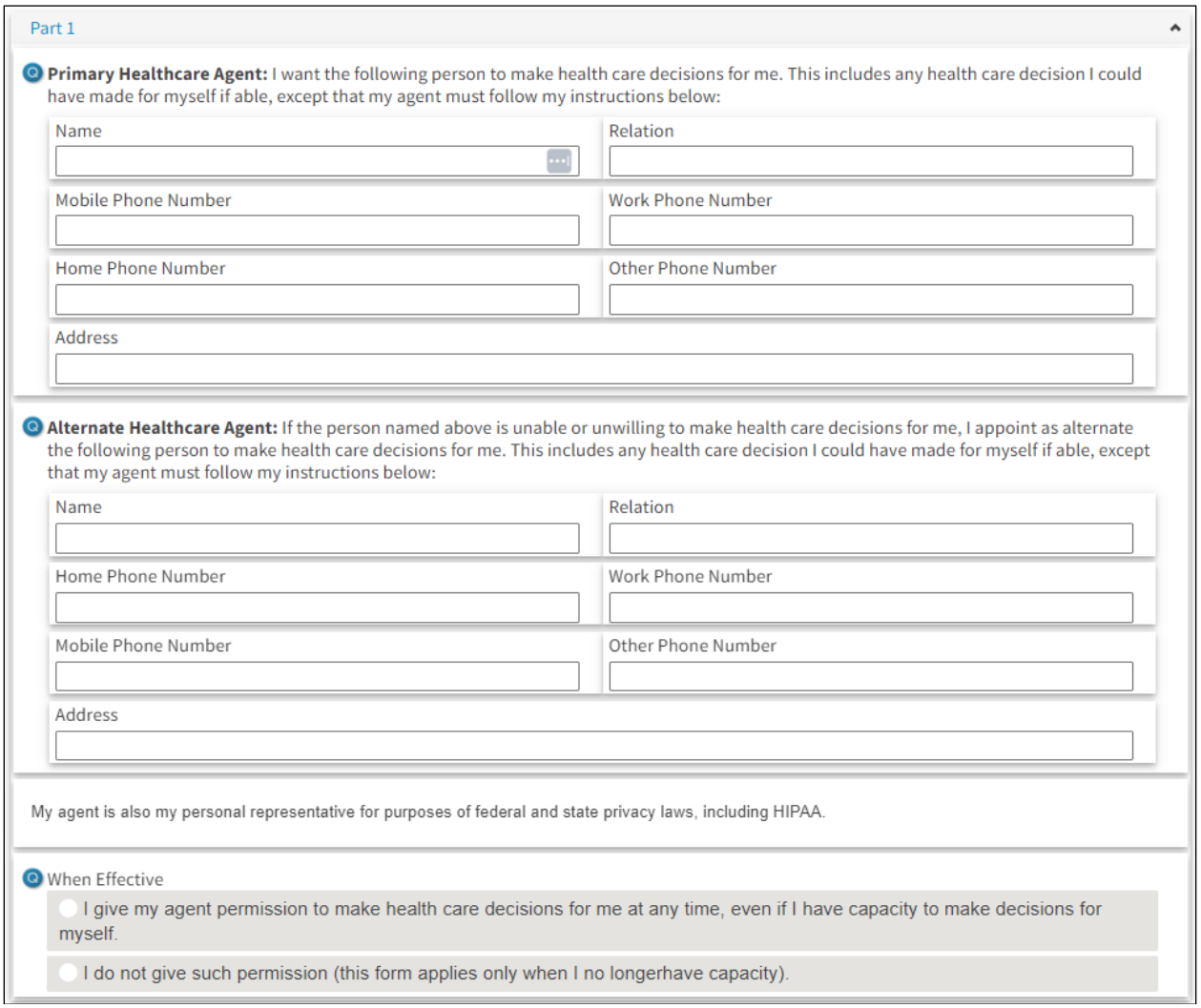
State Advance Directive

Select which State Advance Directive from the dropdown menu and click select.

Tennessee Advance Directive



Part 1: Primary and Alternate Healthcare Agent



Part 2: Indicate Your Wishes for Quality of Life

Part 2

Indicate Your Wishes for Quality of Life: By marking "yes" below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management. By marking "no" below, I have indicated conditions I would not be willing to live with (that to me would create an unacceptable quality of life).

Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance of ever waking up from the coma. *

- Yes
- No

Permanent Confusion: I become unable to remember, understand, or make decisions. I do not recognize loved ones or cannot have a clear conversation with them. *

- Yes
- No

Dependent in all Activities of Daily Living: I am no longer able to talk or communicate clearly or move by myself. I depend on others for feeding, bathing, dressing, and walking. Rehabilitation or any other restorative treatment will not help. *

- Yes
- No

End-Stage Illnesses: I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where oxygen is needed most of the time and activities are limited due to the feeling of suffocation. *

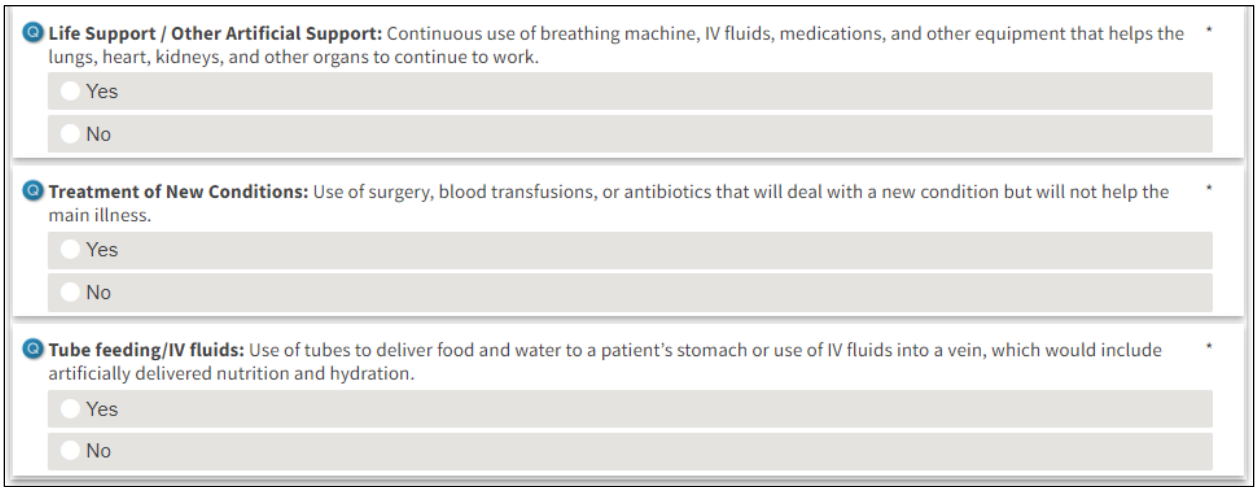
- Yes
- No

Indicate Your Wishes for Treatment: If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked "no" above) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking "yes" below, I have indicated treatment I want. By marking "no" below, I have indicated treatment I do not want.

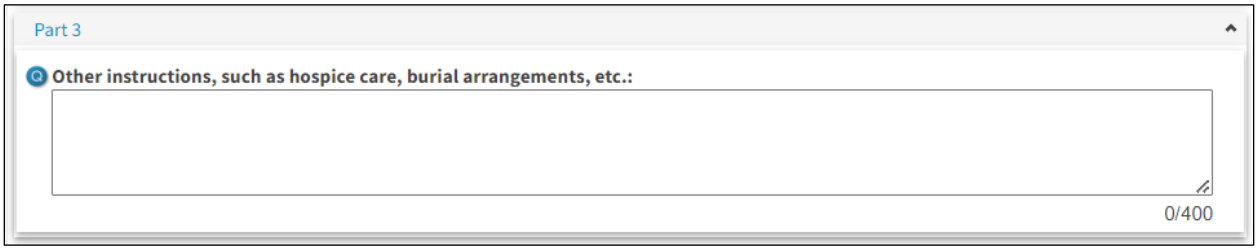
CPR (Cardiopulmonary Resuscitation): To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance. *

- Yes
- No

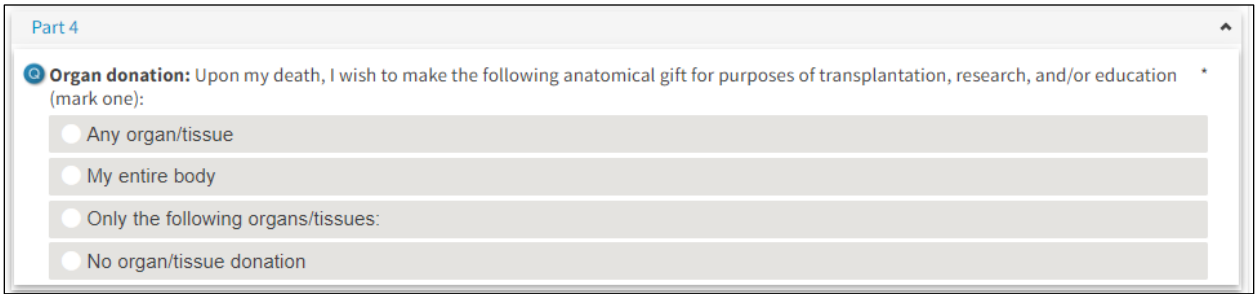
Part 2: Continued



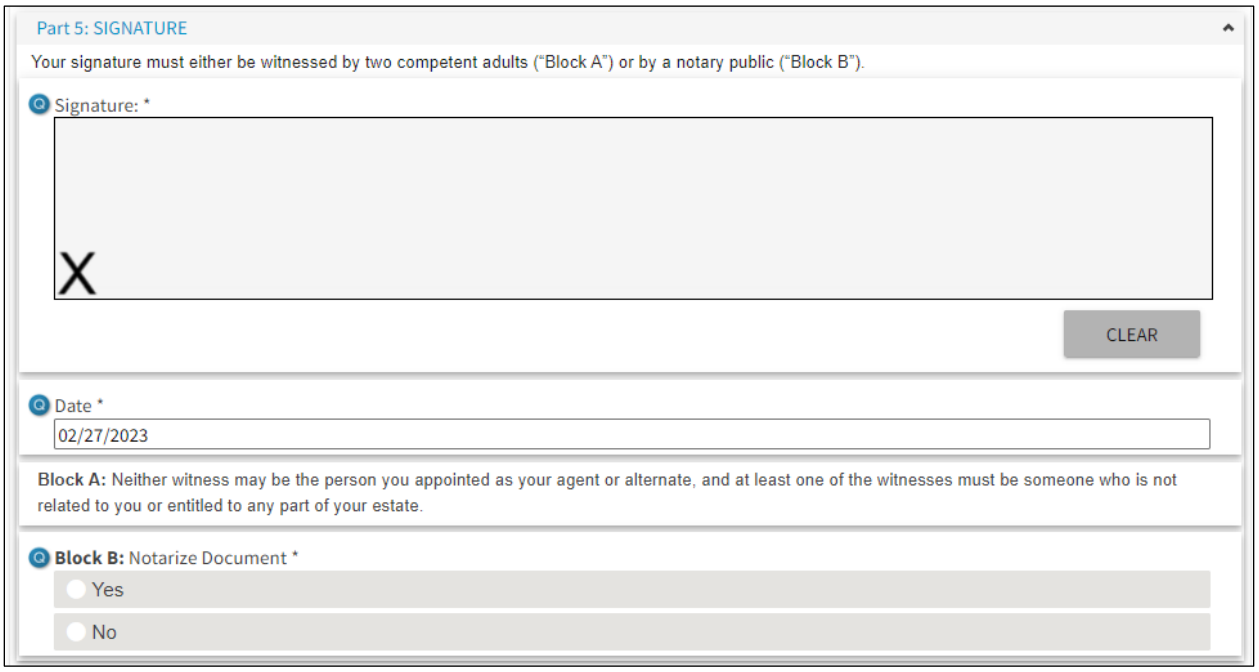
Part 3: Other Instructions



Part 4: Organ Donation



Signature: Witnesses by two competent adults or a notary

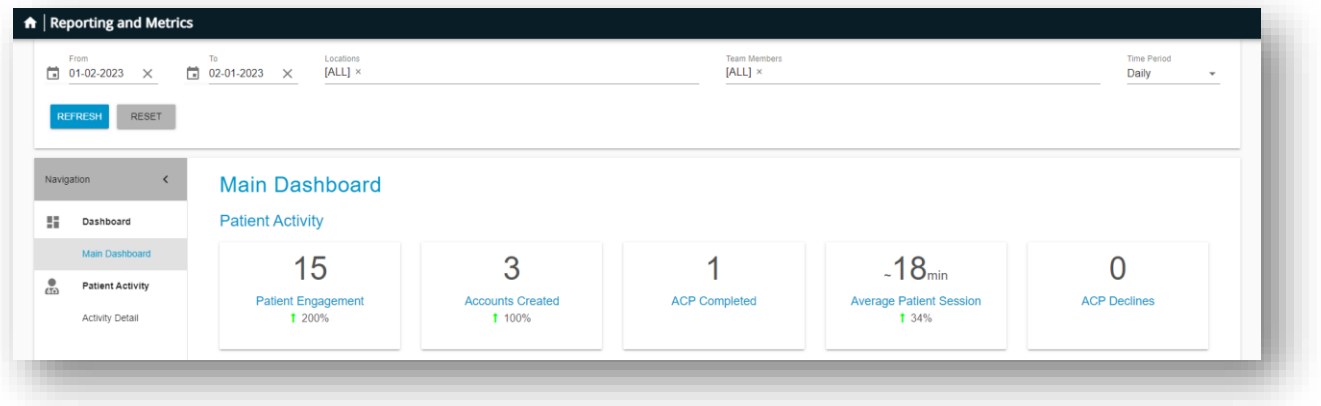


Reporting and Metrics

Main Dashboard

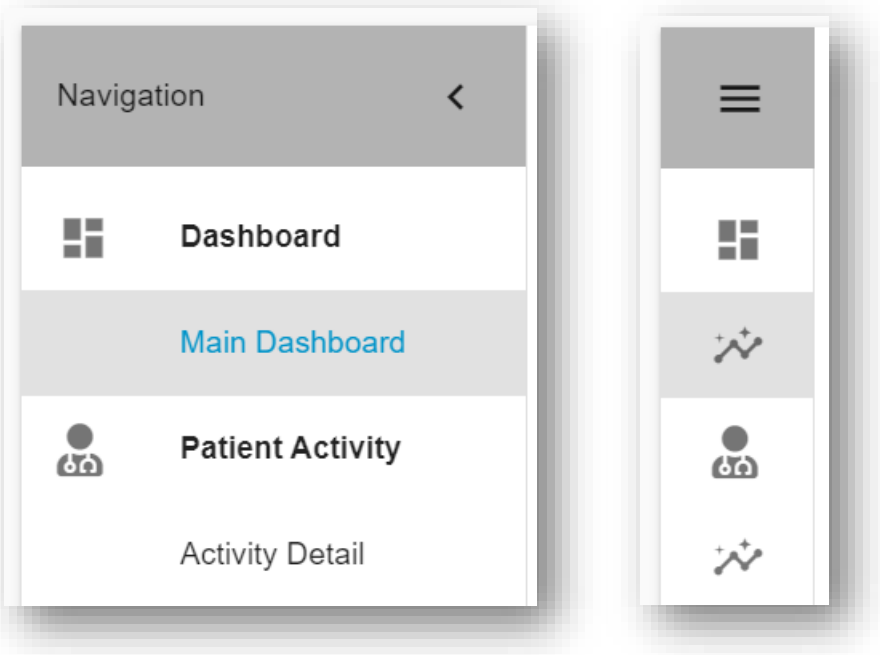
Ops Bundle (Admin User): You will have the option to filter dates, locations, team members, and time period. Dates will automatically filter prior day through the prior month. If there are multiple locations, you can filter to all or specific locations. Team members filter the same as locations. Time period options are weekly, monthly, quarterly, and annually.

Elite and Pro Bundles: You will have the same filter options as the above user, except for filtering team members. You will only be able to view your personal reporting, and locations if applicable.



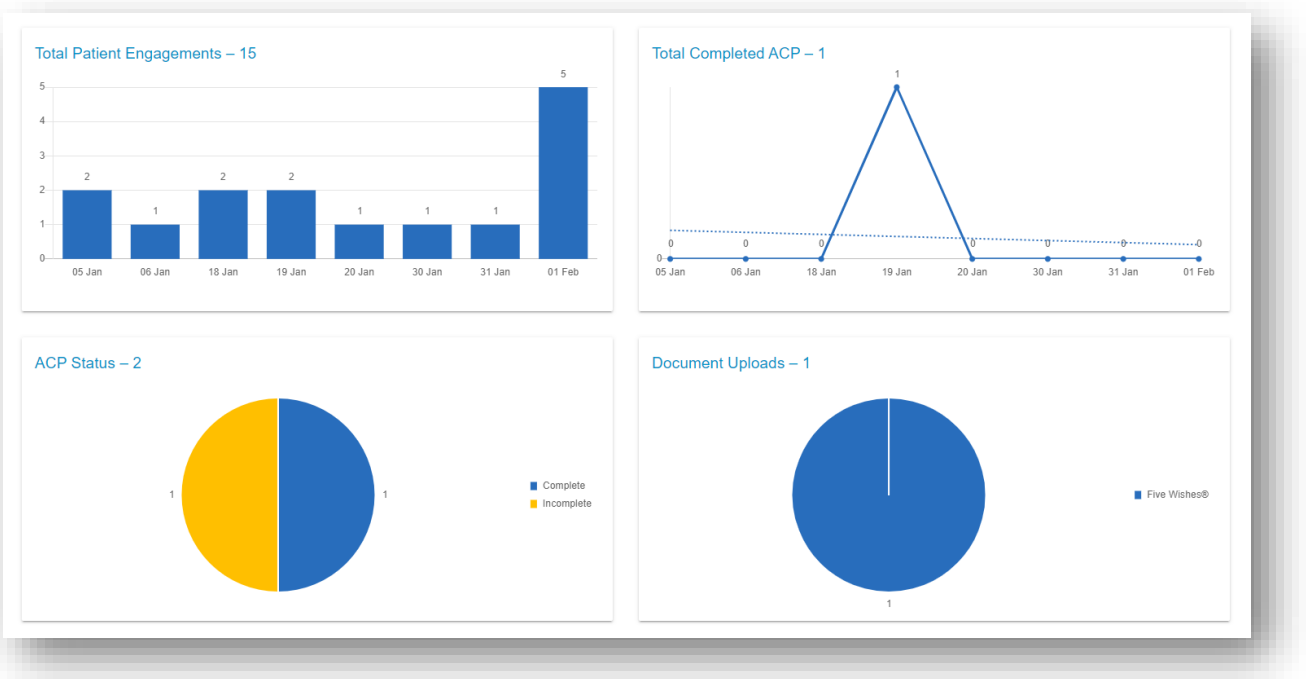
Dashboard Navigation and Collapsed: Main Dashboard, Patient Activity – Activity Detail

You can filter between the Main Dashboard and Patient Activity Details. If you select the < it will collapse the navigation board.



Total Patient Engagements, Total Completed ACP, ACP Status, Document Uploads

The graphs below will show you total patient engagements, total completed ACP's, ACP statuses (complete or incomplete), and how many and which documents have been uploaded. These will adjust depending on the filter information and which bundle you have associated with your user account.



Facilitator Activity: *Active Facilitators, Invites Sent, Average Time to Complete, Top Performers, ACP Completion Time*

Under this section you will be able to view active facilitators, invites sent, average time to complete, top performers, and ACP Completion Time.

Activity Detail

Under Activity Detail you would be able to view the following: Total Facilitated Sessions, New ACP Accounts Created, Incomplete ACP, Completed ACP Documents, Total Practitioner Reviews, and ACP Declines.

You will be able to filter your search through a specific time frame, location(s), team members, as well as the patient demographics – first/ last name, phone number, etc.