



Resource Links for Attendees of the April 16th, 2026 Webinar:

What If Planning: Healthcare Advance Directives

New York State Standard Forms

- Health Care Proxy: <https://health.ny.gov/publications/1430.pdf>
- Appointment of Agent for Disposition of Remains: <https://www.health.ny.gov/forms/doh-5211.pdf>
- Non-hospital DNR (Do Not Resuscitate) order: <https://www.health.ny.gov/forms/doh-3474.pdf>.
- MOLST (Medical Orders for Life-Sustaining Treatment) https://www.health.ny.gov/professionals/patients/patient_rights/molst/
- Deciding about Health Care: A Guide for Patients and Families (in English and Spanish). <https://www.health.ny.gov/publications/1503/>

Other Resources

Health Care Planning Q&A from the Senior Law Day Collaborative

<https://www.seniorlawday.info/health-care-planning-qa/> (see pp. 5-10 for a discussion of MOLST),

The Conversation Project – Helping people share their wishes for care through the end of life - <https://theconversationproject.org/>

Another Webinar with Roberta Goodman and Gretchen Flint -

<https://www.seniorlawday.info/you-signed-a-health-care-proxy-or-are-an-agent-now-what/>

Sample Living Will – *See next page.* You can use this document to guide your health care agent or if you do not have a health care agent.

Sample HIPAA Form – *See the following page.*

SAMPLE NEW YORK LIVING WILL

I, _____, being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below.

I direct my attending physician and other medical personnel to withhold or withdraw treatment that serves only to prolong the process of my dying, if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery. These instructions apply if I am: a) in a terminal condition; b) permanently unconscious; or c) if I am conscious but have irreversible brain damage and will never regain the ability to make decisions and express my wishes.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment. While I understand that I am not legally required to be specific about future treatments, if I am in the condition(s) described above, I feel especially strong about the following forms of treatment.

- I do not want cardiac resuscitation.
- I do not want mechanical respiration.
- I do not want tube feeding.
- I do want maximum pain relief.

Other instructions (insert personal instructions):

I understand that unless I revoke it, this living will remain in effect indefinitely.

These directions express my legal right to refuse treatment, under the laws of New York. Unless I have revoked this instrument or otherwise clearly and explicitly indicated that I have changed my mind, it is my unequivocal intent that my instructions as set forth in this document be faithfully carried out.

Signature: _____

Address: _____

Date: _____

Statement by Witnesses (Must be 18 or Older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness:

Witness:

Address:

Address:

