Minnesota Health Care Directive
Dardaaranka Daryeelka Caafimaadka Minnesota

NORTH MEMORIAL HEALTH

- This document replaces any health care directive made before this one.
  Dukumeentigan wuxuu badelayaa dardaaran kasta oo daryeel caafimaad oo la sameeyay dukumeentigan kahor.
- This document is for health care decisions; it does not apply to financial decisions.
  Dukumeentigan waxaa uu khuseeyaa go'aannada daryeelka caafimaadka; ma khusayso go'aannada dhaqaalaha.
- This document does not apply to electroconvulsive therapy or neuroleptic medications for mental illness.
  Dukumeentigan ayaan khusayn baxnaaninta korontada loo adeegsado ama daawooyinka neerfaha ee xanuunka dhimirka.
- I will give copies to my health care agents and health care teams when completed.
  Waxaan nuqullada siin doonaa wakiiladeyda daryeelka caafimaadka iyo kooxaha daryeelka caafimaadka marka la dhameystiro.
- I will make a new health care directive if my agents, goals, preferences, or instructions change.
  Waxaan samayn doonaa dardaaranka cusub ee daryeelka caafimaadka haddii wakiiladeyda, yoolalkayga, dookhyadeyda, ama tilmaamuhu isbadelaan.

My Full Name: _____ My Date of Birth: _____
Magacayga Buuxa Taariikhdayda Dhalashada

My Address: _____
Ciwaankayga

My Phone Number(s): _____
Lambaradeyda Taleefanka

My Health Care Agent(s)
Wakiiladeyda Daryeelka Caafimaadka

My health care agent is my voice if I can't make health care decisions myself. My agent(s) are at least 18 years old.
Wakiilkayga daryeelka caafimaadku waa qofka ii hadlaaya haddii aanan gaari karin go'aannada daryeelka caafimaadka si iskay ah. Wakiiladeyda ayaa jira ugu yaraan 18 sano jir.

Health Care Agent
Wakiilka Daryeelka Caafimaadka

Name: _____ Relationship To Me: _____
Magaca Xiriirka Igala Dhexeeya

Address: _____
Ciwaanka

Cell #: _____ Home #: _____
Lambarka Taleefanka gacanta Lambarka Guriga

First Alternate Health Care Agent — If my health care agent is not willing, able, or reasonably available.
Wakiilka Daryeelka Caafimaadka ee Koobaad ee Badelka ah — Haddii wakiilkayga daryeelka caafimaadka uusan doonayn, awoodin, ama aan si macquul ah lagu heli karin.

Name: _____ Relationship To Me: _____
Magaca Xiriirka Igala Dhexeeya

Address: _____
Ciwaanka

Cell #: _____ Home #: _____
Lambarka Taleefanka gacanta Lambarka Guriga

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Second Alternate Health Care Agent — If my health care agent is not willing, able, or reasonably available.
Wakiilka Daryeelka Caafimaadka ee Koobaad ee Labaad — Haddii wakiilkayga daryeelka caafimaadka uusan doonayn, awoodin, ama aan si macquul ah lagu heli karin.

Name: _____ Relationship To Me: _____
Magaca Xiriirka Igala Dhexeeya

Address: _____
Ciwaanka

Cell #: _____ Home #: _____
Lambarka Taleefanka gacanta Lambarka Guriga

☐ My initials here indicate I attached additional pages that identify additional health care agents. I included instructions on order of health care agents decision making.
Saxiixyadeyda halkan ayaa muujinaaya in aan soo raaciyay bogag dheeraad ah oo aqoonsanaaya wakiillada daryeelka caafimaadka ee dheeraadka ah. Waxaan raaciyay tilmaamaha ku aadan qaabka wakiilada daryeelka caafimaadku u gaarayaan go'aanka.

Health Care Agents: Powers and Special Situations
Wakiilada daryeelka Caafimaadka: Awoodaha iyo Xaaladaha Gaarka ah

If I'm not able to make my own health care decisions, my health care agent can: access my medical records, decide when to start and stop treatments, and choose my health care team and place of care consistent with my known wishes.
Haddii aanan awoodin inaan sameeyo go'aanadeyda gaarka ah ee daryeelka caafimaadka, wakiilkayga daryeelka caafimaadka waxa uu awood u yeelan karaa: heli doona diiwaanadeyda caafimaadka, go'aamin doona marka la bilaabaayo lana joojinaayo, wuxuuna dooranayaa kooxdayda daryeelka caafimaadka iyo meesha la igu daryeelaayo taasoo waafaqsan dniisyadeyda gaarka ah.

I also want my health care agent to:
Waxaan sidoo kale doonayaa in wakiilkayga daryeelka caafimaadku uu:

☐ Make decisions about how a pregnancy, if any, should affect health care decisions on my behalf.
Gaaraaya go'aannada la xiriira sida uurka, haddii uu jiro, u saamaynaayo go'aannada daryeelka caafimaadka asagoo wakiil iga ah.

☐ Make decisions about the care of my body after I die (including: autopsy, burial, cremation).
Gaaraaya go'aanno ku saabsan daryeelka jirkayga kadib marka aan dhinto (ayna ku jiraan cad ka jarida jirka, aaska, tacsida).

☐ Continue as my Health Care Agent even if our marriage has legally ended.
Sii wadi doona ahaanshaha Wakiilkayga Daryeelka Caafimaadka xataa haddii guurkeenu sharciyan dhammaado.

(Per MN law, spouses named as health care agents are NO LONGER VALID in the event of divorce/annulment unless this box is checked)
(Sida ku cad sharciga MN, xaasaska loo magacaabay wakiillada daryeelka caafimaadka AYAAN SII AHAAN DOONIN haddii furiin/kala tag uu dhaco ilaa in godkaan tig la saaro maahee).

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My Future Care Preferences
Dookhayadeyda Daryeelka Mustaqbalka

If I were so sick that I may die soon *(due to: a prolonged illness, a sudden serious event like heart attack or stroke, a permanent brain injury due to an accident, etc.)* then I would prefer:
Haddii aan aad u xanuunsado oo laga yaabo inaan dhawaan dhinto *(sabab la xiriirta: xanuun dabo dheeraaday, dhacdo degdeg ah oo xun sida wadne istaaga ama istarooga, dhaawaca abadiyanka ah ee maskaxda sabab la xiriirta shil, iwm.)* markaas waxaan doonayaa:

☐ **Try and/or continue all treatments to extend my life,** even if there is little hope of getting better or living a life I value. May include but not limited to: tube feedings, IV fluids, respirator/ventilator (breathing machine), CPR and antibiotics (medicine).
Inaan iskudayo iyo/ama sii wadato dhammaan daawooyinka si aan u sii noolaado, xataa haddii ay jirto rajo yar oo la xiriirta inaan bogsoodo ama aan ku noolaan doonin nolol macno ii leh. Waxaa ku jiri kara laakiin kuma koobna: tuubo ku quudinta, cabitaannada IV laga qaato, mashiinka neefta/wadnaha (mashiinka neefsiga), CPR iyo difaacyada jirka (daawada).

☐ **I would want a trial of life support treatments.** But, I **DO NOT** want to stay on life support treatments if the treatments do not work and there is little hope of getting better or living a life I value.
Waxaan doonayaa in la i siiyo daawooyinka taageerada nolosha ee tijaabada ah. Laakiin, MA **DOONAAYO** inaan qaato daawooyinka taageerada nolosha haddii daawooyinku aysan shaqeyn aysana jirin rajo badan oo la xiriirta inaan bogsoodo ama noloshaydii qiimaha lahayd isoo noqoto.

☐ **I would want to stop and/or not start any treatment that may artificially extend my life.** Focus on making me comfortable and allow natural death.
Waxaan doonayaa inaan joojiyo iyo/ama aanan bilaabin daawayn kasta oo si macal ah u dheeraynaysa noloshayda. Diirada saara inaanan dareemin xanuun xun iina ogolaada inaan si dabiici ah u dhinto.

NOTE: You can include additional information/specific requests on the "My Goals & Values" sheet.
OGOOW: Waxaad ku dari kartaa xog dheeraad ah/codsiyo gaar ah warqadda "Yoolalkayga iyo Mabaadii'deyda".

Organ Donation
Ku deeqida Xubinta Jidhka

☐ **I want to donate my eyes, tissues and/or organs, if I can.** My health care agent may start and continue any treatments needed until the donation is complete.
Waxaan doonayaa inaan ku deeqo indhahayga, jiirkayga iyo/ama xubnaha jidhka, haddii aan awoodo. Wakiilkayga daryeelka caafimaadka ayaa bilaabi kra oo sii wada hara daawooyin kasta oo loo baahdo ilaa ku deeqida xubnaha la sameeyo.

☐ **I don't want to donate my eyes, tissues and/or organs.**
Ma doonaayo inaan ku deeqo indhahayga, jiirkayga iyo/ama xubnaha jidhkayga.

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Making This Document Legal
Ka Dhigista Dukumeentigan Mid Sharci ah

1. **Sign and date:** My Signature:
   Saxiix oo taariikhda ku qor:
   Saxiixayga

Date Signed: _____
Taariikhda la Saxiixay

2. **Have your signature notarized OR verified by 2 witnesses**
   Nootaayo saar saxiixaaga AMA ha xaqiijiyaan 2 marqaati

MINNESOTA NOTARY PUBLIC:
NOOTAAYADA DADWAYNAHA EE MINNESOTA:

County: _____ In my presence on: _____
Degmada anoo la jooga marka ay ahayd Date notarized / Taariikhda nootaayada la saaray

Name: _____ acknowledged their signature on this document.
Magaca *Name of person signing above / Qofka qaybta kore saxiixay* ayaa xaqiijiyay saxiixiisa saaran dukumeentigan.

Signature of Notary: _____
Saxiixa Nootaayada

I am not named as a healthcare agent in this document.
La iiguma magacaabin wakiilka daryeelka caafimaadka dukumeentigan.

NOTARY SEAL:
TIIMBARAHA NOOTAAYADA:

OR / AMA

STATEMENT OF WITNESSES: I am at least 18 years old. I am **not** named as a health care agent in this document. Only one witness can be an employee of the health care system providing direct care to me on the date that I sign this document.
BAYAANKA MARQAATIYAASHA: Waxaan jiraa ugu yaraan 18 sano. La **iiguma** magacaabin wakiilka daryeelka caafimaadka dukumeentigan. Keliya hal marqaati ayaa noqon kara shaqaalaha nidaamka daryeelka caafimaadka ee daryeelka tooska i siinaaya taariikhda aan saxiixo dukumeentigan.

Witness # 1 Signature: _____ Witness # 2 Signature: _____
Saxiixa Marqaatiga #1 Saxiixa Marqaatiga #2

Date Signed: _____ Date Signed: _____
Taariikhda la Saxiixay Taariikhda la Saxiixay

Print Name: _____ Print Name: _____
Magaca Farta waawayn ku Qoran Magaca Farta wayn ku Qoran

My Goals and Values
Yoolalkayga iyo Mabaadii'da

Optional Addendum to Minnesota Health Care Directive
Nuqulka Dheeraadka ah ee aan Qasab ahayn ee lagu daro Dardaaranka Daryeelka Caafimaadka ee Minnesota

FULL NAME / MAGACA BUUXA:	DATE OF BIRTH (mm/dd/yyyy) TAARIIKHDA DHALASHADA (bisha/maalinta/sanadka):	Date / Taariikhda:

Some people are willing to live through a lot for a chance of living longer. Some people fear that medical treatments may cause suffering without much benefit. What would you want? These answers will be used to guide your health care agent(s) to make health care decisions based on your wishes if you cannot make them yourself.
Dadka qaarkood ayaa doonaaya inay wax kasta u maraan si ay u helaan fursad ay nolol dheeraad ah ku helaan. Dadka qaarkood ayaa ka cabsanaaya in daawooyinka caafimaadku ay sababi karaan dhibaato ayagoo aan faa'iido badan u keenin. Maxaad dooni lahayd? Jawaabahan ayaa loo adeegsan doonaa inay hagaan wakiilkaaga daryeelka caafimaadka si uu u gaaro go'aannada caafimaadka ayadoo lagu saleynaayo waxyaabaha aad dooneyso haddii aadan adigu gaari karin go'aankaas.

The things that make life worth living the most to me are:
Waxyaabaha noloshayda ka dhiga mid macno leh:

My beliefs about when life would be no longer worth living:
Fikradaha aan ka qabo marka noloshaydu aysan macno u lahayn inay sii jirto:

Other choices/instructions:
Dookhyada kale/tilmaamaha

My idea of a good death and where I would want to be (at home, in the hospital, or ?):
Fikirkayga geerida wanaagsan iyo meesha aan doonaayo inaan joogo (guriga, isbitaalka, ama?):

When I am dying, I would find comfort and support from:
Marka aan dhimanaayo, waxaan ku raaxaysan doonaa oo taageero ka helayaa:

After I die, these are my wishes about what to do with my body (autopsy, burial/cremation) and how I wish to be remembered (obituary, funeral, celebration, memorial service, etc):
Kadib marka aan dhinto, kuwaan ayaa ah waxyaabaha aan doonaayo in lagu sameeyo jidhkayga (cadka jirka laga jaro, aaska/tacsida) iyo sida aan doonaayo in la igu xasuusto (ogeysiiska geerida, tacsida, dabaal-dega, adeegga xasuusta, iwm):