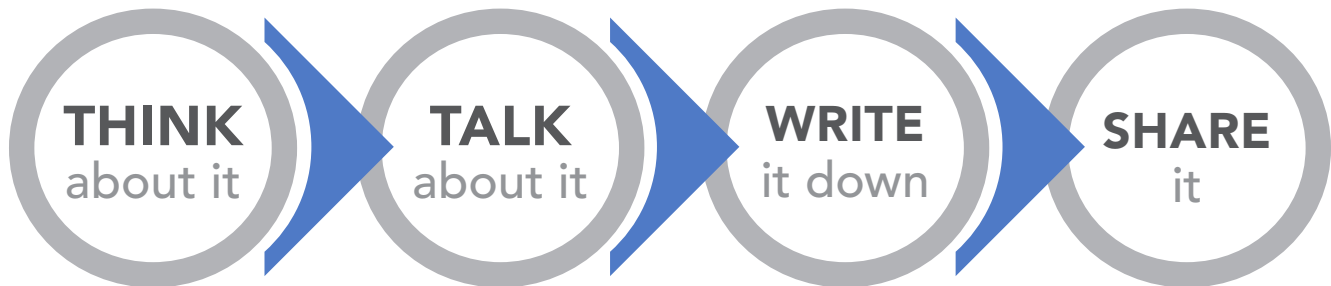






## ADVANCE CARE PLANNING

# SHARE YOUR WISHES



 <p><b>FAMILY</b></p>	<ul style="list-style-type: none"> <li>• Talk about your wishes and preferences for future health care with your family, friends and your patient advocate.</li> <li>• Give them a copy of your written document.</li> </ul>
 <p><b>DOCTOR</b></p>	<ul style="list-style-type: none"> <li>• Share your wishes and preferences for future health care with your primary care doctor at your annual visit, after a hospitalization and before a surgery.</li> <li>• Give your doctor a copy of your written document.</li> </ul>
 <p><b>MyChart</b></p>	<p>Upload your document into your Electronic Health Record via</p> <ul style="list-style-type: none"> <li>• fax to 947-522-0473 or</li> <li>• submit through MyChart or</li> <li>• email to <a href="mailto:advancedirectivefax@Beaumont.org">advancedirectivefax@Beaumont.org</a></li> </ul>
 <p><b>TRAVEL</b></p>	<ul style="list-style-type: none"> <li>• Make copies of your document and keep a copy on you particularly when you travel.</li> <li>• You can access your document anytime on MyChart. Also, included in the Advance Directive documents is a wallet card that you can fill out and carry on you at all times.</li> </ul>

ANY QUESTIONS, EMAIL [respectingchoices@beaumont.org](mailto:respectingchoices@beaumont.org)