

Advanced Care Directive Overview

Date: [Insert Date]

To: [Healthcare Provider's Name]

From: [Your Name]

Subject: Advanced Care Directive Overview

Purpose

The purpose of this letter is to provide an overview of the advanced care directive regarding my healthcare preferences in the event that I am unable to communicate or make decisions for myself.

Key Points of the Advanced Care Directive

- Designation of Healthcare Proxy: [Name of Proxy]
- Preferred Treatment Options: [List of Preferences]
- Refusal of Treatment: [Specific Treatments to Refuse]
- Organ Donation Wishes: [Specify Wishes]

Contact Information

For any questions or clarifications, please contact me at [Your Phone Number] or [Your Email Address].

Conclusion

Thank you for your attention to this important document. I appreciate your commitment to my healthcare needs.

Sincerely,

[Your Name]

[Your Address]