

## Instructions to add your Advance Care Planning document (ACP) to your Cone Health Medical Record

### What type of ACP documents do we accept?

Advance Directives: This can include a Healthcare Power of Attorney (HCPOA), Living Will, or a combination of both.

#### PLEASE NOTE:

1. A Power of Attorney (financial or durable POA) is not the same as a HCPOA.
2. In the state of North Carolina, these documents need to be signed by the patient, notary, and two witnesses.  
We also accept out of state Advance Directives.
  - Medical Order for Scope of Treatment (MOST): This is document created by you and your doctor and is on bright pink paper.
  - Do Not Resuscitate Order (DNR): This document is signed by a physician, nurse practitioner or other APP and is on yellow paper with a stop sign on it.
  - Other types of ACP documents: There are many resources that can help you create ACP documents. Other documents accepted include, Five Wishes and PREPARE for your Care.

### What do I do with my completed document?

After you complete your Advance Care Planning, keep the original in a safe but easily accessible place.

Send a CLEAR COPY of your completed document(s) to Cone Health. (Be sure to include all pages of the document.)

<b>Take a copy to:</b>	<b>OR</b>	<b>Mail:</b>	<b>OR</b>	<b>Email:</b>
Cone Health provider/office		HIM Scanning Center 4411 W. Market St., 2nd Floor Greensboro, NC 27407		ACP_Documents@conehealth.com

Your ACP document(s) will go into your Cone Health Electronic Health Record (EHR) so it is available if you are not able to communicate your wishes for yourself.

- If you have never been a Cone Health patient before, we will create a Cone Health record for you. Your ACP document(s) will be the first entry in your record.
- If you are already a Cone Health patient, we will scan your documents into your record.
- Your documents will be available in your record within five business days after we receive them.
- Any Cone Health hospital or Cone Health Medical Group practice can check your Cone Health record. You DO NOT have to send your documents to each separately.

### Please complete the following information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Date of Birth: (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Last 4 Digits of Social Security Number: \_\_\_\_\_

### Who can help me if I have questions?

If you need assistance, please reach out to your Cone Health provider OR [AdvanceCarePlanning@conehealth.com](mailto:AdvanceCarePlanning@conehealth.com)