

Health Care Documents:

1. [CRISP – Chesapeake Regional Information System for our Patients](#)

Chesapeake Regional Information System for our Patients. **CRISP** is a regional health information exchange (HIE) serving Maryland and the District of Columbia. It is a non-profit organization advised by a wide range of stakeholders who are responsible for healthcare throughout the region. **CRISP has been formally designated as Maryland's statewide health information exchange by the Maryland Health Care Commission. Health information exchange allows clinical information to move electronically among disparate health information systems. The goal of the HIE is to deliver the right health information to the right place at the right time - providing safer, timelier, efficient, effective, equitable, patient centered care. In doing so, CRISP offers a suite of tools aimed at improving the facilitation of care for our region's providers.**

Ask your Primary Care Physician (PCP) for more information.

2. MyMedicare Account You can set up a private online Medicare Account to simplify processing information from Medicare. Go to www.MyMedicare.gov to set up your own online Medicare account. Then you can view your Medicare claims as soon as they're processed, see a calendar of current and upcoming preventive services, keep track of your prescription drugs all in one place and view and print your Medicare card. **Your own online Medicare account will also let you designate another person** to review your Medicare information by filling in an online form, without the hassle of sending for the form, filling it out and mailing it. That is a good step to take if you think you may become incapacitated in the future. Arrange for access by your Medical Proxy and your Executor.

I have:

Healthcare Power of Attorney (POA), a document that designates someone to make health care decisions in event I am unable to do so either temporarily or permanently)

I shared. My agent and back up agent, if any, have a copy

Someone I trust knows where to find it, especially in an emergency

I have discussed my preferences for care at the end of life with my Healthcare POA, (Medical Proxy)

There is a copy at my primary care doctor's office and any specialists I wish.

I authorized it for sharing on CRISP

I have shared it with the RWV Social Worker in my neighborhood for appropriate distribution through RWV

___ **Living Will/Advance Directive** (written, legal instructions regarding your preferences for medical care if you are unable to make decisions for yourself, including if you are terminally ill, seriously injured, in a coma, in late stages of dementia, or near the end of life.)

___ My agent and back up agent, if any, have a copy

___ I shared it with my Primary Care Physician and authorized it to be uploaded on CRISP

___ Someone I trust knows where to find it, especially in an emergency

___ I have shared it with the RWV Social Worker in my neighborhood for distribution through RWV services

___ **Living Will/ Advance Directive for Dementia** My written instructions I wish to be followed if I am unable to make express them.

___ I shared it. My agent and back up agent, if any, have a copy

___ I shared it with my PCP and uploaded it on CRISP

___ Someone I trust knows where to find it, especially in an emergency

___ I have shared it with the RWV Social Worker in my neighborhood for distribution through RWV services

___ **Advance Directive for Dementia Care**

___ I shared it with my agent and back up agent, if any, and they have a copy

___ I shared it with my PCP and uploaded it on CRISP

___ I shared it with someone I trust who knows where to find it, especially in an emergency

___ I have shared it with the RWV Social Worker in my neighborhood for distribution through RWV services

___ **Updated List of current health problems, significant health problems, current medications/dosages: see Life Ledger, File of Life**

___ I shared Life ledger. My healthcare agent and back-up agent know where to find all this information, especially in an emergency

___ **List of all Doctors' names and access numbers—see Life Ledger**

IN CASE OF EMERGENCY

I have:

A complete File of Life or equivalent that contains:

Name, date, address, Dr's name/number. Preferred hospital, emergency contacts, basic medical data (Medical conditions, current medications (dosage and frequency) allergies, recent surgery, pharmacy name/phone number, date of birth, blood type, religion, location of healthcare POA and living will/advance directive and medical insurance information

It is up to date (reviewed every 6 months)

It is easily accessible by medical personnel ___in wallet and ___on refrigerator; ___ inserted in RWV name badge

I shared it. At least one trusted person has a copy or knows where to find it.

MOLST Medical Orders on Life Sustaining Treatment (Information on CPR and emergency measures I wish or do not wish for EMTs and Security Department Personnel)

I have discussed with my Dr/Drs who have signed off on it and kept original on file in medical office

I have reviewed it to update after any changes in health circumstances Last date _____

I have made a copy and posted on refrigerator in File of Life

I have shared it with the RWV Social Worker in my neighborhood for distribution through RWV services

An In case of Emergency ICE app on my smartphone (if relevant)

I have filled it out completely with relevant contacts and health information

A Personal Response /Medical Alert System (a way to alert people I need help)

I keep it charged with fresh batteries

I wear and carry it at all times when alone in my home

Medicalert jewelry that I wear to alert first responders to my medical conditions if relevant

A plan for care of my pets if relevant See Life Ledger

It includes written instructions about food, medicine, dogwalker, veterinarian etc

It includes a plan for short-term, emergency help

I shared this information with the back-up caregiver

DEATH: I have:

___ A list of people to alert- see Life Ledger

___ It includes my executor, next of kin, close friends, faith community contact, as well as any service personnel such as housekeepers, home health aides etc)

___ A Will naming executor/s; estate plans, Beneficiaries

___ I have talked with Executor/s and they know where the will is.

___ Someone I trust knows where my Will is. It is NOT in my Safety Deposit Box. See Life Ledger

___ Burial or Cremation Wishes/ Pre-paid Arrangements See Life Ledger

___ Memorial Service/funeral plans or wishes (music, readings etc) See Life Ledger

___ A draft Obituary See Life ledger

___ I shared it, have provided this information to trusted persons OR it is in a very obvious place in my home and I have told them where it is

___ A list of current passwords to online sites See Life Ledger

___ I shared it, put in a safe place in my home and a trusted person knows where to find it

___ It contains passwords for email, social media, all accounts someone else might need to access

___ RWV Authorization to enter my apartment

___ I have authorized entry to my apartment by trusted people with RWV Security Department.

___ I have shared with trusted people the post-death procedures for RWV- Move out, repayment of deposit terms, funeral options

___ Authorization to Access My Medicare Records

___ Permission on file with medicare.gov

___ I shared and have told trusted persons they are authorized to access my Medicare records

___ Stanford Letters for mailing to Loved Ones

___ A trusted person knows where they are and understands to send them

___ I have already sent them to loved ones.