

General Instructions for Letter to send with Caregivers and Consent document

The Cover letter is to instruct the CEO of the hospital to enter your Patient Caregivers and Consent form directly into your medical records. This Cover letter is to be sent with your Patient Caregivers and Consent form.

- The CEO is responsible for all legal business relating to the hospital, including the medical records, so the CEO, not your attending physician, is the one whose responsibility it is to get your consent forms entered into your electronic medical

- 1 . Complete all blank areas in the heading of the letter.
- 2 . Complete the signature block (signature above line, printed name, address, phone, email information below signature line and the date ONLY before the Notary.
- 3 . Attach this letter to the Caregivers and Consent document when you mail and courier service (*see General Instructions for Caregivers and Consent document for further details.*)

Scan with camera for explainer video



To: All Healthcare Providers for Patient named _____
with Date of Birth _____

And all Representatives, Subsidiaries, Parent Companies, Attorneys, Chief of Staff, Chief Quality Officer, Medical Executive Committee, Board of Trustees

c/o Chief Executive Officer for Hospital

RE: Caregivers and Consent document

Attached is my Caregivers and Consent document.

Please ensure that this Caregivers and Consent document *is clearly accessible in the electronic medical record at all times* for all healthcare providers.

Thank you in advance for your attention to this matter.

Patient's Signature

Date

Address _____

Phone _____

Email _____

SIGNATURE ACKNOWLEDGED BEFORE NOTARY

State of: _____

County of: _____

The signer of this document PERSONALLY came and appeared before me, the undersigned Notary

named _____, on (date) _____.

(Notary's Printed Name)

NOTARY PUBLIC *(Signature)*

My commission expires

General Instructions for Caregivers and Consent document

- **IMPORTANT: READ EVERY WORD.** Initial all portions that apply to the left of the item. **DO NOT** make a check mark or an “x”; use your initials in the blank line to the left of the item to show you intentionally selected this item.
- Write anything you are allergic to or medications or treatments that you don’t want administered in the blank lines in the fillable area. Don’t forget to initial the blank lines area if you add information. If you do not add additional information in blank lines area, **DO NOT** initial the blank lines area or fill out any information.
- Notarize the document: **ONLY SIGN THIS CAREGIVERS AND CONSENT DOCUMENT AND THE LETTER BEFORE THE NOTARY.**
 1. Complete your customized and personalized Caregivers and Consent form **BEFORE** you ever need to go to the hospital. **Get the form notarized and *keep the original in a safe place at home.***
 2. **Take a photo of your notarized document and store in your phone.** Make at least 10 copies of the signed, notarized form and *keep one copy on your person* or in your wallet or purse, and another in the glove compartment of your car, in case you ever have an accident. Also *provide copies to your emergency contacts.*
 3. Make sure to find at least **3 emergency** contacts to explain the purpose of these documents and how they will be a part of the process in case you are hospitalized. Make sure they **have copies** of your notarized document and that they **understand the documents, the process, and they are willing to help you** and follow the instructions if you ever need them in an **EMERGENCY**.
 4. **HOSPITAL:** You will need to inform one of your emergency contacts to send a copy of the completed, signed, notarized form to the CEO of the particular hospital you are at in two ways: (1) via a professional **courier** (one that specializes in delivering legal documents); and (2) via the Postal system with **certified mail**, return receipt requested. ***Make sure you keep the receipt from the Courier Service and Certified Mail number.***
 - The CEO is responsible for all legal business relating to the hospital, including the medical records, so the CEO, not your attending physician, is the one whose responsibility it is to get your consent forms entered into your electronic medical record.
 5. Once you’re hospitalized, **you will give one copy to your attending physician and another to your nurse** and inform them on what this document is. Tell them that this document is already in your electronic medical record, or that the hospital **CEO** will be legally served the documents shortly. Distribute additional copies to other care providers as needed.
 6. **IMPORTANT**, upon hospitalization, request to see your **electronic medical record** to make sure your Caregivers and Consent form has been entered. You also want to see what medication they are currently giving you regardless of what they tell you. It is your right to see your electronic medical record, and it’s available through an online portal, so don’t let anyone tell you otherwise.

Finally, feel free to use different wording or modify this for your own Caregivers and Consent document if you so choose; the important takeaway is to clearly communicate in writing your consent, or lack thereof, to healthcare providers. ***You can also use these for scheduled procedures in case you need to be transferred to a hospital.***

I, _____, advise all physicians, nurses, and other caregivers, that this Caregivers and Consent document reflects my current wishes for my care and are carefully planned and intentional wishes. This Caregivers and Consent document also reflects my deeply held religious and spiritual beliefs; please ensure that this Caregivers and Consent document is clearly accessible in the electronic medical records at all times for all of my care providers.

Receipt of this Caregivers and Consent document by the hospital serves as notice that I will report to the Medical Board any physician who violates my carefully planned and intentional wishes that are based upon my deeply held religious and spiritual beliefs and are delineated within this Caregivers and Consent document.

MY CAREFULLY PLANNED AND INTENTIONAL WISHES THAT ARE BASED UPON MY DEEPLY HELD RELIGIOUS AND SPIRITUAL BELIEFS INCLUDE:

_____ I DO NOT CONSENT TO THE USE OF MEDICATIONS WITHOUT MY BEING INFORMED OF EACH MEDICATION'S RISKS, BENEFITS, AND ALTERNATIVES BEFORE THEY ARE ORDERED. Only after that information is communicated shall I choose to either grant consent or to not grant consent for each and every medication that is ordered.

_____ I DO NOT CONSENT to receiving any vaccine or booster for COVID19 or COVID19 variant.

_____ I DO NOT CONSENT to receiving the seasonal Flu vaccine.

_____ I DO NOT CONSENT to receiving the Pneumococcal vaccine.

_____ I DO NOT CONSENT to receiving **ANY** vaccination for **ANY** purpose or disease.

_____ I DO NOT CONSENT to the use of Remdesivir or Veklury or any drug related to Remdesivir or Veklury under any circumstances.

_____ I DO NOT CONSENT to the use of Baricitinib, or its brand name Olumiant, for COVID19 or COVID19 variant.

_____ I DO NOT CONSENT to a ventilator in the case of a COVID19 or COVID19 variant diagnosis, , or **ANY virus diagnosis WITHOUT** consultation with myself regarding the risks, benefits, and alternatives **PRIOR** to the implementation of the ventilator. Only **AFTER** that information is communicated to me shall I choose to either grant consent or to not grant consent for the ventilator.

_____ I DO NOT CONSENT to medications related to COVID19 protocol, or COVID19 variant protocol, or **ANY virus** protocol **WITHOUT** consultation with myself regarding the risks, benefits, and alternatives **PRIOR** to the implementation of the medication. Only **AFTER** that information is communicated to me shall I choose to either grant consent or to not grant consent for each medication. *Under no circumstances should any virus protocol medication, whether FDA approved, EUA, or off labeled use, be given without my specific approval for each and every medication*

Caregivers and Consent

____ **I DO NOT CONSENT** to receiving **ANY** blood transfusions that contain blood products derived from COVID19 vaccinated donors or COVID19 variant vaccinated donors.

____ **I DO NOT CONSENT** to an **apnea test** or to **the removal of my organs for transplantation, donation, or educational purposes**. I direct that all medical and surgical treatments and care, including nutrition and hydrations however administered, be given to protect and preserve my life. Do not hasten my death nor shorten my life.

____ **I DO NOT CONSENT** to sharing or using photos, images, or samples of my body for the purposes of education, data, or experimentation.

____ **I DO NOT CONSENT** to receiving **ANY** processed food, such as high-fructose corn syrup or seed oils. The only acceptable oil for me is butter, ghee, beef tallow, or coconut oil. Acceptable forms of protein are eggs, lamb, bison, beef, or non-farmed seafood; but they must not be prepared with seed oils. If the hospital is unable to provide this food for me, my family or friends will bring it for me.

____ **I ALSO DO NOT CONSENT TO THE FOLLOWING:**

____ **I REQUEST AND CONSENT** to the implementation of alternative treatments for COVID19 and COVID19 variants (including those offered as alternative protocols such as Budesonide, Ivermectin and Hydroxychloroquine). If the facility does not allow for the use of any alternative medical treatments for COVID19 or COVID19 variant, **I REQUEST AND CONSENT** that I be discharged to another facility.

____ **I REQUEST AND CONSENT** to the use of all life-saving measures, such as CPR and all other resuscitation measures. If I consent to my discharge to hospice level of care, **I REQUEST AND CONSENT** that I be provided oxygen, nutrition, hydration, medication, and any other equipment necessary for comfort.

____ **I ALSO REQUEST AND CONSENT TO THE FOLLOWING:**

Caregivers and Consent

All the items in this Caregivers and Consent document shall remain in effect unless I choose to revoke in writing; no one else may alter or amend this Caregivers and Consent document.

This Caregivers and Consent document supersedes any and all forms I may have been required to sign upon admittance.

Signature

Initials

Date:

SIGNATURE ACKNOWLEDGED BEFORE NOTARY

State of: _____

County of: _____

The signer of this document PERSONALLY came and appeared before me, the undersigned

Notary named _____, on (date) _____.
(Notary's Printed Name)

NOTARY PUBLIC *(Signature)*

My commission expires