

Advance Directive Resource Center

Link: <https://www.in.gov/health/cshcr/indiana-health-care-quality-resource-center/advance-directives-resource-center/>

Remove links and replace with a direct link to “The Indiana Patient Preferences Coalition: Advance Care Planning Resources for Hoosiers” resources. <https://www.indianapost.org/>

Indiana Physician Order for Scope of Treatment (POST) Form

Physicians Order for Scope of Treatment (POST) ([PDF](#) | [Word](#))

The Indiana POST form State Form 55317 is a physician order and should be filled out based on a discussion about the patient’s current medical condition and preferences. Using this form is voluntary and patient may not be required to complete the POST form.

The patient may ask the health care provider to void the form at any time. If the patient lacks decisional capability, the legal representative or Proxy (if there is not legal representative) may complete the form on behalf of the patient.

Any section left blank implies full treatment for that section.

The form should be signed by the patient, legal representative, or proxy and the treating physician, advanced practice registered nurse, or physician assistant and maintained as the personal property of the patient.

A facsimile, paper, or electronic copy of this form is a valid form.

Link to Indiana General Assembly <https://iga.in.gov/>

Update IC 16-18-2 Definitions and 16-36 Medical Consent to 2024 Code
<https://iga.in.gov/laws/2024/ic/titles/16>

Update IC 29-2-16.1 Revised Uniform Anatomical Gift Act
<https://iga.in.gov/laws/2024/ic/titles/29>

Update IC 30-5 Indiana Powers of Attorney Act to 2024 Code
<https://iga.in.gov/laws/2024/ic/titles/30>

Remove the links to associations, coalitions etc