



HIPAA PERMITS DISCLOSURE OF POST ORDERS TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT  
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

## West Virginia POST Form

Adapted from the National POLST Model form and in compliance with WV Code §16-30-1 *et seq.*

Health care providers should complete this form only after a conversation with the patient or the patient's Medical Power of Attorney (MPOA) representative or surrogate. The POST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. <https://polst.org/guidance-appropriate-patients-pdf>

<b>Patient Information.</b>		<b>Having a POST form is always voluntary.</b>	
<b>THIS IS A MEDICAL ORDER, NOT AN ADVANCE DIRECTIVE.</b> Review and revise advance directives to be consistent with POST.	Patient First Name: _____	Middle Initial: _____	
Last Name: _____	Suffix (Jr, Sr, etc): _____		
Preferred Name: _____	DOB (mm/dd/yyyy): _____		
Last 4 Social Security Number: xxx-xx-_____	Gender (circle one): M   F   X		
Address: _____	Zip code: _____		
<b>A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.</b>			
<b>Pick 1</b>	<input type="checkbox"/> YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and chest compression. (Requires choosing Full Treatments in Section B)	<input type="checkbox"/> NO CPR: Do Not Attempt Resuscitation. (May choose any option in Section B)	
<b>B. Initial Treatment Orders. Follow these orders if patient has a pulse and is breathing.</b> Reassess and discuss interventions with patient or MPOA representative/surrogate regularly to ensure treatments are meeting patient's care goals. Consider a time-limited trial of interventions based on goals.			
<b>Pick 1</b>	<input type="checkbox"/> <b>Full Treatments</b> (required if choose CPR in Section A). <b>Goal:</b> Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.		
	<input type="checkbox"/> <b>Selective Treatments.</b> <b>Goal:</b> Attempt to restore function while avoiding intensive care if possible (e.g., ventilator, defibrillation). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Transfer to hospital if treatment needs cannot be met in current location.		
	<input type="checkbox"/> <b>Comfort-focused Treatments.</b> <b>Goal:</b> Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction and medications for comfort as needed. Avoid treatments listed in full or selective treatments unless consistent with comfort goal. Transfer to hospital <b>only</b> if comfort cannot be achieved in current setting.		
<b>C. Additional Orders or Instructions.</b> These orders are in addition to those above (e.g., blood products, dialysis). <i>EMS protocols may limit emergency responder ability to act on orders in this section.</i>			
<b>D. Medically Assisted Nutrition</b> (Offer food by mouth if desired by patient, safe, and tolerated)			
<b>Pick 1</b>	<input type="checkbox"/> Provide nutrition through new or existing feeding tube	<input type="checkbox"/> No nutrition desired	
	<input type="checkbox"/> Time-limited trial of _____ days of medically assisted nutrition	<input type="checkbox"/> Discussed but no decision made (provide standard of care)	
<b>E. SIGNATURE: Patient or Patient Representative/Surrogate/Guardian</b>			
<b>Opt-In</b>	Indicate in this box if you agree to have your POST and other forms submitted to the WV e-Directive Registry and released to treating health care providers to ensure your wishes are known. <b>FAX 844-616-1415</b>		
I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the patient's MPOA representative/surrogate, the treatments are consistent with the patient's expressed wishes or, if unknown, their best interests.			
Patient/Patient MPOA representative/surrogate signature (required)	Date (mm/dd/yyyy)	The most recently completed, valid POST form supersedes all previously completed POST forms.	
If patient/MPOA representative/surrogate/guardian physical signature is not obtainable, two witness signatures are required for verbal consent.			
Witness to Verbal Consent:		Date: _____	
Witness to Verbal Consent:		Date: _____	
<b>F. SIGNATURE: Health Care Provider</b> <b>Verbal orders are acceptable with follow up signature.</b>			
I have discussed this order with the patient or the patient's MPOA representative/surrogate. The orders reflect the patient's known wishes, to the best of my knowledge. [Note: Only providers with MD, DO, APRN, or PA license may sign this order]			
MD/DO/APRN/PA signature (required)	Date (mm/dd/yyyy): Required / /	Phone #: _____	
Printed Full Name: required			License/Cert. #: _____

A copied, faxed, or electronic version of this form is a valid medical order.  
WV Center for End-of-Life Care: 1-304-293-0695

This form does not expire.  
WV e-Directive Registry FAX: 844-616-1415

# The Revised West Virginia POST Form for 2026: What You Need to Know

December 8, 2025



WEST VIRGINIA NETWORK OF ETHICS COMMITTEES

# SPEAKERS

## **Mary Agnes Argento**

Director  
Office of Health Facility Licensure and  
Certification

## **Stacie Honaker, Esq.**

Risk Manager and Privacy Officer  
WVU Health Sciences Center

## **Alvin H. Moss, MD**

Professor of Medicine  
WVU School of Medicine  
Director, WVU Center for Health Ethics & Law  
Executive Director, WVNEC

## Disclaimer

The contents of this webinar are intended for general informational purposes only and should not be construed as legal advice or legal opinion. For legal advice, please consult your organization's attorney.

# Disclaimer II

- ▶ Dr. Moss and Stacie Honaker, Esq may provide general clinical, ethical, and legal information about clinical situations raised during the webinar.
- ▶ None of the questions that are raised and discussed during the webinar should be construed as advice or recommendations from the Office of Health Facility Licensure and Certification.
- ▶ Questions that are addressed to Mary Agnes Argento and the Office of Health Facility Licensure and Certification during the webinar will be researched and answers will be sent after the webinar.



# Objectives

- ▶ Describe changes to 2026 POST form
- ▶ Explain why the authorization box was removed and the implications
- ▶ Underscore the utility of the verbal witness lines
- ▶ Answer questions about the distribution and implementation of the 2026 POST form



# Summary of 2025 National POLST Model Form Updates.

Section	Change
Section B	Added “if possible” to “avoid intensive care unit” for selective treatments
Section D	Changing “time trial” to “time-limited trial”
Section D	Removal of the word “safe” as the patient may tolerate and want oral pleasure eating even if at risk of aspiration, and clarified that nutrition is to be provided through a new or existing feeding tube—the distinction is not between a NG tube and a PEG, it is whether to provide medically assisted nutrition through a tube or not
Section E and Throughout form	The use of the term “surrogate” as it is the broader and more widely accepted legal term for a patient's representative.
Form Completion Information	Clergy was changed to chaplain in the section detailing who may assist a provider with POLST preparation, since clergy refers to people ordained for religious duties, especially in Christian denominations, whereas chaplain more accurately identifies individuals who may have healthcare experience and be involved in serious illness communication and POLST preparation.



# Changes to Section B: Initial Treatment Orders

## **B. Initial Treatment Orders. Follow these orders if patient has a pulse and is breathing.**

Reassess and discuss interventions with patient or MPOA representative/surrogate regularly to ensure treatments are meeting patient's care goals. Consider a time-limited trial of interventions based on goals.

Pick 1

- Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.
- Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care if possible (e.g., ventilator, defibrillation). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Transfer to hospital if treatment needs cannot be met in current location.
- Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction and medications for comfort as needed. Avoid treatments listed in full or selective treatments unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting.

# Changes to Section D: Medically Assisted Nutrition

<b>D. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe, and tolerated)</b>			
<b>Pick 1</b>	<input type="checkbox"/> Provide nutrition through new or existing feeding tube	<input type="checkbox"/> No nutrition desired	
	<input type="checkbox"/> Time-limited trial of _____ days of medically assisted nutrition	<input type="checkbox"/> Discussed but no decision made (provide standard of care)	

# Section E: Removal of Authorization Box

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## 2026 form

### E. SIGNATURE: Patient or Patient Representative/Surrogate/Guardian

**Opt-In**

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I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the patient's MPOA representative/surrogate, the treatments are consistent with the patient's expressed wishes or, if unknown, their best interests.

**Patient/Patient MPOA representative/surrogate signature (required)****Date (mm/dd/yyyy)**

**The most recently completed, valid POST form  
supersedes all previously completed POST forms.**

## 2023 form

### E. SIGNATURE: Patient or Patient Representative/Surrogate/Guardian (eSigned documents are valid)

**Authorization**

Indicate in this box if you agree with the following statement: If I lose decision-making capacity and my condition significantly deteriorates, I give permission to my MPOA representative/surrogate to make decisions and to complete a new POST form in accordance with my expressed wishes for such a condition or if these wishes are unknown or not reasonably ascertainable, my best interests.

**Opt-In**

Indicate in this box if you agree to have your POST and other forms submitted to the WV e-Directive Registry and released to treating health care providers to ensure your wishes are known. **FAX 844-616-1415**

I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the patient's MPOA representative/surrogate, the treatments are consistent with the patient's expressed wishes or, if unknown, their best interests.

**Patient/Patient MPOA representative/surrogate signature (required)****Date (mm/dd/yyyy)**

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# Addition of Signature Lines for Verbal Witnesses

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## 2026 form

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If patient/MPOA representative/surrogate/guardian physical signature is not obtainable, two witness signatures are required for verbal consent.

Witness to Verbal Consent: \_\_\_\_\_ Date: \_\_\_\_\_

Witness to Verbal Consent: \_\_\_\_\_ Date: \_\_\_\_\_

## 2023 form

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Patient/Patient MPOA representative/surrogate signature (required)

Date (mm/dd/yyyy)

The most recently completed, valid POST form  
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# Date Advance Directive and POST Reviewed

Reviewed patient's advance directive to confirm no conflict with POST orders: (A POST form does not replace an advance directive or living will)	<input type="checkbox"/> Yes; date the advance directive and POST reviewed: _____ <input type="checkbox"/> Conflict exists, notified patient (if patient lacks capacity, noted in chart) <input type="checkbox"/> Advance directive not available <input type="checkbox"/> No advance directive exists		
Check everyone who participated in discussion:	<input type="checkbox"/> Patient with decision-making capacity <input type="checkbox"/> MPOA representative/Surrogate	<input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Parent of Minor
Professional Assisting Health Care Provider w/ Form Completion (if applicable): Full Name:	Date (mm/dd/yyyy):	Phone #:	
This individual is the patient's: <input type="checkbox"/> Social Worker <input type="checkbox"/> Nurse <input type="checkbox"/> Clergy <input type="checkbox"/> Other:			

## Question 1:

With regards to completing a new revised POST form. A patient/resident now lacks decision-making capacity and has an old POST form that does not have the authorization box initialed. What would you recommend?

## Question 1 Answer

My preliminary response is that in this specific situation, the individual most likely would not be a candidate for completing a new revised POST form. The confluence of lacking decision-making capacity and the absence of the initial in the authorization box on the old form would most likely preclude the ability to complete a new form.

## Question 2

Would you recommend for patients/residents who still have capacity that a new revised POST form be completed?

## Question 2 Answer

I would certainly recommend offering patients/residents who still possess decision-making capacity the opportunity to complete the revised POST form. However, it is important to emphasize that completing the revised form is not mandatory for these individuals, and existing valid POST forms remain effective unless revoked, or the patient/resident chooses to complete the new version.

## Question 3

Is there any code that says facilities need to offer the patient the opportunity to receive a POST form?

# Question 3 Answer

No

## Question 4

Is there any regulation or code that requires a facility to provide information to a patient about their rights to make their own health care decisions, advance directives, or end of life treatment to a patient?

# Requirements of the Patient Self-Determination Act of 1990

- ▶ The Patient Self Determination Act (PDSA) amends titles XVIII and XIX of the Social Security Act (Medicare and Medicaid, respectively).
- ▶ Mandates that hospitals, skilled nursing facilities, hospice organizations, home health organizations, and HMO's perform a number of specific actions and ensure that other certain conditions are met...
- ▶ Requires that patients be informed of their right to be involved in decisions about their medical care and to complete advance directives.
- ▶ Requires that patients are asked about advance directives and providers are to document any wishes the patient might have regarding care they want or do not want.
- ▶ Requires that no discrimination take place by any healthcare organization against any patient putting forth advance directives.
- ▶ Mandates that patient advance directives be implemented if necessary, assuming those wishes are legally valid and permissible by State law.
- ▶ Requires health care facilities to provide educational programs including advance directives, bioethics, patient wishes, and the concept of patient self-determination.



# Question 5: How will the 2026 POST Forms be Distributed?

- A list of healthcare institutions mailing addresses was provided to WVNEC by OHFLAC. The initial mailing of the new POST forms will be distributed from this list of hospitals, nursing homes, hospices, home health care agencies.
- 100 POST forms will be distributed to each institution
- Distribution will begin in December (**You can't use the revised forms until January 2026!!**)
- Institutions can order 2026 POST forms from the WV Center for End-of-Life Care website starting in January at

<https://wvendoflife.org/clinicians/request-forms/>.

## Question 6: What should a facility do if they don't have the new POST form but have an old form and they need to complete a POST form on a patient?

- If patient has DMC, then encourage them to initial the authorization box on the old form and complete a new form once you get a supply of them.
- If patient lacks DMC, the surrogate or representative would be completing the old form. They can complete a new form once you get a supply of them.
- The physician could write orders according to their facility's policies for what type of treatment the patient wants and does not want.
- If there are no indications of what the patient would want (no family, AD, etc), then all interventions are automatically provided as default.

# Question #7

- ▶ A social worker from a WV nursing home asked, “Is a faxed or copied version of the POST form a valid POST form? Is a copied or faxed version a valid form to send home with a patient? Would EMS honor it with regards to No CPR status or would EMS need to see the ‘original’ POST form?”



# Question #7 Answer

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## ARTICLE 30. WEST VIRGINIA HEALTH CARE DECISIONS ACT.

### §16-30-25. Portable orders for scope of treatment form.

- ▶ (b) Portable orders for scope of treatment forms shall be standardized forms used to reflect orders by a qualified physician, an advanced practice registered nurse, or a physician assistant for medical treatment of a person in accordance with that person's wishes or, if that person's wishes are not reasonably known and cannot with reasonable diligence be ascertained, in accordance with that person's best interest. **The form shall be bright pink in color to facilitate recognition by emergency medical services personnel and other health care providers** and shall be designed to provide for information regarding the care of the patient...,



WEST VIRGINIA NETWORK OF ETHICS COMMITTEES

# Take-aways from today's webinar

- The 2026 POST form should eliminate the most common reason for calls to the West Virginia Center for End-of-Life Care, i.e., conflict over what to do with a POST form in which there was a CPR order and the authorization box was not checked.
- Providers who have patients with capacity who have POST forms without the authorization box checked should urge them to complete a 2026 POST form.
- POST form completion is voluntary!
- Potential conflicts with previous POST forms without the authorization box checked remain. ☹



# Do you have additional questions?

Feel free to submit your questions to us at the following link.

<https://wvnec.wufoo.com/forms/z1igyu9l0hg1dk5/>

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- POST form completion is voluntary!
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# SAVE THE DATES!!

## 38<sup>th</sup> Annual WVNEC Symposium

**When Values Collide: A Framework and Strategies for Contemporary Ethics Consultation**

May 22, 2026

Stonewall Resort  
Roanoke, WV

## WVNEC and GLL Noon Webinar Series

- ▶ **February 11, 2026** - Should this patient's treatment refusal be honored?
- ▶ **April 1, 2026** - How should we respond when the patient and family request risky treatment for a patient who is imminently dying?

Visit our website <http://www.wv nec.org/courses/> for additional information about these programs.



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  - ✓ *Hot* topics in clinical ethics



West Virginia Network of Ethics Committees  
WVNEC  
Newsletter

Fall 2025 Edition

**Coming in 2026**

**The Newly Revised West Virginia POST Form  
Adapted from the National POLST Model Form**