RESPONSIBILITY MAP

Stage 3 — Map Roles, Authority, and Resources — Companion to the Family Health Coherence Method

Purpose: A role-and-accountability document that names who is involved, who may decide, who owns each action, what resources exist, and who serves as backup.

This resource is an educational and family-coordination tool. It is not a diagnosis, medical directive, emergency assessment, legal instrument, or substitute for a physician, attorney, licensed care provider, or lawful decision-maker.

Privacy: complete and share this document only through methods appropriate for the sensitivity of the information.

A. Person at the Center

Name:

How the person wishes to participate in decisions:

Preferred communication method:

Values/priorities that should guide the team:

B. First Point of Accountability

Primary point of accountability:

Role or relationship:

Best contact information:

What this person is responsible for:

What this person is not authorized or qualified to do:

Named backup:

Escalation order if primary/backup unavailable:

C. Decision Authority Registry

Complete one card per authority role (healthcare agent/proxy, guardian, power of attorney, fiduciary, or other lawful role). Use the Additional Roles field if more than 3 apply.

Authority Role #1

Authority role:

Person holding the role:

Authority basis or document:

Status (confirmed/believed/unknown/requires legal review):

Document location:

Who has a copy:

Known limitations or activation conditions:

Professional who should confirm:

Authority Role #2

Authority role:

Person holding the role:

Authority basis or document:

Status (confirmed/believed/unknown/requires legal review):

Document location:

Who has a copy:

Known limitations or activation conditions:

Professional who should confirm:

Authority Role #3

Authority role:

Person holding the role:

Authority basis or document:

Status (confirmed/believed/unknown/requires legal review):

Document location:

Who has a copy:

Known limitations or activation conditions:

Professional who should confirm:

Additional authority roles (if more than 3 apply):

D. Family and Household Roster

Household Member #1

Name:

Relationship or role:

What this person currently does:

What this person may decide:

Information this person may receive:

Availability:

Backup:

Household Member #2

Name:

Relationship or role:

What this person currently does:

What this person may decide:

Information this person may receive:

Availability:

Backup:

Household Member #3

Name:
Relationship or role:
What this person currently does:
What this person may decide:
Information this person may receive:
Availability:
Backup:

Household Member #4

Name:
Relationship or role:
What this person currently does:
What this person may decide:
Information this person may receive:
Availability:
Backup:

Household Member #5

Name:
Relationship or role:
What this person currently does:
What this person may decide:
Information this person may receive:
Availability:
Backup:

Household Member #6

Name:
Relationship or role:
What this person currently does:
What this person may decide:
Information this person may receive:
Availability:
Backup:

Household Member #7

Name:
Relationship or role:
What this person currently does:
What this person may decide:
Information this person may receive:
Availability:
Backup:

Household Member #8

Name:

Relationship or role:

What this person currently does:

What this person may decide:

Information this person may receive:

Availability:

Backup:

Additional household members (if more than 8 apply):

E. Clinical and Care-Team Roster

Care Team Member #1

Name or organization:

Professional role or service:

What they are responsible for:

What information they need:

Who communicates with them:

Best contact route:

After-hours or escalation route:

Care Team Member #2

Name or organization:

Professional role or service:

What they are responsible for:

What information they need:

Who communicates with them:

Best contact route:

After-hours or escalation route:

Care Team Member #3

Name or organization:

Professional role or service:

What they are responsible for:

What information they need:

Who communicates with them:

Best contact route:

After-hours or escalation route:

Care Team Member #4

Name or organization:
Professional role or service:
What they are responsible for:
What information they need:
Who communicates with them:
Best contact route:
After-hours or escalation route:

Care Team Member #5

Name or organization:
Professional role or service:
What they are responsible for:
What information they need:
Who communicates with them:
Best contact route:
After-hours or escalation route:

Care Team Member #6

Name or organization:
Professional role or service:
What they are responsible for:
What information they need:
Who communicates with them:
Best contact route:
After-hours or escalation route:

Care Team Member #7

Name or organization:
Professional role or service:
What they are responsible for:
What information they need:
Who communicates with them:
Best contact route:
After-hours or escalation route:

Care Team Member #8

Name or organization:
Professional role or service:
What they are responsible for:
What information they need:
Who communicates with them:
Best contact route:
After-hours or escalation route:

Additional care team members (if more than 8 apply):

F. Advisors and Operational Supports

Estate or elder-law attorney:

Family office or wealth advisor:

Household or estate manager:

Care manager or social worker:

Insurance or benefits contact:

Pharmacy:

Equipment or supply provider:

Transportation:

Community, faith, or respite support:

G. Resource Ownership

For each resource, record who owns it, who backs them up, and where it's kept.

Medication list and refill process
Owner: **Backup:** **Location:**

Appointments and calendar
Owner: **Backup:** **Location:**

Health records and provider roster
Owner: **Backup:** **Location:**

Insurance, authorizations, and bills
Owner: **Backup:** **Location:**

Caregiver and staffing schedule
Owner: **Backup:** **Location:**

Equipment and supplies
Owner: **Backup:** **Location:**

Transportation
Owner: **Backup:** **Location:**

Home safety and maintenance
Owner: **Backup:** **Location:**

Emergency contacts and crisis plan
Owner: **Backup:** **Location:**

Family updates and meeting notes
Owner: **Backup:** **Location:**

H. Priority-to-Owner Assignment

One card per priority carried forward from the Family Risk Review's Ranked Priority Summary.

Priority #1

Priority from Family Risk Review:
Action owner:
Authority or competence required:
Target date:
Dependencies:
Backup:
How completion will be confirmed:

Priority #2

Priority from Family Risk Review:
Action owner:
Authority or competence required:
Target date:
Dependencies:
Backup:
How completion will be confirmed:

Priority #3

Priority from Family Risk Review:
Action owner:
Authority or competence required:
Target date:
Dependencies:
Backup:
How completion will be confirmed:

Priority #4

Priority from Family Risk Review:
Action owner:
Authority or competence required:
Target date:
Dependencies:
Backup:
How completion will be confirmed:

Priority #5

Priority from Family Risk Review:
Action owner:
Authority or competence required:
Target date:
Dependencies:
Backup:
How completion will be confirmed:

Additional priorities (if more than 5 apply):

I. Communication and Permission Check

Who may speak with treating professionals?

What patient permission or legal authority supports that access?

Who may receive written updates?

Who should not receive information without further authorization?

What communication channel will be used? **Who maintains the current contact list?**

J. Duplication, Gaps, and Conflicts

Tasks being done by more than one person without coordination:

Tasks no one owns:

Roles people believe they hold but have not confirmed:

Areas where family preference and legal authority may differ:

Areas where an attorney, clinician, or other professional must clarify the boundary:

K. Emergency One-Pager Cross-Reference

Do not repeat emergency contacts in this document. Use the existing Emergency One-Pager as the controlling crisis-contact resource. This section records where that One-Pager is kept and who is responsible for keeping it current.

Emergency One-Pager location (where the current approved copy is kept or accessed):

Person responsible for keeping it current: **Named backup:**

Who has a current copy or authorized access: **Date last reviewed or confirmed:**

Trigger for immediate update: hospitalization, new diagnosis, medication or equipment change, caregiver change, relocation, authority change, or outdated emergency contacts.

Method Handoff

Stage 3 output: a role, authority, and resource map. Transfer every named person, service, resource, and responsibility into the Family Health System Map so the family can see the relationships, dependencies, conflicts, and missing connections.

This resource pulls directly from the Charter's First Point of Accountability, Decision Authority Map, Document Registry, Communication Protocol, and Caregiver Backup sections. It must reference legal instruments, not draft or replace them.