

Health Care Proxy and Durable Power of Attorney for Health Care

I, _____, being of sound mind at least 19 years old, and residing in the State of _____ hereby make the following Health Care Proxy and Durable Power of Attorney for Health Care. By executing this document, I intend to appoint the person(s) named herein as my agent to make medical decisions for me if I become too sick to speak for myself.

PLACE YOUR INITIALS BY ONLY ONE ANSWER:

I want the person listed below to be my health care proxy. I have talked with him/her about my wishes. I understand and direct that if there is a conflict between my health care proxy's decision and any Living Will which I have executed in writing, my Living Will shall take precedence.

First choice for proxy: _____

Relationship to me: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____ Cell phone: _____

If the person named above is not able, not willing, or not available to be my health care proxy, this is my next choice. I have talked with him/her about my wishes that he/she act as my health care proxy if the person named above is unwilling or unable to do so. I understand and direct that if there is a conflict between my health care proxy's decision and any Living Will which I have executed in writing, my Living Will shall take precedence.

Second choice for proxy: _____

Relationship to me: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____ Cell phone: _____

Instructions to Proxy: Place your initials by either "Yes" or "No"

I want my proxy to make all decisions about my medical care, including whether to give me artificially provided food and hydration if I am terminally ill or injured or permanently unconscious, notwithstanding what is set forth in any Living Will that I have executed.

_____ Yes _____ No

I want my proxy to make all decisions about my medical care, except that he/she must strictly follow my directions in any Living Will that I have executed about whether to withhold or terminate medical treatment, and/or whether to give me artificially provided food and hydration, if I am terminally ill or injured or permanently unconscious.

_____ Yes _____ No

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My above-named Health Care Proxy shall be my agent for all matters relating to health care. This Health Care Proxy and Durable Power of Attorney for Health Care is to remain in effect after my death for my agent to make decisions regarding autopsy, organ donation, or disposition of any remains. If I am unconscious, comatose, senile or otherwise unable to communicate, my agent may do what he/she deems necessary consistent with the terms of this Health Care Proxy and Durable Power of Attorney for Health Care, including but not limited to:

Strike out any Power you do not wish to give to your Health Care Proxy.

1. Employing and discharging medical, social service, and other support personnel responsible for my care; contracting on my behalf for any health care related service or facility for my care, without my agent incurring personal financial liability for such contracts;
2. Granting any waiver or release from liability required by any hospital, physician or other health care provider;
3. Having access to medical records and information to the same extent I am entitled to, and releasing my medical information to third parties, including, but not limited to hospitals, medical clinics and insurance companies;
4. Summoning emergency medical personnel and seek emergency treatment for me, or choosing not to do so, as my agent may deem appropriate given any instructions regarding such care that are expressed in any Living Will that I have executed and any medical status at the time of the decision.;
5. Pursuing any legal action in my name, at the expense of my estate, to force compliance of my wishes as determined by my agent, or to seek actual or punitive damages for the failure to comply;

All of my agent's actions under this Health Care Proxy and Durable Power of Attorney for Health Care during any period when I am unable to make or communicate health care decisions or when there is uncertainty whether I am dead or alive shall have the same effect on my heirs, devisees and personal representatives as if I were alive, competent, and acting for myself.

Your signature: _____ Date: _____

I, _____, am willing to serve as Health Care Proxy for the person who executed the foregoing Health Care Proxy and Durable Power of Attorney for Health Care and will follow the instructions above to the best of my ability.

Signature: _____ Date: _____

I, _____, am willing to serve as Health Care Proxy if the first choice cannot serve and will follow the instructions above to the best of my ability.

Signature: _____ Date: _____