

LEGAL ASPECTS OF ADVANCE DIRECTIVES

An advance directive does not need to be notarized. Neither this hospital nor your physician may require you to execute an advance directive as a condition for admittance or receiving treatment in this or any other hospital. The fact that you have executed an advance directive will not affect any insurance policies that you may have.

HOSPITAL POLICIES FOR IMPLEMENTING PATIENTS' RIGHTS

Formal policies have been adopted to assure that your rights to make medical treatment decisions will be honored to the extent permitted by law. This hospital has adopted policies relating to informed consent, and implementation and treatment decisions under the Directive to Physicians, the Medical Power of Attorney, the Out-of-Hospital Do-Not-Resuscitate Order and the Declaration for Mental Health Treatment.

Complaints concerning advance directive requirements may be filed by calling the Texas Department of Health, 1-888-973-0022

Prepared by the Texas Hospital Association



COMMUNICATING YOUR HEALTH CARE CHOICES



*Medical Center
Health System*

COMMUNICATING YOUR HEALTH CARE CHOICES

Individuals usually make decisions regarding their health care treatment after their physician recommends a course of treatment and provides information about the treatment. These decisions may become more difficult, however, if a patient becomes unable to tell their doctors and loved ones what kind of health care treatment they want. Through documents, known as ADVANCE DIRECTIVES, individuals can express their treatment preferences before they actually need such care, ensuring that their wishes will be carried out and that their families and others will not be faced with making these difficult decisions.

This brochure will give you some basic facts about your rights as a patient. Additional information may be obtained from your physician or nurse.

Consent to Medical Treatment

Informed Consent

You have the right to decide what may be done to your body during the course of medical treatment. Your physician will discuss with you the nature of your condition, the proposed treatment and any alternate procedures that are available. Your physician also will provide you with information about the risks associated with certain medical procedures. This information will help you make an informed decision about the kind of treatment you want to receive.

Surrogate Decision-Maker

If you become unable to make your own health care decisions and do not have a legal guardian or someone designated under a Medical Power of Attorney, then certain family members and others can make medical treatment decisions on your behalf.

Advance Directives

Below is some general information on the four types of advance directives recognized under Texas law. Advance directives can be changed or cancelled at any time.

Directive to Physician

A Directive to Physicians, previously called a “living will,” allows you to tell your physician not to use artificial methods to prolong the process of dying if you are terminally ill. A Directive does not become effective until you have been diagnosed with a terminal or irreversible condition.

If you sign a Directive, talk it over with your physician and ask that it be made part of your medical record. If for some reason you become unable to sign a written Directive, you can issue a Directive verbally or by other means of non-written communication, in the presence of your physician.

If you have not issued a Directive and become unable to communicate after being diagnosed with a terminal or irreversible condition, your attending physician and legal guardian, or certain family members in the absence of a legal guardian, can make decisions concerning withdrawal, withholding or providing life-sustaining treatment. Your attending physician and another physician not involved in your care also can make decisions to withdraw or withhold life-sustaining treatment if you do not have a guardian and certain family members are not available.

Medical Power of Attorney

A Medical Power of Attorney allows you to designate someone you trust (an agent) to make health care decisions on your behalf should you become unable to make these decisions yourself.

You cannot choose as your agent your health care provider, including a physician, hospital, or nursing home, an employee of your health care provider, unless he is your relative, your residential care provider, unless he is related to you.

The person you designate has authority to make health care decisions on your behalf *only* when your attending physician certifies that you lack the capacity to make your own health care decisions. Your agent cannot make a health care decision if you object, regardless of whether you have the capacity to make the health care decision yourself, or whether a Medical Power of Attorney is in effect.

Your agent must make health care decisions after consulting with your attending physician, and according to the agent’s knowledge of your wishes, including your religious and moral beliefs. If your wishes are unknown, your agent must make a decision based on what he believes is in your best interest.

Out-of-Hospital Do-Not-Resuscitate Order

An Out-of-Hospital Do-Not-Resuscitate Order allows you to refuse certain life-sustaining treatments in any setting outside of a hospital. This advance directive must be issued in conjunction with your attending physician.

Declaration for Mental Health Treatment

Another type of advance directive deals with mental health treatment issues only. A Declaration for Mental Health Treatment allows you to tell health care providers your choices for mental health treatment, in the event that you become incapacitated.

FREQUENTLY ASKED QUESTIONS

What is an advance directive?

In the state of Texas, an advance directive is composed of four documents. First, a **Directive to the Physician** states what life sustaining health care treatment you would desire if you had a terminal condition and were unable to physically or mentally make a medical decision. Second, the **Medical Power of Attorney** names one or more persons who will be legally able to make your health care decisions in the event that you are physically or mentally unable to communicate. The third document is an **Out-of-Hospital “Do Not Resuscitate” (DNR) Order**. A DNR is appropriate for any person who does not wish to undergo life sustaining treatment deemed medically inappropriate in the event of cardiac or respiratory arrest which permits (i) you to refuse emergency treatment in the event that you have a terminal condition AND ambulance or emergency medical services are called or (ii) you are rushed into an emergency room AND you are mentally and physically unable to make or communicate your own choices regarding resuscitation. Fourth, Texas also permits you to complete a **Directive for Mental Health Treatment** which allows you to determine in advance the mental health treatments you would not want in the event that you were mentally and physically unable to make or communicate your own choices.

Do I need a lawyer to complete these documents?

No, while you may wish to consult with an attorney if you have additional questions about your advance directives, one is not required to complete these documents. You should discuss these documents with your physician, family, and give copies of the completed documents to the person you choose to be hold your medical power of attorney. You should also have the documents witnessed or notarized.

I want all life-sustaining measures to be taken. Should I still need to complete an advance directive?

Yes. The advance directive simply states what your wishes are regarding your health care treatment. You can state that you want all life-sustaining treatment, no life-sustaining treatment, or anything in between.

Do I have to complete all 4 documents?

No. You can complete 1, 2, 3, or 4 of the documents. In general, it is recommended that most people complete the directive to physician and medical power of attorney. If you have been diagnosed with a terminal condition, then you may wish to complete the out-of-hospital DNR.

I have an advance directive completed in another state. Will those documents be honored in Texas?

An advance directive or similar instrument validly executed in another state or jurisdiction shall be given the same effect as an advance directive validly executed under the law of Texas. However, the out of state directive may be limited in that requests to administer, withhold, or withdraw health care that are not legal under Texas law cannot be honored. If you are a resident of Texas, it is recommended that you execute documents consistent with Texas law.

What if I fill out an Advance Directive in Texas and am hospitalized in a different state?

The laws on honoring a Texas advance directive in another state depend on that state's laws. Because an advance directive tells your wishes regarding medical care, it may be honored wherever you are, if it is made known. But if you spend a great deal of time in more than one state, you may wish to consider having your advance directive meet the laws of both states, as much as possible.

Can a physician, hospital, or long term care facility require me or my family member to have an advance directive?

No. A physician, health facility, health care provider, insurer, or health care service plan may not require a person to execute or issue an advance directive as a condition for obtaining insurance for health care services or receiving health care services.

What if I change my mind once I am ill or in a health care institution?

Your stated preferences always supersede an advance directive. This applies to adults as well as to minors. The advance directives should be reviewed and or updated if there is a significant change in your health status.

When does an advance directive come into effect?

The directive to the physician becomes effective when you have a terminal illness or irreversible condition AND you are no longer competent ("possessing the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of and reasonable alternatives to a proposed treatment decision") to make a health care choice.

The Medical Power of Attorney, DNR, and Directive for Mental Health Treatment become effective in the event you are physically or mentally incapacitated and unable to make a decision on your own behalf.

Do I have to have a written advance directive? Can I just tell someone what I want?

A written advance directive is recommended as a serious accident or illness could render you unable to communicate with your health care providers.. However, you can make a verbal declaration to your physician if you are able and competent You must make the declaration in front of your attending physician and two additional witnesses should also be present. The physician then must enter your declaration and the names of the witnesses into your medical chart.

How long is my advance directive good for?

An advance directive is in effect until you, or someone you ask (1) destroys your directive; (2) writes and signs a revocation of the directive; or (3) you orally say that you revoke the directive. You or the person you ask to revoke the directive must immediately notify the attending physician.

When can I revoke my advance directive?

You can revoke your advance directive at any time as long as you are legally competent by following the steps described above.

If I am a hospice patient, what happens to my advance directive?

The hospice philosophy is one of providing comfort care and not using life-sustaining treatment. You should complete documents to alter your advance directive once you become a hospice patient as your advance directive may be at odds with the goals of hospice. In some cases, the advance directive may not apply if you are a hospice patient since their philosophy supersedes these documents.

I am pregnant. How does that affect my advance directive?

A person may not withdraw or withhold life-sustaining treatment from a pregnant patient.

I have more than one advance directive. Which one is valid?

The advance directive completed most recently in time is the one that should be followed.

For example, an advance directive completed this year supersedes one made last year. You should destroy prior advance directives and sign and date the advance directive that is current.

Who can complete an advance directive?

Any adult over 18 years of age or an emancipated minor who is competent (legally able to make his or her own decisions) may complete a directive at any time. Spouses (for adults), parents or guardians may complete directives for unemancipated children under 18 or wards.

Can children complete advance directives?

No. Children cannot complete advance directives, however there may be circumstances where their parents and legal guardians should execute an advance directive on their behalf. If you wish to complete an advance directive for a child, you should contact an attorney.

Must I use a specific form?

While Texas law provides a suggested form (which is included on this Website), the state does not require the use of any specific form for an advance directive. The law also states that no health care institution can require you to use a specific form. At a minimum, an advance directive should be dated and signed in front of competent adult witnesses or a notary public.

Must I have my advance directive notarized?

Texas requires that your advance directive either be (1) signed by two witnesses or (2) as of September 1, 2009, be witnessed by a notary public. You do not need both forms of witnessing. Both are equally valid so the choice is up to you.

Where should I keep my advance directive?

Since copies of advance directives are valid documents, you should make multiple copies and keep them in many places. You should give copies to your doctors, local hospitals you are likely to use, your designated power of attorney for health care, family members, close friends and even your family attorney. You may want to keep a copy in the glove box of your car. The Texas Driver's License also has a space on the back for you to write in a phone number where someone who has your directive can be reached. You should not keep your advance directive with your will and other estate documents as these will

usually only be read after a person's death. Your unsigned copy will also be stored at texaslivingwill.org though without your signature and two witnesses (or notary public), it will not be legally valid.

If I do not want to have life-sustaining treatment, but I do not want to be in pain or be abandoned. Is this a valid concern? No. Texas law states that you must always have comfort care measures including the treatment of pain even if you do not elect to have life-sustaining treatment.

Are there people who cannot be a medical power of attorney?

Yes. Your health care proxy cannot be: (1) your health care provider; (2) an employee of your health care provider, unless the person is your relative; (3) your residential care provider; or (4) an employee of your residential care provider, unless that person is your relative.

I have appointed my spouse as my medical power of attorney. Are there any limitations on that?

Yes. If you and your spouse should divorce in the future, then the spouse's appointment as medical power of attorney ends at the divorce, unless you indicate that you wish that appointment to extend beyond divorce. Thus, if you make your spouse your medical power of attorney, then you should also appoint a secondary decision-maker. In the event you divorce, you should redo the medical power of attorney and other associated living will documents.

Are there limits to what my medical power of attorney can do in regards to my health care?

Yes. Your proxy decision maker cannot consent to: (1) voluntary inpatient mental health services; (2) convulsive treatment; (3) psychosurgery; (4) abortion; or refusal of comfort care.

If I do not have a directive to the physician completed, but I do have a medical power of attorney, then who will make health care decisions on my behalf?

If an adult qualified patient has not executed or issued a directive to the physician and is incompetent or otherwise mentally or physically incapable of communication, the

attending physician and the patient's legal guardian or an agent under a medical power of attorney may make a decision to initiate, withhold or withdraw life-sustaining treatment from the patient.

If I do not have a directive to physician or a medical power of attorney, then who will make my health care decisions?

If the patient does not have a legal guardian or an agent under a medical power of attorney, the attending physician and one person, if available, from one of the following categories, in the following priority, may make a treatment decision that may include a decision to withhold or withdraw life-sustaining treatment: (1) your spouse; (2) your reasonably available adult children; (3) your parents; or (4) your nearest living relative. If none of these persons are available, then your attending physician in consultation with another physician who is not involved in your care will make your health care choices.

What if my medical power of attorney makes decisions that are not in my best interest?

Under Texas law, if a physician believes that someone holding a medical power of attorney is making health care choices that are not in the best interest of the patient, then the doctor can challenge the treatment decisions by involving the hospital or facility administrator and/or the ethics committee of the facility.

Who can serve as a witness?

A completed advance directive needs the signature of two witnesses or a notary public. Each witness must be a competent adult. At least one of the witnesses must be a person who is not (i) a person designated by you to make a treatment decision (your medical power of attorney); (ii) a person related to you by blood or marriage; (iii) a person entitled to any part of your estate after the your death; (iv) the attending physician; (v) an employee of the attending physician; (vi) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or (vii) a person who, at the time the written advance directive is executed or, if the directive is a non-written directive issued under this chapter, at the time the non-written directive is issued, has a claim against any part of the your estate after your death.

How does having an advance directive affect my insurance?

The fact that a person has executed or issued an advance directive does not: (i) restrict, inhibit, or impair in any manner the sale, procurement, or issuance of a life insurance

policy to that person; or (ii) modify the terms of an existing life insurance policy. The fact that life-sustaining treatment is withheld or withdrawn from an insured qualified patient under this chapter does not legally impair or invalidate that person's life insurance policy and may not be a factor for the purpose of determining, under the life insurance policy, whether benefits are payable or the cause of death. The fact that a person has executed or issued or failed to execute or issue an advance directive may not be considered in any way in establishing insurance premiums.

What happens if someone intentionally destroys my advance directive?

A person commits a legal offense if the person intentionally conceals, cancels, defaces, obliterates, or damages another person's directive without that person's consent.

Assuming that I am competent and able to communicate, can someone create an advance directive for me without my permission?

No. Such a person would be charged with criminal homicide if the person, with the intent to cause life-sustaining treatment to be withheld or withdrawn from another person contrary to the other person's desires, falsifies or forges a directive or intentionally conceals or withholds personal knowledge of a revocation and thereby directly causes life-sustaining treatment to be withheld or withdrawn from the other person with the result that the other person's death is hastened.

If I have a directive and my family members disagree about my care, can they sue the physician?

A physician, who follows your directive and the orders of your appointed medical power of attorney, is generally protected from civil or criminal liability if the physician was following your directive and exercising reasonable care.

What happens if my physician refuses to follow my advance directive?

If the physician or health care facility is not aware that you have a directive, then they have no obligation to follow it. If the physician knows of your directive and refuses to follow it, then life-sustaining treatment will be administered until your care can be transferred to another physician or health care institution that will honor your directive. The ethics or medical committee at the institution will also review your case.

Directive to Physicians and Family or Surrogates

Advance Directives Act (see §166.033, Health and Safety Code)

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of the document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

Directive

I _____, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgement of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment. **(This selection does not apply to Hospice care.)**

If, in the judgement of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. **(This selection does not apply to Hospice care.)**

Additional Requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do **not** have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values:

1. _____

2. _____

(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me, following standards specified in the laws of Texas.

If, in the judgement of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Signed _____ Date _____

City, County and State of Residence _____

Two witnesses must sign in the spaces below.

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as **Witness (1)** may not be a person designated to make a treatment decision for the patient and may not be related to the declarant by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

Witness (1) _____ Witness (2) _____

Definitions:

"Artificial nutrition and hydration" means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

"Irreversible condition" means a condition, injury, or illness:

- a. that may be treated, but is never cured;
- b. that leaves a person unable to care for or make decisions for the person's own self; and
- c. that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

"Life-sustaining treatment" means treatment that, based on reasonable medical judgement, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

"Terminal condition" means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgement will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

Disclosure Statement for Medical Power of Attorney

Advance Directives Act (see §166.163, Health and Safety Code)

This is an important legal document.
Before signing this document, you should know these important facts:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because "health care" means any treatment, service or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing, by your execution of a subsequent medical power of attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

This Power of Attorney is not valid unless it is signed in the presence of two competent adult witnesses. The following persons may not act as ONE of the witnesses:

- the person you have designated as your agent.
- a person related to you by blood or marriage;
- a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- your attending physician;
- an employee of your attending physician;
- an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of a health care facility or of any parent organization of the health care facility; or
- a person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

Medical Power Of Attorney

Advance Directives Act (see §166.164, Health and Safety Code)

Designation of Health Care Agent:

I, _____ (insert your name) appoint:

Name: _____

Address: _____

_____ Phone: _____

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

Limitations On The Decision Making Authority Of My Agent Are As Follows:

Designation of an Alternate Agent:

(You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following person(s), to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

First Alternate Agent

Name: _____

Address: _____

_____ Phone: _____

Second Alternate Agent

Name: _____

Address: _____

_____ Phone: _____

The original of the document is kept at _____

The following individuals or institutions have signed copies:

Name: _____

Address: _____

Name: _____

Address: : _____

Duration

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

(If Applicable) This power of attorney ends on the following date: _____

Prior Designations Revoked

I revoke any prior medical power of attorney.

Acknowledgement of Disclosure Statement

I have been provided with a disclosure statement explaining the effect of this document. I have read and understand the information contained in this disclosure statement.

(You Must Date and Sign This Power of Attorney)

I sign my name to this medical power of attorney on _____ day of _____ (month, year) at

_____ (City and State)

_____ (Signature)

_____ (Print Name)

Statement of First Witness

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature: _____

Print Name: _____ Date: _____

Address: _____

Signature of Second Witness

Signature: _____

Print Name: _____ Date: _____

Address: _____