

Medical Durable Power of Attorney for Healthcare Decisions

I. Appointment of Agent and Alternates

I, _____,
Declarant, hereby appoint:

Name of Agent

Agent's Best Contact Telephone Number

Agent's email or alternative telephone number

Agent's home address

as my Agent to make and communicate my healthcare decisions when I cannot. This gives my Agent the power to consent to, or refuse, or stop any healthcare, treatment, service, or diagnostic procedure. My Agent also has the authority to talk with healthcare personnel, get information, and sign forms as necessary to carry out those decisions.

If the person named above is not available or is unable to continue as my Agent, then I appoint the following person(s) to serve in the order listed below.

Name of Alternate Agent #1

Agent's Best Contact Telephone Number

Agent's email or alternative telephone number

Agent's home address

Name of Alternate Agent #2

Agent's Best Contact Telephone Number

Agent's email or alternative telephone number

Agent's home address

II. When Agent's Powers Begin

By this document, I intend to create a Medical Durable Power of Attorney which shall take effect either (initial one):

_____ (*Initials*) Immediately upon my signature.

_____ (*Initials*) When my physician or other qualified medical professional has determined that I am unable to make my or express my own decisions, and for as long as I am unable to make or express my own decisions.

III. Instructions to Agent

My Agent shall make healthcare decisions as I direct below, or as I make known to him or her in some other way. If I have not expressed a choice about the decision or healthcare in question, my Agent shall base his or her decisions on what he or she, in consultation with my healthcare providers, determines is in my best interest. I also request that my Agent, to the extent possible, consult me on the decisions and make every effort to enable my understanding and find out my preferences.

State here any desires concerning life-sustaining procedures, treatment, general care and services, including any special provisions or limitations:

My signature below indicates that I understand the purpose and effect of this document:

Signature of Declarant

Date