



APPOINTMENT OF HEALTH CARE REPRESENTATIVE

In the event that I am deemed incapable of giving consent for my health care, whether by an adjudication of a court of competent jurisdiction or my physician, and only for so long as such incapacity continues, I hereby freely and voluntarily appoint _____ presently residing at _____, as my duly authorized Health Care Representative to act for me in all matters concerning my health care.

I authorize my Health Care Representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and the diagnosis and prognosis, my Health Care Representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then my Health Care Representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My Health Care Representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate, my health care representative may also discuss this decision with my family and others, to the extent they are available.

REVOCATION/TERMINATION: I may, at any time, revoke or terminate this Appointment of Health Care Representative by notifying, orally or in writing, either my appointed Health Care Representative (or any known delegate), or the health care provider.

GENERAL MATTERS: It is understood that my Health Care Representative, simply by virtue of consenting to my health care under this Appointment, does not become personally liable for my health care costs for which my Representative would not otherwise be liable. I agree to be financially responsible for health care services performed in reliance upon consents executed by my Health Care Representative for which I would have been financially responsible had I made the decision.

The person appointed as my Health Care Representative (or Alternate Health Care Representative) knows me well enough to serve in that capacity and make decisions of serious consequences, even involving life support and maintenance.

I am presently capable of making my own health care decisions at this time and I am competent and qualified to make this Health Care Representative appointment.

I understand that this is a legally binding document.

THIS APPOINTMENT OF HEALTH CARE REPRESENTATIVE WAS SIGNED BY ME ON THE DATE WRITTEN BELOW:

Date: _____ Signed: _____

The above named person signing this Appointment of Health Care Representative is personally known to me. I believe he/she is of sound mind. I did witness him/her sign this document in my presence. I am competent and at least eighteen (18) years of age.

Date: _____ Signed: _____

ADDRESS AND PHONE NUMBERS OF HEALTH CARE REPRESENTATIVE:

OPTIONAL PROVISIONS FOR APPOINTMENT OF
HEALTH CARE REPRESENTATIVE

ALTERNATE HEALTH CARE REPRESENTATIVE: In the event my said Health Care Representative is not reasonably available, or is unwilling or unable to serve or to continue to serve in that capacity, I hereby appoint _____ as my duly authorized Alternate Health Care Representative to act for me in all matters concerning my health care.

DELEGATION OF AUTHORITY: The authority herein granted to my Health Care Representative (and my Alternate Health Care Representative) may be delegated:

(include only applicable provisions)

- (a.) to no one else;
- (b.) to anyone else;
- (c.) to _____ (only);
- (d.) to any of the following named persons:

_____ (only).

DISQUALIFICATION OF OTHERS: The following named person(s) is/are disqualified from consenting to any health care for me and from ever serving as my Health Care Representative:
