

Health Care Power of Attorney Information Sheet

A health care power of attorney document names an individual, your healthcare agent, to act on your behalf making medical decisions in the event you are not able to speak for yourself. This is not necessarily an end-of-life document.

Below are the choices you will have to make regarding this document. We can review your options and make recommendations based on your wishes, should you have any questions.

- I. *Who would you like to serve as your healthcare agent? Please provide their name, address, and all telephone numbers (work, home, mobile).*

Name: _____

Address: _____

Telephone Numbers: _____

- II. *Would you like to name a successor healthcare agent, in the event your primary healthcare agent cannot act on your behalf? If so, please provide their name, address, and all telephone numbers (work, home, mobile). We strongly recommend naming a successor.*

Name: _____

Address: _____

Telephone Numbers: _____

III. *Powers*

The following powers are granted to your healthcare agent under the law. However, you can elect to give your attorney-in-fact only some of these powers or otherwise limit some of these powers. Please let us know if you want to limit your healthcare agent's powers in any way.

- A. Requesting, reviewing, and receiving any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records, and to consent to the disclosure of this information.
- B. Employing or discharging my health care providers.
- C. Consenting to and authorizing my admission to and discharge from a hospital, nursing or convalescent home, hospice, long-term care facility, or other health care facility.

- D. Consenting to and authorizing my admission to and retention in a facility for the care or treatment of mental illness.
 - E. Consenting to and authorizing the administration of medications for mental health treatment and electroconvulsive treatment (ECT) commonly referred to as "shock treatment."
 - F. Giving consent for, withdrawing consent for, or withholding consent for, X-ray, anesthesia, medication, surgery, and all other diagnostic and treatment procedures ordered by or under the authorization of a licensed physician, dentist, podiatrist, or other health care provider. This authorization specifically includes the power to consent to measures for relief of pain.
 - G. Authorizing the withholding or withdrawal of life-prolonging measures.
 - H. Providing my medical information at the request of any individual acting as my attorney-in-fact under a durable power of attorney or as a Trustee or successor Trustee under any Trust Agreement of which I am a Grantor or Trustee, or at the request of any other individual whom my health care agent believes should have such information. I desire that such information be provided whenever it would expedite the prompt and proper handling of my affairs or the affairs of any person or entity for which I have some responsibility. In addition, I authorize my health care agent to take any and all legal steps necessary to ensure compliance with my instructions providing access to my protected health information. Such steps shall include resorting to any and all legal procedures in and out of courts as may be necessary to enforce my rights under the law and shall include attempting to recover attorneys' fees against anyone who does not comply with this health care power of attorney.
 - I. To the extent I have not already made valid and enforceable arrangements during my lifetime that have not been revoked, exercising any right I may have to authorize an autopsy or direct the disposition of my remains.
 - J. Taking any lawful actions that may be necessary to carry out these decisions, including, but not limited to: (i) signing, executing, delivering, and acknowledging any agreement, release, authorization, or other document that may be necessary, desirable, convenient, or proper in order to exercise and carry out any of these powers; (ii) granting releases of liability to medical providers or others; and (iii) incurring reasonable costs on my behalf related to exercising these powers, provided that this health care power of attorney shall not give my health care agent general authority over my property or financial affairs.
- IV. *If you have a "living will," do you want to give your healthcare agent the ability to override your living will?*
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V. *Would you like to donate your organs? Donate your body to anatomical study? If so, any limitations?*
