

**ADVANCED DIRECTIVE FOR DURABLE POWER OF ATTORNEY FOR
HEALTHCARE DECISIONS**

FULL NAME

DATE OF BIRTH

I grant to my representative or alternate representative, full authority to make decisions for me regarding my healthcare including decisions to withhold or withdraw any form of life support when I am no longer able to make decisions for myself. This power of attorney becomes effective upon certification by **two** licensed physicians that I am no longer able to make my own decisions and includes:

- The power to act as my “personal representative” as defined in 45 C.F.R. § 164.502(g), the regulations enacted pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and as hereafter amended, for the purpose of authorizing the release of my complete health record as my be necessary in order to obtain medical treatment or consultation for my benefit;
- Making necessary arrangements for all healthcare decisions including hiring and firing medical personnel responsible for my care;
- Making decisions regarding organ donation, autopsy and the disposition of my body, and
- Take any other action necessary to do what I authorize herein, including (but not limited to) granting any waiver or release from liability required by any health care provider, and taking any legal action at the expense of my estate to enforce this Durable Power of Attorney.

(Check one or the other)

- This authority includes withdrawal/withholding of artificially supplied nutrition and hydration.
- This authority does NOT include withdrawal/withholding of artificially supplied nutrition and hydration.

I appoint the following person to be my representative:

Name _____
Address _____
Telephone _____

I appoint the following person my alternate representative, if the above named person is unavailable or unwilling to make healthcare decisions for me:

Name _____
Address _____
Telephone _____

Signature

Date

Signature of Witness

Address

Signature of Witness

Address

On this _____ day of _____ before me personally appeared the aforesaid Declarant and Witnesses who are known to be the persons described in the above document; executed this document; declared that they signed the document willingly and voluntarily for the purposes expressed therein; and all affirmed that the Declarant was of sound mind and under no constraint or undue influence.

My Commission Expires:

Notary Public

PHOTOCOPIES OF THIS DOCUMENT SHOULD BE TREATED AS IF THEY WERE ORIGINALS