

Information and Instructions for Executing a Durable Power of Attorney for Health Care Decisions

What Is A Durable Power of Attorney for Health Care Decisions?

A Durable Power of Attorney for Health Care Decisions (“DPOA”) is a voluntary, legal document that lets you appoint someone as your “agent” to make decisions about your health care when you are not capable of making your own decisions, or have difficulty doing so. Your agent can weigh the pros and cons of treatment decisions, hire physicians and other health care providers, decide where you will receive treatment, and make decisions for you that range from routine care to life-sustaining treatment decisions.

This GDPOA form becomes effective immediately and allows your agent to make decisions for you now and when you are not capable of making decisions yourself. However, your DPOA agent cannot make decisions that conflict with your own expressed wishes and decisions that are made while you are competent or the directions stated in your Living Will. Your agent also cannot revoke your Living Will.

Instructions For Completing The DPOA Form:

You can have someone fill-out and sign the DPOA form for you if they do so in your presence and at your direction.

1) Before you fill out the form, carefully read the entire DPOA form, read these instructions and ask any questions. Take time to think about who you want to be able to make serious medical decisions on your behalf. The person(s) you appoint should clearly understand your wishes and be willing to accept the responsibility of making health care decisions for you that are consistent with your values, wishes, and what you consider to be an acceptable quality of life. You should never fill out the form at a time when you feel pressured or cannot think clearly.

2) Print your name and date of birth on the lines at the top of the form so that they are easily readable.

3) Write the full name, address, and phone number of the person you are appointing as your agent to make health care decisions for you.

4) Write the full name, address, and phone number of the persons you appoint as “Alternate Agents” to make health care decisions for you if your agent is unable, unwilling or unavailable to do so.

5) If you do not want your agent(s) to be authorized to do any of the specific actions listed, draw a line through it and write your initials at the end of the line.

6) Sign your full name and write the current date, including the month, day and year. Do not sign the form unless there are two qualified witnesses watching you sign, *or* you are signing the form in front of a notary public who has verified your identity. A qualified witness is a person who:

- Is at least 18 years old
- Believes you are of sound mind
- Is not related to you by blood or marriage
- Is not entitled to inherit from you when you die
- Is not financially responsible for your medical care
- Is not your physician
- Did not fill out or sign the document for you

What To Do With Your Signed DPOA:

1) Make copies of the form and give one to each of your physicians, health care facilities, family members and the person(s) you appointed as your agent(s) to make health care decisions for you.

2) Keep the original signed DPOA form in a safe place and tell a trustworthy person where it can be found.

3) If you ever revoke or make a new DPOA, make sure to destroy the prior one and all copies of it.