

HEALTH CARE POWER OF ATTORNEY

I, _____, as principal, designate _____ as my agent for all matters relating to my health care, including, without limitation, full power to give or refuse consent to all medical, surgical, hospital, and related health care. This power of attorney is effective on my inability to make or communicate health care decisions. All of my agent's actions under this power during any period when I am unable to make or communicate health care decisions or when there is uncertainty whether I am dead or alive have the same effect on my heirs, devisees, and personal representatives as if I were alive, competent, and acting for myself.

If my agent is unwilling or unable to serve or continue to serve, I hereby appoint _____ as my agent.

☐ I have ☐ I have not completed and attached a living will for purposes of providing specific direction to my agent in situations that may occur during any period when I am unable to make or communicate health care decisions or after my death. My agent is directed to implement those choices I have initialed in the living will.

This health care directive continues in effect for all who may rely on it except those to whom I have given notice of its revocation.

Witness

Address

Witness

Address

Signature of Principal

Date

Time

Address of Agent

Telephone of Agent