

## APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I understand that as a competent adult, I have the right to make decisions about my health care. There may come a time when I am unable, due to incapacity, to make my own health care decisions. In these circumstances, those caring for me will need direction and will turn to someone who knows my values and health care wishes. By signing this appointment of health care representative, I appoint a health care representative with legal authority to make health care decisions on my behalf in such cases or at such time.

I appoint \_\_\_\_\_ to be my health care representative. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and to reach and communicate an informed decision regarding treatment my health care representative is authorized to (1) accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition, except as otherwise provided by law such as for psychosurgery or shock therapy and (2) make the decision to provide, withhold or withdraw life support systems. I direct my health care representative to make decisions on my behalf in accordance with my wishes. In the event my wishes are not clear or a situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes, which include the following: I want nothing provided to or withheld from me by which death is intended as an end or chosen as a means. I want all care and treatment which offers a reasonable hope of benefit to me, so long as it does not entail excessive burdens to me or impose excessive expense on my family. There shall be a presumption in favor of providing me with nutrition and hydration, including medically assisted nutrition and medically assisted hydration, so long as they are a benefit to me. I have no objection to the use of medication or procedures necessary for my comfort even if they may indirectly and unintentionally shorten my life.

If \_\_\_\_\_ is unwilling or unable to serve as my health care representative, I appoint \_\_\_\_\_ to be my alternative health care representative.

This request is made, after careful reflection, while I am of sound mind.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### WITNESSES' STATEMENTS

This document was signed in our presence by \_\_\_\_\_ the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time the document was signed. The author appeared to be under no improper influence.

\_\_\_\_\_  
(Witness signature)

\_\_\_\_\_  
(Witness signature)

\_\_\_\_\_  
(Witness address)

\_\_\_\_\_  
(Witness address)